KENDALL COUNTY
ADMINISTRATION/HUMAN RESOURCES COMMITTEE
November 7, 2013 - 9:00 A.M.
County Office Building
County Board Rooms 209-210
AGENDA

1. Call to Order
2. Roll Call
3. Approval of October 3, 2013 Meeting Minutes
4. Reports
   
   Insurance/ Benefits Update
   - Health Benefits: Jim Pajauskas, CBIZ
   - Liability, Property, Workers Compensation: Rich Ryan, Wine Sergi

   County Administrator

   Technology Director

5. Other Business
   
   Discuss and Recommend Policy Proposal with IL Counties Risk Management Trust for Property, Liability and Workers Compensation Coverage

   Discuss and Recommend Employee Handbook Revisions to Benefits Sections

   Discuss and Recommend Educational Reimbursement Policy

   Discuss and Recommend Senior Services Funding Request Form

   Review Request for Proposal (RFP) for Geographic Information System Orthophotography

6. Review Action Items for County Board Meeting
7. Public Comment
8. Executive Session
9. Adjournment
I. CALL TO ORDER
The meeting was called to order by Chair Judy Gilmour at 9:00 a.m.

II. ROLL CALL
Committee Members Present: Lynn Cullick, Elizabeth Flowers (9:08p.m.), Judy Gilmour, Dan Koukol, and John Purcell

Others present: Glen Campos, Leslie Johnson, Stan Laken and Jeff Wilkins

III. APPROVAL OF SEPTEMBER 5, 2013 MEETING MINUTES – Motion to approve the minutes from September 5, 2013 made by Dan Koukol, second by Lynn Cullick. With all in agreement, the motion carried.

IV. REPORTS

Insurance/ Benefits Update

- Health Benefits: Jody Bates-Crable, CBIZ, reviewed the proposed health plan changes and the dental plan renewal analysis. Ms. Bates Crable stated that the change from Lincoln Dental to Met Life Dental as of December 1, 2013 at no rate increase, with a 25-month rate guarantee, changing the calendar year maximum from $1250 to $2000 annually, and providing an increase to 2033 providers in the network.

Jeff Wilkins stated that because the plan will begin in December 2013, there would be a $2000 annual benefit for the month of December, and then an additional $2000 benefit beginning in January 2014 for each enrollee.

Ms. Bates-Crable said that CBIZ will have Open Enrollment meetings with County Employees on October 22 and October 29, 2013, at the Historic Courthouse and Department of Health and Human Services and include PowerPoint presentations that describe benefits, the change to Met Life Dental Plan, and will answer questions. CBIZ will also participate in the Employee Benefits Fair in October.

Ms. Bates-Crable stated that employees currently enrolled in the Lincoln Financial Dental plan will automatically be transferred through a census enrollment over to Met Life Dental plan by CBIZ.

- Liability, Property, Workers Compensation: Rich Ryan, Wine Sergi and Todd Greer, ICRMT, reviewed the proposed Property, Liability and Workers Compensation Program for December 1, 2013 to December 1, 2014 for the County and KenCom. The proposed program information did not include the Forest Preserve. Mr. Ryan will meet with the Forest Preserve Commission on October 9, 2013. Leslie Johnson reviewed and
clarified the inter-governmental agreement between Kendall County and KenCom states that Kendall County will offer insurance coverage to KenCom, but that KenCom may elect to seek coverage elsewhere.

Mr. Greer reviewed changes in Liability Malicious Prosecution, and said that it will be taken from the General Liability section to the Public Officials section, because it is more of a professional coverage for the State’s Attorney’s Office rather than being General Liability or coverage of bodily injury or property damage.

John Purcell suggested Wine Sergi and ICRMT meet with the Kendall County Department of Health and Human Services and Board of Health to explain the County Property, Liability and Workers Compensation Programs. Jeff Wilkins will make arrangements for these meetings.

County Administrator – Jeff Wilkins reviewed the monthly medical report, monthly insurance invoices, Human Resources summary report, and the Incident report.

Technology Director - Stan Laken stated that Technology conducted a study on the network up-time for the year, and discovered the need to include electrical power backup at the Historic Courthouse. The generator at the County Office Building did not include the backup at the Historic Courthouse. A power failure at the Historic Courthouse would also affect the County Office Building email and internet access. Mr. Laken stated they are researching options, such as a home generator that runs on natural gas, and will meet with Facilities Management to discuss possible options. Mr. Laken will include the equipment and installation costs in the Technology 5-year capital plan.

Mr. Laken stated that the County experienced an issue with the time on the computer and network, and can pose possible issues. KenCom is allowing Technology to use the KenCom Time Keeping Server so that time on the network is as accurate as it can be.

Mr. Laken reported they are assisting the Sheriff’s Office with software upgrades, and also assisting in the transition of personnel into the former KenCom area in the Public Safety Center with computer needs.

Mr. Laken updated the committee on their work with Environmental Health in taking GPS points for wells and septic areas.

V. OTHER BUSINESS

Discuss and Recommend Health Coverage Plans with Blue Cross Blue Shield of Illinois – Jeff Wilkins reviewed the proposed plan design changes approved in the union contracts, including the elimination of the HMO Illinois plan, the prescription drug co-pay changes, the PPO inpatient hospitalization co-pay, and the PPO deductible co-pay changes.

John Purcell made a motion to forward the Health Coverage Plans with Blue Cross Blue Shield of Illinois, second by Elizabeth Flowers.

Ms. Gilmour called for a voice vote: Cullick - yes; Koukol – yes; Flowers – aye; Purcell – yes; Gilmour – yes. With all in agreement, the motion carried.
Discuss and Recommend Dental Coverage Plan with MetLife – John Purcell made a motion to recommend the Dental Coverage Plan with Met Life to the County Board for approval, second by Dan Koukol.

Ms. Bates-Crable stated that if the County stated with Lincoln Financial, there would be a 28.29 percent increase in rates.

Ms. Johnson asked for clarification on whether those employees currently enrolled in HMO Illinois would need to complete additional paperwork to ensure their transition to the Blue Advantage plan. Glen Campos stated that he would be responsible for transitioning the individual and family plan participants over to the BAE plan in December 2013.

Ms. Gilmour asked for a voice vote: Cullick - yes; Koukol - yes; Flowers – aye; Purcell – yes; Gilmour – yes. With all members in agreement, the motion carried.

Discuss and Recommend Policy Proposal with IL Counties Risk Management Trust for Property, Liability and Workers Compensation Coverage – Item tabled to a future meeting pending a decision from the Forest Preserve Commission.

Consider changing Admin HR Committee meeting time and adding second monthly meeting – Discussion on changing the time for monthly meetings from 4:00 p.m. to 9:00 a.m.

Leslie Johnson reviewed the requirements of the Open Meetings Act for permanently changing a meeting time, location or date, and stated that we are required to post the notice of the change by publication in the newspaper at least 10 days in advance of the meeting, post the amended schedule at the County Office Building, provide notice to the media, and the full County Board will need to formally approve the change. The committee agreed to hold the November 7, 2013 meeting at 9:00 a.m. and determine if they want a permanent time change for the committee meeting at the December 2013 meeting.

Discussion on the need for an additional monthly meeting. The committee agreed to discuss the need for an additional meeting at each monthly meeting. Ms. Johnson stated that temporarily adding an additional meeting would require a 3 day notification to the media according the Board Rules of Order.

Review Employee Handbook Revisions Consistent with Affordable Care Act – Judy Gilmour asked Ms. Johnson if the State’s Attorney’s Office was asked to review the proposed revisions. Ms. Johnson stated that the State’s Attorney’s Office has not reviewed any changes or revisions to the Administrative Services Employee Handbook and that other offices utilize their own employee handbook. Glen Campos reviewed the proposed changes/revisions with the committee.

Judy Gilmour asked Ms. Johnson to review the document revisions. Ms. Johnson stated she will attempt to review the document so that the item could be discussed at the Committee of the Whole meeting on October 10, 2013.
**Tuition Reimbursement Policy** – Judy Gilmour informed the committee that the State’s Attorney’s office has now reviewed the policy. Ms. Johnson reviewed the suggested revisions and offered recommendations on the policy.

Ms. Johnson asked for the committee’s clarification of their definition of full-time employees as defined in the Employee Handbook and this policy.

Ms. Johnson noted that the State’s Attorney’s Office was never asked to review the County Employee Handbook.

**This item will be added to the to the October 10, 2013 Committee of the Whole meeting agenda, and also added to the November 7, 2013 Admin HR Committee meeting agenda pending additional information gathered by Human Resources.**

Member Elizabeth Flowers left the meeting at 11:10 a.m. Member John Purcell left the meeting at 11:18 a.m.

**Electric Aggregation Recommendations** – Jeff Wilkins distributed copies of the State’s Attorney’s Office revisions to the contract with Progressive Energy. Since the SAO did not complete the review of the contract until October 2, 2013, Ms. Johnson recommended providing revisions to the contract to Progressive Energy for their review prior to submission to the County Board for approval. Jeff Wilkins will provide the documentation to Progressive Energy.

**Senior Services Funding Request Form Recommendations** – Item tabled to a future meeting and State’s Attorney’s Office review of all documentation.

**VI. ACTION ITEMS FOR COUNTY BOARD**
- Recommend Dental Coverage Plan with MetLife
- Recommend Health Coverage Plans with Blue Cross Blue Shield of Illinois

**VII. ITEMS FOR COMMITTEE OF THE WHOLE**
- Dental Coverage Plan with MetLife
- Health Coverage Plans with Blue Cross Blue Shield of Illinois
- Review Policy Proposal with IL Counties Risk Management Trust for Property, Liability and Workers Compensation Coverage
- Employee Handbook Revisions Consistent with Affordable Care Act
- Tuition Reimbursement Policy

**VIII. EXECUTIVE SESSION – None**

**IX. PUBLIC COMMENT - None**

**X. ADJOURNMENT**
Dan Koukol moved to adjourn the meeting at 11:25 a.m., Lynn Cullick seconded the motion. The motion was unanimously approved by a voice vote.
The next meeting will be on Thursday, November 7, 2013 at 9:00 a.m.

Respectfully Submitted,
Valarie McClain. Administrative Assistant
### Monthly Medical Insurance Report

**At October 31, 2013**

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<th>Oct-13</th>
<th>Nov-13</th>
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- **11/1/2013** BlueCross Monthly Premium: $338,081
- **11/1/2013** Lincoln Dental Monthly Premium: $22,555
- **11/1/2013** Lincoln Life Insurance Premium: $726 (337 EE)

**Premiums paid as of Monthly Report Date**

* Others include ROE, KEN COM, Forest Preserve, COBRA, and Retirees
## FY 13 MONTHLY MEDICAL INSURANCE INVOICES

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**TOTALS**

|                  | $422,701   | $359,238  | $364,582  | $375,239  | $375,166  | $380,565  | $377,662  | $377,220  | $369,662  | $371,204  | $374,237  | $4,170,477 |           |

## FY 12 MONTHLY MEDICAL INSURANCE INVOICES

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**TOTALS**

|                  | $361,388   | $368,396  | $361,292  | $362,106  | $368,603  | $365,628  | $368,614  | $368,797  | $359,194  | $369,246  | $363,344  | $349,380   | $4,335,987 |

## FY 11 MONTHLY MEDICAL INSURANCE INVOICES

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**TOTALS**

|                  | 325,363.90 | 330,462.68| 324,858.66| 329,416.39| 327,054.34| 326,841.14| 321,412.20| 322,022.12| 321,182.69| 326,124.88| 322,831.94| 353,194.00| 3,532,740.84|

Benefits Paid as of 10/31/13
## Monthly Administration / HR Summary Report

### Workers' Comp. Claims

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### New Hires/Terminations

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<th>YTD</th>
<th>Current Month</th>
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### Property Claims

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<td>12,875</td>
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<td>05/31/13</td>
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<td>07/31/13</td>
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<td>08/31/13</td>
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<td>10/31/13</td>
<td>12,875</td>
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<tr>
<td>11/30/13</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$138,573</strong></td>
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### W.C. Check Register

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<td>11,849</td>
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<td>March</td>
<td>23,958</td>
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<td>18,861</td>
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<td>40,214</td>
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<td>October</td>
<td>74,063</td>
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<td>November</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$375,840</strong></td>
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### FY12 Education Reimbursements Submitted

- **Budgeted**: $9,000.00
- **Expense (12/1/12-11/30/13)**: $13,398.39
- **Remaining Balance**: ($4,398.39)

### Retirees/COBRA

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<tr>
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<tr>
<td>Retirees Dental Only</td>
<td>$13,784.64</td>
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<td>COBRA Medical Only</td>
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<td><strong>Total</strong></td>
<td><strong>$42,434.25</strong></td>
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</table>

*maximum liability*
October 22, 2013

Kendall County Government
111 West Fox St.
Yorkville, IL 60560
ATTN: Board Chairman

RE: Federal Surplus Account #047-H-006

Dear Donee:

Thank you for your interest in renewing your account with the Federal Surplus Property Program. In order for your institution to again become an eligible donee of Federal Surplus Property, please complete and return the enclosed application; along with your completed and signed three-page application, please include the following:

- Resolution from your County Board authorizing your participation (sample enclosed);
- Brief written narrative of programs and services offered and description of facilities operated (1-2 paragraphs or copies from county brochures, etc., if available);
- Description/documentation of sources of funding: copy of Current Budget or Tax Levy;
- Copy of the tax-exempt letter you received from the Illinois Department of Revenue (must reflect current name/address of entity).

Personal property may be acquired by any tax-supported agency, including the various departments, divisions, bureaus and agencies of state government or any agency thereof. Local governments including cities, villages, and townships, or any of their divisional agencies, any agency created by compact or agreement between unit of government at all levels, or multi-jurisdictional districts created by law may also be eligible participants. In addition, private non-profit and tax-exempt educational or health related organizations may be eligible, based upon a full description of their program and certification by the Illinois Attorney General.

If you have any further questions regarding eligibility, please feel free to contact my office at (217)785-6903. PLEASE NOTE: Your application cannot be processed until receipt and review of the above-requested documentation; partial submissions will be returned as being incomplete. NO PURCHASES CAN BE MADE UNTIL UPDATE IS COMPLETE.

Sincerely,

Curtis A. Howard
Curtis A. Howard
Administrator, Property Control Division

CH/tln
Enclosures: Application, Sample Resolution

1924 S. 10 1/2 Street, Springfield, IL 62703-3213
Printed on Recycled Paper
Resolution No. _____

RESOLUTION FOR PARTICIPATION IN
STATE OF ILLINOIS
FEDERAL SURPLUS PROPERTY PROGRAM

( City of _____________
  Town of ____________
  County of ____________
  STATE OF ILLINOIS

WHEREAS, the (insert your corporate name: municipality, township, county e.g., Town of Springfield) has limited fiscal resources available for the procurement of heavy-duty construction equipment, vehicles, commodities, and other property; and

WHEREAS, the State of Illinois' Federal Surplus Property Program offers a variety of surplus property at approximately 5-25 percent of the acquisition value, effectively reducing program costs by acquiring items that have been used to their life expectancy or property that must be replaced for safety or economic reasons; and

WHEREAS, the (insert your corporate name, e.g., Town of Springfield) agrees to the following terms and conditions: to use the surplus property only in the official program which it represents; and upon receipt, agrees to place the surplus property into use within one year; and it agrees that the property shall be used for a period of one year (certain items, eighteen months); that it agrees it will not sell, loan, trade or tear down the property without written consent from the State of Illinois; and

WHEREAS, the (insert your corporate name, e.g., Town of Springfield) understands that surplus property must be used in an authorized program and that personal use or non-use of surplus property is not allowed;

THEREFORE, WE THE ELECTED OFFICIALS (or authorized legal/recognized representatives or body) of (insert your corporate name, e.g., Town of Springfield) do hereby consent and decree that the (insert your corporate name, e.g., Town of Springfield) is authorized to participate in the State of Illinois Federal Surplus Property Program.

Trustee: ____________________________  Trustee: ____________________________

Trustee: ____________________________  Trustee: ____________________________

Chairman (or President) ____________________________

Subscribed and sworn to me this _____ day of ________, 20____

Clerk: ___________________________________
INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ELIGIBILITY FORM

( Please type or print in blue or black ink only)

SECTION I: Provide the full legal name of your organization on the first line of this section. Provide the
mailing address of your organization as recognized by the U.S. Postal Service. Include ZIP Code. Provide the street address if different from mailing address, or provide directions if located on a rural route or other remote area. List the county in which the organization is actually located and a business telephone number with area code.

SECTION II: Check the appropriate box which describes your organization. If you are unable to determine which status to check, please contact this office for assistance at (217) 785-6903.

SECTION III: Check the appropriate box or boxes (check all that apply) which indicates the type or purpose of your organization.

SECTION IV: A comprehensive written description of all programs or services provided is required. A description of the operational facilities should also be included. Be sure to include information of staff and staff qualifications, hours of operation, services and programs offered, population or enrollment, fees charged, etc. Include samples of pamphlets, catalogs, brochures or posters. If incorporated, include complete copy of Articles of Incorporation with all filing certificates and amendments, and a copy of your current bylaws.

SECTION V: Check the appropriate box which indicates the organization's sources of funding. Supporting documentation indicating the types and amounts of funding must be submitted with the completed application (copies of current budget and/or tax levy, if applicable, are acceptable).

SECTION VI: All applicants making application as "nonprofit, tax-exempt organizations" must provide a copy of the IRS determination letter indicating tax exemption under Section 501 of the IRS Code of 1954. The name and address of the organization on this IRS letter must match the name and address provided in Section I of this application. If not, include sufficient evidence such as amendments to Articles of Incorporation or Assumed Name filing certificates to establish as "audit trail" of names showing the legal connection.

SECTION VII: Applicants making application as "nonprofit, tax-exempt organization" are required to submit evidence that the applicant is currently approved, accredited, or licensed. Programs for older individuals must include evidence of funding under the Older Americans Act of 1965; Titles IV or XX of the Social Security Act; Titles VIII or X of the Economic Development Act of 1964; or the Community Services Block Grant Act. Providers of assistance to homeless individuals must include a letter from the mayor, county judge, city or county health offices or comparable authority which certifies that applicant is a "provider of assistance to the homeless". The certification must identify the service or assistance being provided and the number of individuals receiving such assistance.

SECTION VIII: Annotate date and provide an original signature of applicant's Authorized Official (President, Chairman of the Board, County Judge, Mayor, City Manager, Executive Director, Administrator, Fire Chief, or other comparable authorized official). Photo copied, rubber stamped, machine produced, carbon, or other facsimile-type signatures are not acceptable.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. USE THIS INSTRUCTION SHEET AS YOUR CHECK LIST TO ASSURE ALL REQUIRED INFORMATION AND DOCUMENTATION IS PROVIDED. IF YOU HAVE A QUESTION OR NEED ASSISTANCE CALL (217) 785-6903. PLEASE RETAIN A COPY FOR YOUR RECORDS AND SUBMIT THE ORIGINAL TO THE ADDRESS ABOVE.
ILLINOIS STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

Federal Surplus Property Program
1924 South 10 ½ Street
Springfield IL 62703 PHONE: (217) 785.6903

APPLICATION FOR ELIGIBILITY

To Receive Federal Surplus Property (41 CFR 181-44-207)

Federal Surplus Account Number Issued: ______________________ (To be completed by CMS Office)

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Name of Organization

Federal Tax ID #

Mailing Address (P.O. Box #, Street, City & State)

Zip Code

Street Address/Location (if different from mailing address)

County __________________________ Telephone # __________________________

II. APPLICANT STATUS (CHECK ONE):

☐ Public Agency including Public Schools (check one) ☐ Nonprofit, tax-exempt organization (Provide Evidence)

☐ Nonprofit Health Care ☐ Nonprofit Education

III. TYPE OR PURPOSE OF ORGANIZATION:

☐ State ☐ College or University ☐ Child Care Center

☐ County ☐ S.E.A. (Scouts, Red Cross)

☐ City/Village ☐ Elementary or Secondary School ☐ Museum

☐ Education ☐ Program for Older Individuals ☐ Radio/TV Station

☐ Hospital/Health ☐ Library ☐ Nursing Home

☐ Township ☐ Hospital ☐ Public Health / Clinic

☐ Road District ☐ Americans w/ Disabilities ☐ Provider to Needy (Food)

☐ Public Safety ☐ Provider to Homeless (Shelters) ☐ Veteran Organizations

IV. PROVIDE A WRITTEN DESCRIPTION OF PROGRAM OR SERVICES OFFERED, INCLUDING A DESCRIPTION OF FACILITIES OPERATED. (REQUIRED)

V. SOURCES OF FUNDING (ATTACH SUPPORTING DOCUMENTATION):

☐ Tax Supported ☐ Grant ☐ Contributions ☐ Other (Specify) ________________

VI. HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX EXEMPT UNDER SECTION 501 OF THE INTERNAL REVENUE CODE OF 1954: ______________________ (COPY REQUIRED)

VII. HAS THE ORGANIZATION BEEN APPROVED, ACCREDITED, OR LICENSED? ______________________ (COPY REQUIRED) BY WHAT AUTHORITY? ______________________

VIII. __________________________ __________________________

Date Applicant Signature
AUTHORIZED REPRESENTATIVES

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

FEDERAL TAX ID #: ___________________  Email: ___________________

Name of Organization ___________________  Administrative Head ___________________

Mailing Address (P.O. Box #, Street, City & State) ___________________  Zip Code ____________

Street Address/Location (if different from mailing address) ___________________

County ___________________  Telephone # ___________________

Send Correspondence to the Above Named Representative ___________________  Fax # ___________________

II. THE FOLLOWING REPRESENTATIVES ARE DESIGNATED TO:

A. Represent Donee Organization as its authorized agent; and

B. Acquire Federal surplus property on behalf of the Donee Organization; and

C. Obligate necessary Donee Organization funds for this purpose; and

D. Execute Distribution Documents binding the Donee Organization to the terms, conditions, reservations, and restrictions applying to Property obtained through the agency.

III. ___ __ NEW DESIGNATIONS  ___ __ ADDITIONAL DESIGNATIONS ONLY

(Delete all previous authorizations)  (Add to previous authorizations)

IV. REPRESENTATIVES

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

V. CERTIFICATION

Date ___________________  Signature of Authorized Official (Applicant) ___________________

Title ___________________

LENGTH OF ELIGIBILITY GRANTED BY CMS: ___ YEAR(S)  (FOR CMS OFFICE USE ONLY)
ILLINOIS STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

Federal Surplus Property Program
1924 South 10 1/2 Street
Springfield IL 62703

NONDISCRIMINATION ASSURANCE

LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

Name of Organization

Mailing Address (P.O. Box #, Street, City & State) Zip Code

Street Address/ Location (If different from mailing address) ( )

County

(Name of Organization) the donee,

agrees that the program for or in connection with which any property is donated to the donee will be conducted in compliance with, and the donee will comply with and will require any other person (any legal entity) who through contractual or other arrangements with the donee is authorized to provide services or benefits under said program to comply with all requirements imposed by or pursuant to the regulations of the General Services Administration (41 C.F.R. 101-6.2 and 101-8) issued under the provisions of Title VI of the Civil Rights Act of 1964, as amended; section 603 of Title VI of the Federal Property and Administrative Services Act of 1949, as amended; section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972, as amended, section 303 of the Age Discrimination Act of 1975, and the Civil Rights Restoration Act of 1987, to the end that no person in the United States shall, on the ground of race, color, national origin, sex, or age, or that no otherwise qualified handicapped person shall, by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the donee received Federal assistance from the General Services Administration; and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

The donee further agrees: (1) that this agreement shall be subject in all respects to the provisions of said Federal statutes and regulations, (2) that this agreement obligates the donee for the period during which it retains ownership or possession of the property, (3) that the United States shall have the right to seek judicial enforcement of this agreement, and (4) that this agreement shall be binding upon any successor in interest of the donee and the word "donee" as used herein includes any such successor in interest.

Date ____________________ Signature of Authorized Official (Applicant) ____________________

APPROVAL/ACCEPTANCE FOR STATE AGENCY USE ONLY

This applicant has been determined:          □ eligible          □ ineligible          □ conditionally eligible

as:          □ a public agency          □ nonprofit education          □ nonprofit health

Account Number: ___________________________ Eligibility Expires: ___________________________

Date: ____________________ CMS Administrator: ____________________ (Signature)

LENGTH OF ELIGIBILITY GRANTED: _______ YEAR(S)
(Enter on Authorized Representatives page)
RESOLUTION

Number ______________________

WHEREAS, section 7-174 of the Illinois Pension Code provides for an eight-member Board of Trustees of Municipal Retirement Fund, four of whom are to be elected by the IMRF participating units of government; and

WHEREAS, section 7-175 of the Pension Code provides rules for the election of the IMRF Board of Trust

WHEREAS, the governing body of each participating unit of government shall have one vote at any election an Executive Trustee is to be elected; and

WHEREAS, it is appropriate that the __________________________ of ______________________

BOARD, COUNCIL, ETC. EMPLOYER NAME

exercise its right to vote in the 2013 IMRF Executive Trustee election.

NOW THEREFORE BE IT RESOLVED that the __________________________ of ______________________

BOARD, COUNCIL, ETC. EMPLOYER NAME

gives its vote in the 2013 IMRF Executive Trustee election for a five-year term of office to

(vote for one)

☐ DAVID C. MILLER
☐ SUE STANISH
☐ LINE FOR WRITE-IN CANDIDATE

CERTIFICATION

I, __________________________, the __________________________

(NAME) (CLERK OR SECRETARY)

_____________________________ of the County of __________________________,

(EMPLOYER NAME) (COUNTY)

do hereby certify that I am the keeper of the books and records of the __________________________

(EMPLOYER NAME)

that the foregoing is a true and correct copy of a resolution (ordinance) duly adopted by the __________________________

(BOARD, COUNCIL)

at a meeting duly convened and held on the __________ day of ____________, 20____

(SEAL)

__________________________

(CLERK OR SECRETARY)

Illinois Municipal Retirement Fund
2211 York Road, Suite 500, Oak Brook Illinois 60523-2337
Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)
www.imrf.org
and viable for members and employers.

On Wisconsin’s own plan, the fund remains healthy enough
in the Board to continue its investment and

MBA (Risk Management) from the University of

Public Pension Funds continue to be an

BBA (Finance, Investment & Banking) and

unmanaged and funded source.

State’s pension system after many years of

inexpensive and inexpensive components

Public Pension Funds continue to be an

researchers will be positive and

Pensions as part of the Industrial

Our primary objective at Trustee will be to

the Board. The Illinois Strategic

Pensions, Pensions, Pensions. I have

Governmental Finance Officers’ Association

Other Permissive Information - Deemed in

rules - Responsible for Financial

Naperville, Illinois

Position - Director of Finance for the

Naperville, IL 60540

and universal.

Wisconsin

mandates.

Financial Development and Financial

Manager for the City of Naperville for 5

Workbook for 3 years and the accounting

the Illinois Strategic Investment Plan.

Position - Director of Finance for the

Naperville, IL 60540

and universal.

Wisconsin

mandates.

Financial Development and Financial

Manager for the City of Naperville for 5

Workbook for 3 years and the accounting

the Illinois Strategic Investment Plan.

Position - Director of Finance for the

Naperville, IL 60540

and universal.

Wisconsin

mandates.
Notice to IMRF

Governing Bodies

Five-Year Term

2013

Election of

Executive Trustee

Casting a vote

On the ballot resolution, mark the box
in front of the name of the candidate the
governing body wishes to vote for.

A governing body may vote for a participating
employee who is not shown if the employee
has or will have at least eight years of IMRF
service credit by December 31, 2013, and is
employed as a chief executive officer, chief
finance officer, or other officer, executive or
development head. Print his or her name in
the space provided.

Balloting Instructions

The ballot envelope indicates who has the authority
to cast a ballot in IMRF's Executive Trustee election.

If your governing body wishes to cast a ballot
for a new IMRF Form 1.0, on file with IMRF,
the governing body must either:

- grant the Authority to its Authorized
  Agent, the governing body would complete
  a new IMRF Form 2.0.

- The only Authorized Agents eligible to
  vote are those whose Notice of Appoint-
  ment (IMRF Form 2.0) on file with IMRF
  indicates they have been given such power.

- Insert the completed ballot resolution into
  the ballot envelope. Then insert the sealed
  ballot envelope into the return envelope.

- The Clerk or Secretary of the Board must
  certify the completed ballot resolution. For
  the vote to count, the certification on the
  ballot resolution must be completed.

- The IMRF receives the self-addressed return
  envelope no later than 4:30 p.m.,
  Thursday, December 12, 2013. Envelopes
  received after that time and date will not
  be counted.

- On the ballot resolution, mark the box
  in front of the name of the candidate the
governing body wishes to vote for.

The ballot envelope indicates who has the authority
to cast a ballot in IMRF's Executive Trustee election.

Casting a vote

On the ballot resolution, mark the box
in front of the name of the candidate the
governing body wishes to vote for.

A governing body may vote for a participating
employee who is not shown if the employee
has or will have at least eight years of IMRF
service credit by December 31, 2013, and is
employed as a chief executive officer, chief
finance officer, or other officer, executive or
development head. Print his or her name in
the space provided.

Balloting Instructions

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the governing body must either:

- grant the Authority to its Authorized
  Agent, the governing body would complete
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- The only Authorized Agents eligible to
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  ment (IMRF Form 2.0) on file with IMRF
  indicates they have been given such power.

- Insert the completed ballot resolution into
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  ballot envelope into the return envelope.

- The Clerk or Secretary of the Board must
  certify the completed ballot resolution. For
  the vote to count, the certification on the
  ballot resolution must be completed.

- The IMRF receives the self-addressed return
  envelope no later than 4:30 p.m.,
  Thursday, December 12, 2013. Envelopes
  received after that time and date will not
  be counted.
To Whom it May Concern,

My name is David Holman, and I work with a number of non-profit conservation land trusts focusing on the Chicago collar Counties, as well as with the Illinois Department of Natural Resources.

In that capacity, I've undertaken an effort to map all of the protected natural areas in the greater Chicago metropolitan area, both publicly and privately owned, using Geographic Information Systems (GIS). As part of this project, it has been both a pleasure and a privilege to work with the Kendall County GIS Department. The Department has graciously allowed me to utilize their incredible work in delineating the property boundaries of each of the County's protected natural areas. I wanted to write this letter because I recently realized that I have never articulated to anyone outside of the Department itself just how invaluable their efforts are to our own initiatives.

It is no exaggeration to state that the County's parcel boundaries data is the foundation of all of our work. Given that the County Board must continually balance the needs of the many Departments falling under your purview, I felt that I would be remiss in failing to articulate just how great, and invaluable, the GIS Department's work has been. It is because of the skill and dedication of your staff that the land trust community is able to be as effective as it is. For that, the Board has the sincere gratitude of both myself and my colleagues.

Sincerely,

David Holman
November 5, 2013

To: Administration HR Committee
From: Jeff Wilkins, County Administrator

As you may know, the County has two insurance policies with the Illinois Counties Risk Management Trust (ICRMT); one policy for property and liability and one policy for workers compensation. Both policies expire on December 1, 2013.

With the Forest Preserve Board still considering their options, we requested proposals from ICRMT that include or exclude the Forest Preserve from the County’s two policies.

In summary, the County’s policies including the Forest Preserve total $850,062 ($255,637 worker comp. + $594,425 property & liability).

The County’s policies excluding the Forest Preserve total $801,040 ($246,744 workers comp. + $554,266 property & liability).

Prior to December 1, the County Board must accept two policies dependant on the decision of the Forest Preserve Board. To accommodate a delayed decision by the Forest Preserve Board, the Administration HR committee could recommend the following two actions to the County Board:

Approve property and liability insurance policy with IL Counties Risk Management Trust in amount between $554,266 and $594,425

Approve workers compensation insurance policy with IL Counties Risk Management Trust in amount between $246,744 and $255,637
Illinois Counties Risk Management Trust  
Part V. Workers’ Compensation Proposal

Named Insured: Kendall County  
111 West Fox Street  
Yorkville, IL 60560

Program Year: 2013-2014
Effective Dates: 12/01/2013 to 12/01/2014
Policy Number: ICRMT2013040

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<th>Classification</th>
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<th>Rate</th>
<th>Estimated Premium</th>
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<td>9.3500</td>
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<td>Contractor - Supervisor</td>
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<td>School Bus Drivers</td>
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<td>Clerical</td>
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<td>Physician/Coroner/Health Department &amp; Clerical</td>
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<td>8868</td>
<td>Teachers/College/Professional</td>
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<td>Parks</td>
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<td>6.3900</td>
<td>$20,710</td>
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<tr>
<td>9410</td>
<td>Municipal NOC</td>
<td>$625,318</td>
<td>6.3600</td>
<td>$39,770</td>
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<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>$19,494,284</strong></td>
<td></td>
<td><strong>$795,952</strong></td>
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</tbody>
</table>

Gross Annual Premium $795,952
Increased Limit Multiplier 1.02 $811,871
Experience Modifier 0.85 $690,091
Schedule Modifier 0.42 $289,838
Subtotal $289,838
Premium Discount 11.80% ($34,201)
Annual Premium $255,637

Acceptance Statement:

Please accept this as a formal confirmation that all terms and conditions of the proposed insurance program by the Illinois Counties Risk Management Trust are accepted effective 12/01/2013.

_________________________________________  ___________________________  ___________________________
Signature of Official                      Title                              Date
Insurance Program Managers Group, LLC

Illinois Counties Risk Management Trust
INSURANCE PROGRAM PROPOSAL
for
Kendall County
111 West Fox Street
Yorkville, IL 60560

ICRMT2013040
Policy Period: 12/01/2013 to 12/01/2014

Endorsements to the policy resulted in the premium change shown below.

<table>
<thead>
<tr>
<th>Coverage Part(s)</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Liability &amp; Law Enforcement Liability</td>
<td>$498,211</td>
</tr>
<tr>
<td>Property, Inland Marine</td>
<td>Included</td>
</tr>
<tr>
<td>Commercial Auto</td>
<td>Included</td>
</tr>
<tr>
<td>Public Officials Liability - Claims Made</td>
<td>Included</td>
</tr>
<tr>
<td>Crime</td>
<td>Included</td>
</tr>
<tr>
<td>Boiler &amp; Machinery</td>
<td>Included</td>
</tr>
<tr>
<td>Special Coverage</td>
<td>Not Requested</td>
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<tr>
<td>Excess Liability</td>
<td>$96,213</td>
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<tr>
<td>Total Policy Premium:</td>
<td>$594,425</td>
</tr>
</tbody>
</table>

Terms and Conditions:

A signed copy of this document along with the payment must be received in the office prior to the effective date of coverage. Coverage cannot be bound without formal documentation.

Binding Order:
Please accept this as a formal confirmation that all terms and conditions of the proposed insurance program by the Illinois Counties Risk Management Trust are accepted effective 12/01/2013.

______________________________  ____________________  ________________
Signature of Official           Title                      Date
Illinois Counties Risk Management Trust  
Workers' Compensation Proposal

**Named Insured:** Kencall County  
111 West Fox Street  
Yorkville, IL 60560  

**Program Year:** 2013-2014  
**Effective Dates:** 12/01/2013 to 12/01/2014  
**Quote Number:** Kencall Excl FPD

<table>
<thead>
<tr>
<th>Code</th>
<th>Classification</th>
<th>Estimated Payroll</th>
<th>Rate</th>
<th>Estimated Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>5506</td>
<td>Street &amp; Road</td>
<td>$483,473</td>
<td>12.1400</td>
<td>$58,694</td>
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<tr>
<td>5606</td>
<td>Contractor - Supervisor</td>
<td>$0</td>
<td>3.0400</td>
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<td>7380</td>
<td>School Bus Drivers</td>
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<td>$3,560</td>
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<td>Law Enforcement</td>
<td>$8,728,131</td>
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<td>Architect/Engineer</td>
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<td>Attorney - All Employees &amp; Clerical</td>
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<td>8831</td>
<td>Animal Control</td>
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<td>8832</td>
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<td>8835</td>
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<td>9015</td>
<td>Building Operations/Custodial/Maintenance NOC</td>
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<tr>
<td>9410</td>
<td>Municipal NOC</td>
<td>$625,318</td>
<td>6.3600</td>
<td>$39,770</td>
</tr>
</tbody>
</table>

**Totals:**  
$19,031,136  
$768,355

- **Gross Annual Premium:** $768,355  
- **Increased Limit Multiplier:** 1.02  
- **Experience Modifier:** 0.85  
- **Schedule Modifier:** 0.42  
- **Subtotal:** $279,789  
- **Premium Discount:** 11.80%  
- **Annual Premium:** $246,774

**Acceptance Statement:**

Please accept this as a formal confirmation that all terms and conditions of the proposed insurance program by the Illinois Counties Risk Management Trust are accepted effective 12/01/2013.

______________________  
Signature of Official  

______________________  
Title  

______________________  
Date  

Page 2 of 3
Kendall Excl FPD
Policy Period: 12/01/2013 to 12/01/2014

Endorsements to the policy resulted in the premium change shown below.

<table>
<thead>
<tr>
<th>Coverage Part(s)</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Liability &amp; Law Enforcement Liability</td>
<td>$458,280</td>
</tr>
<tr>
<td>Property, Inland Marine</td>
<td>Included</td>
</tr>
<tr>
<td>Commercial Auto</td>
<td>Included</td>
</tr>
<tr>
<td>Public Officials Liability - Claims Made</td>
<td>Included</td>
</tr>
<tr>
<td>Crime</td>
<td>Included</td>
</tr>
<tr>
<td>Boiler &amp; Machinery</td>
<td>Included</td>
</tr>
<tr>
<td>Special Coverage</td>
<td>Not Requested</td>
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<tr>
<td>Excess Liability</td>
<td>$95,987</td>
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<tr>
<td>Total Policy Premium</td>
<td>$554,266</td>
</tr>
</tbody>
</table>

Terms and Conditions:

A signed copy of this document along with the auto supplement, and payment must be received in the office prior to effective date of coverage. Coverage cannot be bound without formal documentation.

Binding Order:
Please accept this as a formal confirmation that all terms and conditions of the proposed insurance program by the Illinois Counties Risk Management Trust are accepted effective 12/01/2013.
CHAPTER V.
BENEFITS

Section 5.1 INSURANCE – EMPLOYEES AND DEPENDENTS:

This portion of the Employee Handbook contains a very general description of the insurance benefits to which you may be eligible to receive as an employee of the County. Please understand that this general explanation is not intended to, and does not, provide you with all the details of these benefits. Summary plan descriptions (SPDs) which explain coverage of your health, dental, and life insurance benefits in greater detail are available in the Office of Administrative Services. The actual plan documents, which are available by making a written request to the County Administrator, are the final authority in all matters relating to benefits described in this Employee Handbook or in the summary plan descriptions and will govern in the event of any conflict. To the extent that any of the information contained in this Employee Handbook is inconsistent with the official plan documents, the provisions of the official plan documents will govern in all cases. Nothing contained in the benefit plans described herein shall be held or construed to create a promise of employment or future benefits, or a binding contract between the County and its employees, retirees or their dependents, for benefits or for any other purpose. The County reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans described herein, including insurance carriers, health maintenance organizations, self-insurance, and/or any health benefits that may be extended to an employee’s dependents. Further, the County reserves the exclusive right, power and authority, in its sole and absolute discretion, to administer, apply and interpret the benefit plans described herein, and to decide all matters arising in connection with the operation or administration of the plan.

The County provides life insurance, accidental death and dismemberment insurance, and dental insurance to the employee and the employee’s qualified dependents. Plan documents for specific benefits are available at the Office of Administrative Services. To be eligible for these benefits, an employee must consistently work a minimum of thirty-four (34) hours per week. Dental and life insurance coverage shall commence on the first of the month after the employee has completed thirty (30) consecutive calendar days of continuous active employment with the County and shall cease on the last day of the month in which any of the following events occur: the employee’s final day of employment; when regularly scheduled hours are reduced below 34 hours per week; or upon another “qualifying event” as defined under the Consolidated Omnibus Budget Reconciliation Act (“COBRA”).

The County also provides medical and hospitalization insurance to the employee and the employee’s qualified dependents. Plan documents for specific benefits are available at the Office of Administrative Services. Dependent coverage at group rates is available. To be eligible for medical and hospitalization insurance, an eligible employee must consistently work a minimum of thirty (30) hours per week. Medical and hospitalization insurance and dental insurance to the employee. Plan documents for specific benefits are available in the Office of Administrative Services. Dependent coverage at group rates is available. To be eligible, an employee must consistently work a minimum of thirty-four (34) hours per week. (Thirty (30) hours per week if hired prior to December 24, 1999).
At the employee's option, the employee may elect coverage through any one of the applicable health and life insurance plans made available by the County. An employee will have up to thirty (30) days from the start of your employment to make your health insurance plan election. Once made, the employee's election is generally fixed for the remainder of the plan year. However, if a qualifying event (as defined under COBRA) occurs, an employee may make a mid-year change in coverage. Temporary or regular part-time employees are not eligible for health insurance, except those grandfathered under previous policy of the County.

Health and life insurance coverage shall commence thirty (30) calendar days following the employee's starting date of employment and shall cease on the earlier of the following events: the employee's final day of employment or when regularly scheduled hours are reduced below 304 hours per week; or upon another "qualifying event" as defined under the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

Dental insurance coverage shall commence on the first of the month following the waiting period of thirty (30) calendar days of continuous active employment and shall cease on the last day of the month in which the employee left the County's employment. Information packets describing the provisions of each insurance plan will be furnished to each employee upon the employee's commencement of his employment.

A pre-tax deduction Section 125 Plan is available at the time of enrollment which allows employees to pay their share of the medical insurance premium with pre-tax dollars. The premium is taken out of the paycheck before taxes are calculated so Federal, State, Social Security or IMRF is not deducted from the premium.

All retired employees eligible to receive immediate retirement benefits from IMRF are eligible to participate until age 65 in the employer's health plans providing they assume payment of insurance premiums. At age 65, the retired employee will become eligible for Medicare and can obtain Medicare supplemental insurance either through the employer's health provider or a plan of their choosing at the employee's expense.

Eligible dependents under the age of sixty-five (65) years of retired employees sixty-five (65) years of age and over may participate until age 65 in the employer's health plans providing they assume payment of premiums.

Dental insurance may be continued for all retired employees and their dependents providing they assume payment of the insurance premium for as long as they wish coverage.

Summary plan descriptions (SPDs) which explain coverage of your health, dental and life insurance benefits in greater detail are available in the Office of Administrative Services. The actual plan documents, which are available by making a written request to the County Administrator, are the final authority in all matters relating to benefits described in this Employee Handbook or in the summary plan descriptions and will govern in the event of any conflict. Additionally, the county reserves the right to change insurance carriers, change health maintenance organizations, self-insure, and/or change or eliminate any benefits at any time in accordance with applicable law.

Upon retirement, the employee may be eligible to elect to continue certain coverage under the County's plans. If the employee is eligible, and he elects such coverage, he must pay the entire premium. Please review the insurance summary plan description for more details.
Any employee on IMRF disability is entitled to continue his coverage in the employer's health and dental plans providing the employee assumes payment of insurance premiums.

Medical and dental rates are the same as those for dependents of active employees.

Insurance company representatives not currently affiliated with the County are prohibited from approaching any County employee during working hours with the exception of the biennial benefits fair held by the County for its employees.

Continuation of Medical Coverage (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives eligible employees and their qualified beneficiaries the opportunity to continue health insurance coverage under the County's health plan when a "qualifying event" would normally result in the loss of eligibility. Some common qualifying events include: if an employee would otherwise lose his group coverage because of a reduction in his working hours; or the termination of his employment for reasons other than gross misconduct on his part; divorce or legal separation; death of the employee; leave of absence; and a dependent child no longer meeting eligibility requirements. He is eligible to continue under the County's plan for such period of time as prescribed by law. Under COBRA, the employee and/or qualified beneficiary pay the full cost of coverage after a qualifying event. Under COBRA, an administration fee may be charged for continuation coverage. The County will notify the employee with written notice of their rights under COBRA when a qualifying event occurs. Failure to timely elect continuation coverage under COBRA may result in a loss of continued insurance coverage of the time period for which continuation coverage may be provided, depending upon his individual situation.

There may be other coverage options for eligible employees and their dependents to buy coverage through the Health Insurance marketplace. The County will notify the employee of the time period for which continuation coverage may be provided, or depending upon the employee's individual situation, the employee's options under the Health Insurance Marketplace.
Section 5.7 RETIREMENT: The Illinois Municipal Retirement Fund provides employees of local governments and school districts in Illinois with a sound and efficient system for the payment of retirement, disability and death benefits. These benefits, payable to qualifying members are in addition to those provided by Social Security.

Employees Covered

Participation is compulsory at the time of employment if the employee occupies an IMRF qualified position; that is, one normally expected to require performance of duty for 600 or more hours in the next 12 months. It is the expected annual hourly requirements that determine participation. Actual hours worked may be more or less than the hours expected.

IMRF Funding

Benefits are funded by employee and employer contributions. Employees pay 4.5% of their earnings through payroll deductions. Sheriff's law enforcement personnel pay 7.5% of annual earnings. Member contributions are not subject to either Federal or Illinois income tax when paid to IMRF. Contributions made after July 1, 1984 are subject to Federal income tax, but no Illinois income tax, when paid by IMRF as a refund, pension or death benefit.

A comprehensive brochure is available in the County Treasurer's Office which outlines death, disability and retirement benefits under IMRF. The County Treasurer is the authorized IMRF agent for the County. Also, an IMRF representative is available to answer any questions.
CHAPTER V.
BENEFITS

Section 5.1 INSURANCE – EMPLOYEES AND DEPENDENTS:

This portion of the Employee Handbook contains a very general description of the insurance benefits to which you may be eligible to receive as an employee of the County. Please understand that this general explanation is not intended to, and does not, provide you with all the details of these benefits. Summary plan descriptions (SPDs) which explain coverage of your health, dental and life insurance benefits in greater detail are available in the Office of Administrative Services. The actual plan documents, which are available by making a written request to the County Administrator, are the final authority in all matters relating to benefits described in this Employee Handbook or in the summary plan descriptions and will govern in the event of any conflict. To the extent that any of the information contained in this Employee Handbook is inconsistent with the official plan documents, the provisions of the official plan documents will govern in all cases. Nothing contained in the benefit plans described herein shall be held or construed to create a promise of employment or future benefits, or a binding contract between the County and its employees, retirees or their dependents, for benefits or for any other purpose. The County reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans described herein, including insurance carriers, health maintenance organizations, self-insurance, and/or any health benefits that may be extended to an employee’s dependents. Further, the County reserves the exclusive right, power and authority, in its sole and absolute discretion, to administer, apply and interpret the benefit plans described herein, and to decide all matters arising in connection with the operation or administration of the plan.

The County provides life insurance, accidental death and dismemberment insurance, and dental insurance to the employee and the employee’s qualified dependents. Plan documents for specific benefits are available at the Office of Administrative Services. To be eligible for these benefits, an employee must consistently work a minimum of thirty-four (34) hours per week. Dental and life insurance coverage shall commence on the first of the month after the employee has completed thirty (30) consecutive calendar days of continuous active employment with the County and shall cease on the last day of the month in which any of the following events occur: the employee’s final day of employment; when regularly scheduled hours are reduced below 34 hours per week; or upon another “qualifying event” as defined under the Consolidated Omnibus Budget Reconciliation Act (“COBRA”).

The County also provides medical and hospitalization insurance to the employee and the employee’s qualified dependents. Plan documents for specific benefits are available at the Office of Administrative Services. Dependent coverage at group rates is available. To be eligible for medical and hospitalization insurance, an eligible employee must consistently work a minimum of thirty (30) hours per week.

At the employee’s option, the employee may elect coverage through any one of the applicable health insurance plans made available by the County. An employee will have up to thirty (30) days from the start of your employment to make your health insurance plan election. Once made, the employee’s election is generally fixed for the remainder of the plan year. However, if a qualifying
event (as defined under COBRA) occurs, an employee may make a mid-year change in coverage. Temporary or regular part-time employees are not eligible for health insurance, except those grandfathered under previous policy of the County.

Health insurance coverage shall commence thirty (30) calendar days following the employee's starting date of employment and shall cease on the earlier of the following events: the employee's final day of employment; when regularly scheduled hours are reduced below 30 hours per week; or upon another "qualifying event" as defined under the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

Information packets describing the provisions of each insurance plan will be furnished to each employee upon the employee's commencement of employment.

A pre-tax deduction Section 125 Plan is available at the time of enrollment which allows employees to pay their share of the medical insurance premium with pre-tax dollars. The premium is taken out of the paycheck before taxes are calculated so Federal, State, Social Security or IMRF is not deducted from the premium.

All retired employees eligible to receive immediate retirement benefits from IMRF are eligible to participate until age 65 in the employer's health plans providing they assume payment of insurance premiums. At age 65, the retired employee will become eligible for Medicare and can obtain Medicare supplemental insurance either through the employer's health provider or a plan of their choosing at the employee's expense.

Eligible dependents under the age of sixty-five (65) years of retired employees sixty-five (65) years of age and over may participate until age 65 in the employer's health plans providing they assume payment of premiums.

Dental insurance may be continued for all retired employees and their dependents providing they assume payment of the insurance premium for as long as they wish coverage.

Any employee on IMRF disability is entitled to continue his coverage in the employer's health and dental plans providing the employee assumes payment of insurance premiums.

Insurance company representatives not currently affiliated with the County are prohibited from approaching any County employee during working hours with the exception of the benefits fair held by the County for its employees.

Continuation of Medical Coverage (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives eligible employees and their qualified beneficiaries the opportunity to continue health insurance coverage under the County's health plan when a "qualifying event" would normally result in the loss of eligibility. Some common qualifying events include: a reduction in the employee's working hours; termination of employment for reasons other than gross misconduct; divorce or legal separation; death of the employee; leave of absence; and a dependent child no longer meeting eligibility requirements. Under COBRA, the employee and/or qualified beneficiary pay the full cost of coverage after a qualifying event. Under COBRA, an administration fee may be charged for continuation coverage. The County will provide the employee with written notice of their rights under COBRA when a qualifying
event occurs. Failure to timely elect continued coverage under COBRA may result in a loss of continued insurance coverage.

There may be other coverage options for eligible employees and their dependents to buy coverage through the Health Insurance marketplace. The County will notify the employee of the time period for which continuation coverage may be provided, or depending upon the employee’s individual situation, the employee’s options under the Health Insurance Marketplace.

Section 5.7

RETIREMENT: The Illinois Municipal Retirement Fund provides employees of local governments and school districts in Illinois with a sound and efficient system for the payment of retirement, disability and death benefits. These benefits, payable to qualifying members are in addition to those provided by Social Security.

Employees Covered

Participation is compulsory at the time of employment if the employee occupies an IMRF qualified position; that is, one normally expected to require performance of duty for 600 or more hours in the next 12 months. It is the expected annual hourly requirements that determine participation. Actual hours worked may be more or less than the hours expected.

IMRF Funding

Benefits are funded by employee and employer contributions. Employees pay 4 1/2% of their earnings through payroll deductions. Sheriff’s law enforcement personnel pay 7.5% of annual earnings. Member contributions are not subject to either Federal or Illinois income tax when paid to IMRF.

A comprehensive brochure is available in the County Treasurer’s Office which outlines death, disability and retirement benefits under IMRF. The County Treasurer is the authorized IMRF agent for the County. Also, an IMRF representative is available to answer any questions.
EDUCATIONAL REIMBURSEMENT:

Qualified employees of the County and/or its elected offices may be eligible to apply for and receive up to a maximum of fifty percent (50%) reimbursement for qualified educational expenses. For purposes of this policy, “qualified educational expenses” include only the cost of the employee’s tuition and required books for up to one (1) educational or training course per semester or quarter toward the employee’s undergraduate or graduate degree. The course work degree must be directly related to the employee’s job functions or proposed job functions.

To be eligible for educational reimbursement pursuant to this policy, the employee must be a full-time, active employee of the County and/or a County elected office who has completed at least one (1) year of continuous service immediately prior to the start of the course for which the employee is seeking reimbursement. For purposes of this policy, “full-time active employee” means an employee who is regularly scheduled to work a minimum of 37.532 or more hours per week and who is not on a leave of absence at the time of taking the course.

An employee’s eligibility shall cease upon notice of termination of employment. No educational reimbursements will be made to former employees, to employees who have given notice of resignation, or who have been notified that they will be involuntarily terminated. This includes situations in which approval of such reimbursement was previously provided and/or the course was satisfactorily completed prior to the date of termination of employment.

An employee shall not be eligible to receive educational reimbursement from the County if the employee receives educational reimbursement from a third party (e.g., veterans’ tuition assistance). If an employee receives educational reimbursement from the County and a third party, the employee shall promptly return all educational reimbursement payments received from the County. Failure to do so may result in disciplinary action up to and including termination of employment.

To qualify for educational reimbursement, the employee must seek approval in writing in advance from (a) the employee’s department head/elected official and (b) the HR/Administration Committee Chairman or Chairman of the County Board. When educational reimbursement is approved by the employee’s department head/elected official, the employee must submit a signed educational reimbursement agreement to the Office of Administrative Services no less than thirty (30) calendar days and no more than six (6) months prior to the start of the course. Failure to timely provide a completed, signed educational reimbursement agreement to the Office of Administrative Services may result in denial of the educational reimbursement.

To qualify for educational reimbursement, the employee’s course work degree must be directly related to the employee’s job functions or proposed functions (as determined by the employee’s department head/elected official); be accomplished outside of working hours; be from an accredited institution of learning; and the employee must receive a
passing grade of "B" or higher and not exceed reimbursement for one class per semester (or quarter).

Correspondence course work and vocational schools will be considered if they are accredited or of a "good reputation", as determined by the employee's department head/elected official.

If the educational or training course work is not part of the employee's degree program but (a) is necessary to meet the specific and current job description and; (b) is required by the department head/elected official, then tuition and books may be reimbursed at one hundred percent (100%) from the employee's department or elected office budget, at the sole discretion of the department head/elected official.

If an employee leaves the employment of Kendall County or a County elected office within one (1) year after the employee receives payment from the County for tuition reimbursement, the employee shall reimburse the County for all educational reimbursement paid to the employee during the previous year or have the total educational reimbursement amount withheld from the employee's final paycheck.

If an employee's application for tuition reimbursement is approved, the employee must submit paperwork to the Office of Administrative Services, which identifies the institution of learning, name of course with completion date, grade, an original receipt showing the total costs incurred for the course (per credit hour) and/or books for which the employee is seeking reimbursement, and any other documentation as requested by the Office of Administrative Services. All such paperwork must be submitted to the Office of Administrative Services within ninety (90) days after course completion and failure to do so may result in denial of educational reimbursement. **For purposes of this policy, "course completion" is defined as the date the employee receives his or her grade for the course.**

An employee's submission of the educational reimbursement agreement shall not create a contract or guarantee of reimbursement upon submission of an application for education reimbursement and/or completion of the course. The total number of employees receiving educational reimbursement benefits and the amount of educational reimbursement are subject to any budget limitations. **The County may withdraw its approval of and/or deny any pending application(s) for educational reimbursement once the County's budgeted educational reimbursement amount has been disbursed for the fiscal year.**

Any written agreements regarding educational reimbursement that were approved by the employee's elected official/department head prior to this policy will be handled on an individual basis. **Also, in the event of a conflict between this policy and specific educational reimbursement provisions in an applicable union contract, the applicable union contract language shall prevail.**
KENDALL COUNTY
EDUCATIONAL REIMBURSEMENT AGREEMENT

I, the undersigned, understand that full-time, active employees with at least one year of continued service with the County or a County elected office immediately prior to the start of the course may be eligible to apply for up to a maximum of fifty percent (50%) reimbursement for qualified educational reimbursement expenses pursuant to the County’s Education Reimbursement Policy and/or applicable union contract.

I understand that I am not eligible to receive educational reimbursement from the County when I receive similar educational reimbursement from a third party (e.g., veterans’ tuition assistance). If I receive educational reimbursement from the County and a third party, I shall promptly return all payments received from the County and failure to do so may result in disciplinary action up to and including termination of my employment.

The County’s Education Reimbursement Policy requires my course work be directly related to my job function (or proposed functions), be accomplished outside of working hours and be from an accredited institution of learning. I also must receive a grade of “B” or higher and not exceed one class per semester or quarter. By signing below, I affirm that I have also read my union contract, if applicable, and understand and agree to all terms of educational reimbursement set forth in my union contract. If there is a conflict between the County’s Education Reimbursement Policy and the applicable union contract, I understand and agree the applicable union contract terms prevail. To receive educational reimbursement, I must submit paperwork identifying the institution of learning, name of course with completion date, grade, an original invoice showing the total costs incurred for the course (per credit hour) and/or books for which I seek reimbursement, and any other documentation requested by the Office of Administrative Services. I understand that all of the above paperwork must be submitted to the Office of Administrative Services within ninety (90) days after course completion and failure to do so may result in denial of educational reimbursement. **For purposes of this Agreement, course completion is defined as the date that I receive my grade for the course work.**

I understand the total number of employees receiving benefits and the amount of educational reimbursement will be subject to budget limitations and that, by signing this Agreement, I affirm that I am in no way guaranteed educational reimbursement. Furthermore, I understand and agree the County may withdraw its approval of and/or deny any pending application for educational reimbursement once the County’s budgeted educational reimbursement amount has been disbursed for the fiscal year.

I understand that to qualify for educational reimbursement, I must receive approval from my department head/elected official and the HR/Administration Committee Chairman or the Chairman of the County Board Committee Chairman. A signed copy of the Education Reimbursement Agreement must be on file in the Office of Administrative Services no less than thirty (30) days and no more than six (6) months prior to the first day of course for which I am seeking reimbursement. The Office of Administrative Services will seek approval from the HR/Administration Committee Chairman or Chairman of the County Board and contact me with any questions.

To receive educational reimbursement, I must maintain continuous employment with Kendall County for a definite period of time after completion of my course, as set forth in the County’s Educational Reimbursement Policy and/or applicable union contract. If my employment ends before then, I will reimburse the County the full amount of educational reimbursement paid to me by the County. **By signing below, I provide my express written consent for the County to deduct from my final paycheck an amount equal to the total educational reimbursement that I received from the County during the year prior to my separation of employment.**
I UNDERSTAND THAT NOTHING IN THIS AGREEMENT IS INTENDED TO AND/OR DOES CREATE A CONTRACT, EXPRESS OR IMPLIED, AND THE TERMS OF THIS AGREEMENT MAY BE MODIFIED AT ANYTIME BY THE COUNTY WITHOUT NOTICE AND WITHOUT MY CONSENT.

Title of proposed course: __________________________________________________________

College or university name: _______________________________________________________

Course number:_________________________________________________________________

Course start date: ___/___/_____

Estimated 50% Tuition reimbursement: $________________________

Estimated 50% Book reimbursement: $________________________

Employee Name (Print) ____________________________ Department Head/Elected Official Authorization _________________________

Employee Signature ____________________________ Date ____________________________

Administrative Services (Office Use Only) ____________________________ Board Committee Chair _________________________

Date Receipt of Agreement with Department Head/Elected Official Signature

Date Receipt of all reimbursement paperwork

Date Voucher processed
KENDALL COUNTY SENIOR TAX LEVY
AGENCY FUNDING REQUEST

Date ______________________

Name of Agency Requesting Funds _________________________________________

Name of Executive Director _______________________________________________

Name & Title of Contact Person ____________________________________________

Agency Address __________________________________________________________

Phone (______) ____________________ Ext: ________

Fax (______) ______________________ Ext: ________

Email ___________________________@________________________________________

__________________________________________

PLEASE RETURN TO:

KENDALL COUNTY BOARD
c/o Administrative Services
111 West Fox Road, Suite 316
Yorkville IL 60560

12 COPIES OF COMPLETED APPLICATION MUST BE RECEIVED NO LATER THAN FRIDAY, MARCH 14, 2014. CHANGES TO THIS APPLICATION FORMAT WILL NOT BE ACCEPTED.

Questions should be directed to the Administrative Services Office at 630-553-4171 or KCAdmin@co.kendall.il.us
AGENCY INFORMATION

a) Name of agency requesting funds: ____________________________

b) Type of organization: (Circle one)      Non-Profit      Governmental Agency

c) Number of years serving Kendall County senior residents: _____________

d) Counties served: (list all) _______________________________________

e) Agency fiscal year: ______/_______ to ______/________

BUDGET INFORMATION

a) Amount requested: $________________________

b) Amount requested previous year: $________________________

c) Amount awarded previous year: $________________________

d) Amount your agency expends to transport Kendall County seniors: $________________________

e) Describe any budgetary concerns, impacts of state budget cuts, or decreases in other grant funding that directly impact your agency’s services to Kendall County seniors:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

f) Describe specific reductions in services to Kendall County seniors if your agency is not granted the requested funds from the Senior Tax Levy:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
g) List your agency’s fundraising efforts in the past two years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Type of Activity</th>
<th>Budgeted Goal</th>
<th>Amount Raised</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

h) List your agency’s other grant requests in the past two years:

<table>
<thead>
<tr>
<th>Year Received</th>
<th>Funding Source</th>
<th>Grant Program</th>
<th>Amount Requested</th>
<th>Amount Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

i) Attach a copy of the agency’s most recent Fiscal Budget and Audited Financial Statements.

**SENIOR CLIENT INFORMATION**

<table>
<thead>
<tr>
<th>Current Fiscal Year</th>
<th>Next Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Number of senior clients in Kendall Co.</td>
<td></td>
</tr>
<tr>
<td>b) Number of senior service hours in Kendall Co.</td>
<td></td>
</tr>
<tr>
<td>c) Number of Kendall Co. senior clients on waiting list</td>
<td></td>
</tr>
<tr>
<td>d) Number of Kendall Co. senior clients served at or below 150% of official poverty level</td>
<td></td>
</tr>
</tbody>
</table>
e) List the number of individual Kendall County seniors served by each of your agency's programs:

<table>
<thead>
<tr>
<th>Number of individual seniors served (Unduplicated Stats)</th>
<th>Senior Programs Offered</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**PROGRAM SERVICE INFORMATION**

a) Summarize how requested funds will be used by your agency to promote senior independence:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

b) Briefly describe your agency’s senior programs and services in Kendall County that are not duplicated by another agency:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

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c) Summarize the strength of your agency’s senior programs and services:

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g) Describe any duplicate senior services provided by your agency and explain why the duplication is occurring and remains justifiable:


h) Describe your agency's collaboration with other agencies serving seniors in Kendall County:


i) Explain any significant senior program changes your agency made last year and/or is planning to make next year:


j) List future goals for your senior program(s):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

k) How do you measure the following:

Community needs: __________________________

________________________________________________________________________

Attainment of program goals: __________________________

________________________________________________________________________

Client outcomes: __________________________

________________________________________________________________________
KENDALL COUNTY SENIOR TAX LEVY APPLICATION FOR FUNDING

APPLICANT'S CERTIFICATIONS AND ASSURANCES

1. By signing below, the undersigned certifies that he/she is duly authorized to sign this application on the applicant’s behalf.

2. This application has been duly authorized by the governing body of the applicant’s organization. If awarded grant funds, the applicant agrees to comply with all regulations and guidelines applicable to the grant award.

3. By signing below, the undersigned certifies that, to the best of his or her knowledge and belief, all information provided in this grant application and its attachments are true and correct.

4. The applicant understands and agrees that this application is a public document and may be subject to disclosure pursuant to the Illinois Freedom of Information Act.

5. Applicant agrees that Kendall County reserves the right to terminate or modify a grant award at any time for any or no reason.

6. If awarded senior tax levy grant funds, the applicant shall use the grant funds only for the purposes as set forth in the applicant’s grant application, unless the applicant receives prior written approval from Kendall County to use the grant funds for another purpose. Kendall County reserves the right to require the applicant to repay any or all awarded grant funds not used in accordance with the applicant’s grant application.

7. The applicant shall not discriminate against any client, employee and/or any other person on the basis of race, color, sex, national origin, ancestry, religion, age, marital status, order of protection status, military status, veteran status, unfavorable discharge from military service, sexual orientation, pregnancy, genetic information, disability and/or any other basis prohibited by federal, state and/or local laws, regulations and ordinances.

8. The applicant agrees to maintain a fiscal accountability and management system, which documents and traces all of the applicant’s revenues and expenditures. The applicant shall provide Kendall County and its authorized representatives with access to any and all of the applicant’s records, which are reasonably necessary for Kendall County to confirm the applicant uses the grant funds pursuant to the applicant’s grant application. The applicant shall be responsible for preparing any and all reports requested by Kendall County to assist Kendall County in auditing the applicant’s use of the grant funds.

9. Applicant shall retain all records regarding use of grant funds for a period of three years after receipt of the funds from Kendall County.

10. Applicant shall have an annual audit performed by an independent public accountant, certified and licensed by the State of Illinois, which is conducted in accordance with Government Auditing Standards. Applicant shall provide Kendall County with a copy of the applicant’s audit findings within seven (7) calendar days after receipt of Kendall County’s request.

11. Applicant certifies to the best of its knowledge and belief, that:

   a. Applicant is not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal or State agency and/or any unit of
local government.

b. Within a three-year period preceding the submission of this grant application, the applicant and/or its principals have not been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

c. Applicant and its principals are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in part (b) of this certification.

d. Within a three-year period preceding the submission of this grant application, the applicant has not had one or more public transactions (Federal, State or local) terminated for cause or default.

e. Applicant is not barred from contracting with a unit of the State or local government as the result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 of the laws of the State of Illinois. These violations concern the criminal offenses of bid-rigging, bid rotating, or kickback in regard to public contracts.

12. Applicant agrees to comply with all relevant provisions of the Drug Free Work Place Act (30 ILCS 580/1 et seq.), the Americans with Disabilities Act (42 U.S.C. 12101 et Seq.) and all other applicable Federal and State laws and regulations.

13. Applicant shall indemnify, hold harmless and defend with counsel of Kendall County’s own choosing, Kendall County, its officials, officers, employees, including their past, present, and future board members, elected officials and agents from and against all liability, claims, suits, demands, proceedings and actions, including costs, reasonable fees and expense of defense, arising from, to, any loss, damage, injury, death, or loss or damage to property (collectively, the “Claims”), to the extent such Claims result from the applicant’s negligent or willful acts, errors or omissions in its operations and/or the use of the grant funds. Nothing contained herein shall be construed as prohibiting Kendall County, its officials, directors, officers, agents and employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, suits, demands, proceedings and actions brought against them. Pursuant to Illinois law, 55 ILCS 5/3-9005, any attorney representing Kendall County, under this paragraph, shall be approved by the Kendall County State’s Attorney and shall be appointed a Special Assistant State’s Attorney, as provided in 55 ILCS 5/3-9005. Kendall County’s participation in its defense shall not remove the applicant’s duty to indemnify, defend, and hold Kendall County harmless, as set forth above.

With my signature, I am certifying and assuring compliance with numbers 1 through 13 above.

Agency Name

Authorized Signature and Title

Date

Kendall County Senior Tax Levy Agency Funding Request Application v 2014 Page 9 of 9
Request for Proposal (RFP)

for

2014 SPRING AERIAL ORTHOIMAGERY MISSION

Kendall County IL GIS Department

Issued on
November 8th, 2013

Proposals must be delivered to:
Kendall County GIS, 111 W. Fox St, Room 308, Yorkville, Illinois 60560
Attention: GIS Coordinator
Proposals are due no later than 3 PM Central Standard Time on December 2nd, 2013

Questions regarding the RFP should be directed to:
Web Email GIS@co.kendall.il.us
1. INTRODUCTION

1.1 Overview /Objectives
Kendall County Government ("the County") seeks a qualified consultant for services to capture aerial imagery for Spring 2014 and, from this source data, compile four-band (R, G, B, IR) & panchromatic six-inch (6") ground sample distance (GSD) digitally orthorectified imagery. The orthorectification of the source images will utilize existing terrain model data that was acquired during previous projects. These products will support the maintenance of various geospatial databases included in the County's enterprise Geographical Information System (GIS).

1.2 Kendall County Background
Kendall County government provides its residents with vital services. It is a predominately rural county in the northeastern section of the State of Illinois that contains numerous local governmental units within its boundaries. With a population of approximately 117,000 people, it has held the title for being the fastest growing county (2010 US Census).

Beginning in 2006, Kendall County has successfully researched, planned, designed and implemented an enterprise GIS with the intention of delivering data to and improving the services of its constituent agencies and moreover, to enhance and streamline the taxpaying public's access to vital information. This established GIS administers and coordinates land-based information across all County agencies utilizing a geography accurately developed from a photogrammetric base, in conjunction with sophisticated information management tools. The GIS is the vehicle that regulates internal data and work flows as regards spatial information, enables the development of higher-level applications, and provides long-term and stable management.

1.3 Schedule
The County anticipates the following Schedule:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP Posted to the County Website</td>
<td>November 8th, 2013</td>
</tr>
<tr>
<td>Publish to media</td>
<td>November 14th, 2013</td>
</tr>
<tr>
<td>Proposal Due</td>
<td>December 2nd, 2013 at 3 PM CST</td>
</tr>
<tr>
<td>Evaluation of Proposals</td>
<td>December 5th, 2013</td>
</tr>
<tr>
<td>County Board Review</td>
<td>January 21st, 2014</td>
</tr>
<tr>
<td>Data Acquisition</td>
<td>Spring 2014</td>
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<tr>
<td>Final Delivery</td>
<td>No later than 6 months from final acquisition date</td>
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</table>
3. **DELIVERABLES**

The Proposer will submit appropriate and relevant information for the deliverables listed below. All digital data deliverables listed below shall be delivered on a USB 2 external hard drive. The information shall include but not be limited to characteristics such as file format, approximate file size, media of delivery, storage requirements and plan, and other specifications. These specifications will ultimately be determined between the Contractor and the County during project initiation. All deliverables become the sole ownership of Kendall County and shall not be copyrighted by the proposer. Proposers do not retain the right to sell, lease or otherwise distribute the delivered data without written permission from Kendall County.

3.1. **Control Survey**

a. A survey report containing information about sources, monuments, procedures, difficulties, and actual accuracies attained in ASCII file format,

b. GPS data coordinates in ASCII file format using the FGCS Input Formats and Specifications,

c. Final set of project coordinates as a geodatabase point feature class. Values will be provided in Illinois East State Plane coordinates, and

d. All field notes in scanned file format.

3.2. **Aerial Imagery**

a. Preliminary flight diagram as a pre-flight deliverable, including approximate flight lines, approximate image centers, and project area outline,

b. A geodatabase point feature class of the centers of each exposure,

c. A geodatabase line feature class of the flight lines, and

d. Valid and current product characterization report(s) for any aerial sensor(s) used in the project, supplied in ASCII file format.

3.3. **Aerotriangulation**

a. A report documenting the quality and accuracy of the analytical measurements, including a brief narrative explaining the solution as well as descriptions of equipment, procedures, and computer programs used. The report will also include RMS error summaries, ABGPS positional data, IMU sensor orientation data, and statistical summary report in ASCII file format, and

b. A geodatabase polygon feature class of the stereo model limits.

3.4. **Orthoimagery**

a. One (1) complete set each of digital orthorectified images produced at six-inch (6") GSD in uncompressed GeoTIFF format in four-band 32-bit (R, G, B, IR) and panchromatic, and

b. A geodatabase point feature class of the DEM used in support of the orthogonal rectification.

3.5. **Geodatabase Design**

Final conceptual and physical geodatabase design documents in Adobe PDF format.

3.6. **Metadata**

FGDC-compliant metadata for each feature class and raster dataset above as specified.