



McLean County  
**FINANCE COMMITTEE AGENDA**  
**Room 400, Government Center**  
**Wednesday, December 3, 2008**  
**7:30 a.m.**

1. Roll Call
2. Approval of Minutes: November 5, 2008  
October 21, 2008 Stand-Up Meeting
3. Departmental Matters
  - A. Phil Dick, Director, Building and Zoning
    - 1) Items to be Presented for Action:
      - a) Request Approval to Update Lease Agreement with SHOWBUS for Vehicles 1-6
    - 2) Items to be Presented for Information:
      - a) General Report
      - b) Other
  - B. Don Lee, Director, Nursing Home
    - 1) Items to be Presented for Action:
      - a) Request Approval of a Resolution Establishing Charges for Services – McLean County Nursing Home 7-9
    - 2) Items to be Presented for Information:
      - a) Monthly Reports 10-12
      - b) General Report
      - c) Other
  - C. Bob Keller, Administrator, Health Department
    - 1) Items to be Presented for Action:
      - a) Request Approval of an Ordinance of the McLean County Board Amending the 2008 Combined Appropriation and Budget Ordinance for Fund 0103 (WIC Grant Program) 13-15
      - b) Request Approval of a Resolution Amending the Fiscal Year 2008 McLean County Full-Time Equivalent Position Resolution Associated with An Ordinance to Amend the Fiscal year 2008 McLean County Combined Appropriation and Budget Ordinance for Fund 0103 (WIC Grant Program) 16

- c) Request Approval of an Ordinance of the McLean County Board Amending the 2008 Combined Appropriation and Budget Ordinance for Fund 0102 (Dental Sealant Grant) 17-18
  - 2) Items to be Presented for Information:
    - a) General Report
    - b) Other
  
- D. Lee Newcom, County Recorder
  - 1) Items to be Presented for Information: 19-20
    - a) General Report
    - b) Other
  
- E. Robert Kahman, Supervisor of Assessments
  - 1) Items to be Presented for Information:
    - a) Assessment Status Report 21
    - b) Complaint Comparison Year to Year 22
    - c) General Report
    - d) Other
  
- F. Peggy Ann Milton, County Clerk
  - 1) Items to be Presented for Action:
    - a) Request Approval of an Ordinance of the McLean County Board setting Fees to be Charged By the McLean County Clerk for Copies of Birth and Marriage Certificates 23-24
  - 2) Items to be Presented for Information:
    - a) General Report
    - b) Other
  
- G. Becky McNeil, County Treasurer
  - 1) Items to be Presented for Information:
    - a) Accept and place on file County Treasurer's Monthly Financial Reports as of November 30, 2008
    - b) General Report
    - c) Other
  
- H. John M. Zeunik, County Administrator
  - 1) Items to be Presented for Action:
    - a) Request Approval of Class D Raffle License for Central Catholic High School 25-41
  - 2) Items to be Presented for Information:
    - a) General Report
    - b) Other

4. Recommend Payment of Bills and Transfers, if any, to County Board
5. Other Business and Communication
  - A. Set Meeting Day and Time for Finance Committee
6. Adjournment

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INTER-OFFICE COMMUNICATION  
DEPARTMENT OF BUILDING AND ZONING  
Phone: 888-5160

TO: Chair, Finance Committee  
FROM: <sup>MJB</sup> Mike Behary, County Planner  
DATE: November 19, 2008  
RE: **Update Lease Agreement with SHOW BUS for Vehicles**

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The attached lease agreement is for the buses that SHOW BUS leases from McLean County. This lease includes three new buses that will arrive on December 4, 2008. SHOWBUS provides rural public transportation for McLean, Livingston, Ford, DeWitt, and Iroquois counties. The buses are paid for by a grant through IDOT.

Philip Dick the Director of Building & Zoning and I will be present at the December 2<sup>ND</sup> Finance Committee meeting to answer any questions or concerns. Please call me if I can be of further assistance.

Attachment: Motor Vehicle Lease Agreement between McLean County and SHOW BUS

# MOTOR VEHICLE LEASE AGREEMENT

Bloomington, Illinois December 16, 2008

This Lease Agreement between the COUNTY OF McLEAN, (the "Lessor") and MEADOWS MENNONITE HOME (SHOW BUS), (the "Lessee"):

## WITNESSETH:

The Lessor hereby leases to the Lessee and the Lessee hereby rents and leases from the Lessor the motor vehicles described herein, together with all optional equipment, accessories, spare parts and substitute and replacement parts and equipment now or hereafter attached thereto (the "vehicles"), on the terms and conditions hereinafter set out.

## DESCRIPTION OF VEHICLES

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN#</u>
1998	FORD	ELDORADO	1FDXE40F3WHB91379
1998	DODGE	RAM VAN/B350 MAXIVAN	2B7LB31Z9WK158253
2000	DODGE	RAISED ROOF VAN	2B7LB31Z7YK168458
2000	FORD	ELDORADO	1FDXE45F0YHC01202
2000	FORD	ELDORADO	1FDXE45F5YHC01227
2002	FORD	ELDORADO	1FDXE45F22HB40538
2002	FORD	ELDORADO	1FDXE45F42HB40539
2003	FORD	ELDORADO	1FDXE45F03HB88038
2003	FORD	ELDORADO	1FDWE35L33HB88076
2005	FORD	ELDORADO	1FDXE45PX5HB31762
2005	FORD	ELDORADO	1FDXE45P15HB26630
2008	FORD	ELDORADO	1FD3E35L98DA13350
2008	FORD	ELDORADO	1FD3E35L08DA13351
2009	FORD	ELDORADO	1FD4E45P88DB38207
2009	FORD	ELDORADO	1FD4E45PX8DB38208
2009	FORD	ELDORADO	1FD4E45P18DB38209

Lessee represents that the vehicles being leased are and will be used solely in connection with Lessee's obligations to McLean County in providing transportation services pursuant to Section 5311 of the Federal Transit Act of 1991 for Public Transportation Operating Assistance. Lessee's address is 24588 Church Street, Chenoa, IL 61726.

1. **TERM** The term of this lease is three years from the date first set out above. The lease term expires on December 16, 2011, on which date the Lessee shall return the vehicles to the Lessor unless the parties hereto enter into a new or renewed lease agreement on or before that date.
2. **RENT** The Lessee agrees to pay to Lessor the sum of 0 dollars during the term of the Lease Agreement. However, in consideration of having the use of the vehicles for the term and purposes set out herein, the Lessee agrees as follows:
3. **LESSEE'S WARRANTIES** Lessee agrees and warrants that the vehicles have been delivered to Lessee in good operating condition and are free of defects and are suitable for the intended use of the Lessee. Lessee warrants that it and all persons who will operate the vehicles hold currently valid driver's licenses issued by the State of Illinois and that neither Lessee nor such other operators have been convicted of such traffic violations or have such a traffic accident record as would be cause for cancellation of the insurance required hereunder.
4. **INSURANCE** Lessee shall supply at its sole expense, and maintain in full force and effect during the term of the lease and thereafter until the vehicles have been returned to the Lessor, a policy or policies of insurance written by a company satisfactory to the Lessor, by the terms of which Lessor and Lessee, together and severally, are named as the insureds and are protected against liability and/or loss arising out of the condition, maintenance, use, or operation of the vehicles herein leased, in amounts not less than \$3,000,000 combined single limits for property damage, bodily injury, or death; \$350,000 uninsured/underinsured motorists coverage; with deductible amounts not exceeding \$1,000 comprehensive and \$1,000 collision. Such policy or policies of insurance shall provide at least ten days advance notice to Lessor in writing of cancellation or change or modification in any terms, conditions or amounts of coverage provided herein. Lessor shall be provided with a true copy or certificate of such insurance. Should Lessee fail to produce or pay the cost of maintaining in force the insurance specified herein or to provide Lessor with a copy or certificate of such insurance, Lessor may, but shall not be obligated to, procure such insurance and Lessee shall reimburse Lessor on demand for the cost thereof. Suffering lapse or cancellation of the required insurance shall be an immediate and automatic default by Lessee hereunder.
5. **INDEMNITY** Lessee agrees to indemnify and hold Lessor free and harmless from any liability, loss, cost, damage, expense, including attorney's fees, which Lessor may suffer or incur as a result of any claims which may be made by any person or persons, including but not limited to Lessee, its agents and employees, that arise out of or result from the manufacture, delivery, actual or alleged ownership, performance, use, operation, selection, leasing and/or return of the vehicles, whether such claims are based on negligence, whether of Lessor or another, breach of contract, breach of warranty, absolute liability or otherwise.
6. **TITLE** This instrument is a lease and not an installment contract. The vehicles are the sole property of the Lessor and Lessee shall insure that Lessor is named as owner on any certificate of title issued with respect to the vehicles. Lessee shall have no right, title, or interest in or to the vehicles except for the right to operate and use the vehicles for the purposes stated herein and not as the agent of Lessor, so long as Lessee is not in default under the terms of this lease.
7. **USE BY LESSEE** Lessee agrees to use the vehicles only for lawful purposes. Lessee agrees not to assign, transfer or sublet its rights or otherwise encumber its interest hereunder. In the event Lessee fails to pay any assessment, tax, lien or fine levied against the vehicles, Lessor may, at its election,

make such payment and Lessee shall reimburse Lessor on demand. Lessee shall indemnify and hold Lessor harmless from any and all fines, forfeiture, damages, or penalties resulting from violations of any law, ordinance, rule, or regulation.

8. **MAINTENANCE** Lessee shall keep and maintain the vehicles in good operating condition and working order as required in the maintenance program described in the Owner's Manual and shall perform all protective maintenance required to insure full validation of the manufacturer's warranty. Such maintenance hereinbefore described shall be made at the Lessee's expense.

9. **LICENSE, TAXES, AND OTHER EXPENSES** Lessee agrees to pay all costs, expenses, fees and charges incurred in connection with the licensing and registration of said vehicles, of title thereto and in connection with the use and operation thereof during the term of this lease, including without limitation, gasoline, oil, lubrication, repairs, maintenance, tires, storage, parking, tools, fines, towing, servicing costs, as well as all sales taxes, use taxes, personal property and other ad valorem taxes and all assessments and other governmental charges whatsoever and by whomsoever payable on the said vehicles or on the use, ownership, possession, rental, shipment, transportation, delivery or operation of same. Lessor shall in no way be obligated to maintain, repair or service said vehicles.

10. **TERMINATION** This lease agreement may be terminated by the Lessor in the event one or more of the terms of this lease agreement is breached by the Lessee or the Lessee is in default as provided in the lease agreement. Upon the discovery of the breach or default as the case may be, the Lessee shall surrender the vehicles to the Lessor on demand. Lessee shall remain liable and responsible for any pending claims, maintenance, repairs, taxes, licenses, and any other expenses associated with Lessee's use of the vehicles.

11. **DEFAULT** In the event that the Lessee does not pay any charge, expense, or cost herein agreed to be paid by Lessee when due, or fails to obtain or maintain any insurance required by this Lease, or violates or fails to perform or otherwise breaches any undertaking or covenants contained in this Lease, or any other Lease or Lessor, or becomes insolvent or makes an assignment for the benefit of creditors, or files a voluntary petition in bankruptcy, or if any voluntary petition in bankruptcy is filed against the Lessee, or other proceeding for the appointment of a receiver for Lessee is filed, or if proceedings for reorganization, extension and/or composition with creditors under any provision or federal law be instituted by or against Lessee, or if the property of Lessee be levied upon or if Lessor should otherwise deem itself or the vehicles unsafe or unsecured or should Lessor in good faith believe that the prospect of payment of rental or other payment or other performance by Lessee is impaired, then and in any such event, the Lessee shall be deemed in default of this Lease. Upon the occurrence of any such default, Lessor may, at its option and without notice or demand, declare this agreement in default and thereupon the vehicles and all rights of Lessee therein shall be surrendered to Lessor and Lessor may take possession of the vehicles wherever found, with or without process of law, and for this purpose may enter upon any premises of Lessee or wherever the same be found, without liability therefore. The Lessor may retain all rentals and payment and resale proceeds theretofore received and other sums, if any, otherwise payable to the Lessee hereunder and the Lessor shall be entitled to recover from Lessee any unpaid charges for the balance of the lease term for the vehicles and all other sums, if any, due to come due, together with all costs and expenses, including reasonable attorney's fees, incurred by Lessor in the enforcement of its rights and remedies hereunder. The repossession and sale of the vehicles by Lessor shall not affect Lessor's right to recover from Lessee all damages which Lessor may have suffered by reason of Lessee's breach of any provision of this Lease and Lessor may sell any such

vehicles with or without advertisement, at public or private sale and without notice thereof to Lessee. The rights and remedies of Lessor in the event of default herein mentioned shall not be deemed exclusive but shall be cumulative and in addition to all other rights and remedies in Lessor's favor existing by law.

12. **APPLICABLE LAW** This Lease has been executed by the Lessee and delivered to the Lessor at the Lessor's offices in Bloomington, Illinois, and it shall be governed by and interpreted under the laws of Illinois.

13. **LOCATION** The vehicles shall be principally kept or garaged where not in use at the Lessee's address as set out above or at such other address in the State of Illinois as the Lessee shall give Lessor written notice of. The vehicles shall not be removed from the State of Illinois, except for trips of short duration, without the prior written consent of Lessor.

14. **MISCELLANEOUS** This instrument constitutes the entire agreement between the parties and shall be binding upon the parties and their respective heirs, executors, administrators, successors or assigns and shall only be amended by a written instrument signed by the parties hereto. Any waiver of the performance of any of the terms, covenants or conditions hereof by either party shall not be construed as thereafter waiving any such terms, condition or covenants, but the same shall remain in full force and effect, as if no such waiver had occurred.

15. **SEVERABILITY** This agreement is severable, and the invalidity, or unenforceability, of any provision of this Agreement, or any party hereof, shall not render the remainder of this Agreement invalid or enforceable.

16. This agreement may be amended by the mutual written consent of both parties.

17. **COUNTERPARTS** This lease agreement shall be executed in multiple counterparts, each of which shall constitute a duplicate original.

**IN WITNESS WHEREOF**, the parties hereto have executed this lease on the date first above written, and the Lessee acknowledges receipt of a completely filled-in, executed counterpart.

**MEADOWS MENNONITE HOME (SHOWBUS)**  
Lessee

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Robert O. Bertsche, President

ATTEST:

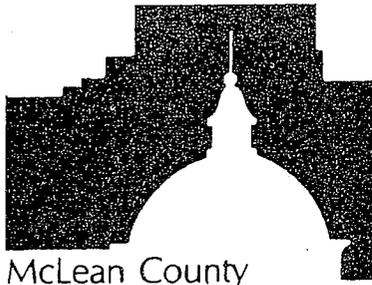
COUNTY OF McLEAN  
Lessor

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Peggy Ann Milton, County Clerk  
McLean County, Illinois

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Matt Sorensen, Chairman  
McLean County Board



NURSING HOME  
(309) 888-5380  
901 N. Main Normal, Illinois 61761

November 26, 2008

To: Benjamin Owens, Chairman, Finance Committee  
Members of the Finance Committee

From: Don Lee, Administrator  
McLean County Nursing Home

Re: 2009 Private Pay Rate

Each year, as the budget is reviewed, the Committee also reviews the charges for care at the McLean County Nursing Home to make certain that the Private Pay rate is adequate to cover the cost of providing care. The proposed increase was incorporated into the revenue projections of the 2009 proposed budget.

The rate is determined by a mathematical computation. The total approved budget is divided by the anticipated number of patient days to arrive at an average cost per patient day. This is then recommended to the McLean County Board for adoption as the new Private Pay rate. Below is the computation used for the 2008 fiscal year:

1. 2008 Budget	\$ 7,463,390
Less proposed capital expenditures	-351,270
Plus 2007 depreciation	<u>161,810</u>
Projected 2009 Cost of Operation	\$ 7,273,930
2. Average census	138 residents per day
3. Projected days	50,370 (138 X 365 days per year)
4. Cost per day	\$144.41 (\$7,273,390 / 50,370)

I recommend the Committee approve the rate of \$144.00 per day effective January 1, 2009, and forward that recommendation to the McLean County Board for approval.

The daily rate for the Medicare Certified section is established at an arbitrary amount above the Private Pay rate and is only used for cost reporting purposes. I recommend that the McLean County Board maintain the daily rate for the Medicare Certified section at \$158.00 per day effective January 1, 2009

CHAPTER 14 - NURSING HOME

Resolution Establishing Charges for Services  
McLean County Nursing Home

WHEREAS, *Illinois Compiled Statutes* (2006), Chapter 55, Section 5/5 1005.6 empowers the County of McLean to erect and maintain a County Nursing Home and to establish rates to be paid by persons seeking care and treatment in the Nursing Home; and,

WHEREAS, *Illinois Compiled Statutes* (2006), Chapter 55, Section 5/5-21001.6 empowers the County of McLean to establish rates to be paid per day by persons seeking care and treatment in the McLean County Nursing Home; and,

WHEREAS, the McLean County Nursing Home participates in the Medicare program for skilled care; and,

WHEREAS, the Finance Committee of the McLean County Board, at its regular meeting on Wednesday, December 3, 2008, has deemed it necessary and advisable that the McLean County Board establish charges for services provided to the residents of the McLean County Nursing Home; now, therefore,

BE IT RESOLVED by the County Board that effective January 1, 2009;

1. The daily rate for resident care in the non-Medicare certified section shall be \$144.00.
2. The daily rate for resident care in the Medicare certified section shall be \$158.00.
3. The following charges are hereby established for supplies and services:

a)	Medical supplies	Cost plus 20%
b)	Medications in the Medicare Section	Cost plus 50%
c)	Lab procedures in the Medicare Section	Cost plus 20%
d)	Respiratory Therapy	Cost plus 20%
e)	Speech Therapy	Cost plus 20%
f)	Occupational Therapy	Cost plus 20%
g)	Physical Therapy	Cost plus 20%
4. That the County Clerk shall provide a copy of this signed resolution to the Administrator of the McLean County Nursing Home, the County Treasurer, and the County Administrator.

EFFECTIVE DATE: This resolution shall be in full force and effect on January 1, 2009 and this Resolution shall supersede any previous resolution establishing Nursing Home care rates.

(2)

ADOPTED by the County Board of McLean County, Illinois, this 16th day of December, 2008.

ATTEST:

APPROVED:

\_\_\_\_\_  
Peggy Ann Milton, Clerk of the County Board  
McLean County, Illinois

\_\_\_\_\_  
Matt Sorensen, Chairman  
McLean County Board

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**McLEAN COUNTY NURSING HOME**

**ACCRUED EXPENDITURE**

Pr1 Date: November 19, 2008

	2008 BUDGET	2008 MONTHLY ALLOC	OCT, 2008 ACCRUED EXPENSE	YTD ALLOC	ADJUSTED YTD EXPENSE	REMAINING BUDGET	YTD VARIANCE AMOUNT	PER CENT OF BUDGET SPENT	PROJECTED EXPENSE 12/31/08
SALARIES	3,595,035	304,988	400,973	3,000,689	3,263,453	331,582	262,765	90.78%	3,905,444
IMRF	281,491	23,907	31,396	235,219	255,528	25,963	20,310	90.78%	305,796
MED/LIFE	438,940	14,178	37,280	366,785	366,785	72,155	0	83.56%	438,940
SOC/SEC	275,020	23,358	30,674	229,811	249,654	25,366	19,843	90.78%	298,766
VAC LIAB	30,000	2,548	2,548	25,068	25,068	4,932	0	83.56%	30,000
SELLBACK	0	0	0	0	0	0	0	0.00%	#DIV/0!
PERSONNEL	4,620,486	368,980	502,871	3,857,573	4,160,490	459,997	302,917	90.04%	4,978,947
COMMODITIES	841,321	71,455	64,669	703,022	642,459	198,862	(60,562)	76.36%	768,845
CONTRACTUAL	4,295,650	363,579	283,946	3,589,516	2,778,557	1,517,093	(810,959)	64.68%	3,325,159
CAPITAL	772,120	65,577	0	645,196	283,518	488,602	(361,678)	36.72%	339,293
<b>GRAND TOTAL</b>	<b>10,529,577</b>	<b>869,591</b>	<b>851,486</b>	<b>8,795,306</b>	<b>7,865,025</b>	<b>2,664,553</b>	<b>(930,282)</b>	<b>74.69%</b>	<b>9,412,242</b>

**McLEAN COUNTY NURSING HOME**

**ACCRUED REVENUE**

Pr1 Date: November 19, 2008

	2008 BUDGET	2008 MONTHLY ALLOC	OCT, 2008 ACCRUED REVENUE	YTD ALLOC	ADJUSTED YTD REVENUE	REMAINING BUDGET	YTD VARIANCE AMOUNT	PER CENT OF BUDGET	PROJECTED REVENUE 12/31/08
MEDICARE REVENUE	766,500	65,100	79,481	640,500	793,864	(27,364)	153,364	103.57%	950,034
IDPA REVENUE	3,153,600	267,840	546,382	2,635,200	5,162,633	(2,009,033)	2,527,433	163.71%	6,178,232
SCHOOLING REIMB	0	0	0	0	219	(219)	219	#DIV/0!	262
JDC LAUNDRY	8,439	717	796	7,052	9,162	(723)	2,110	108.56%	10,964
JDC FOOD	35,000	2,973	2,920	29,247	22,296	12,704	(6,951)	63.70%	26,682
MEALS	600	51	144	501	1,281	(681)	780	213.50%	1,533
PVT PAY REVENUE	2,151,675	182,745	135,791	1,797,975	1,355,754	795,921	(442,221)	63.01%	1,622,460
UNCLASS	12,000	1,019	0	10,027	2,044	9,956	(7,984)	17.03%	2,446
INTEREST EARNED	97,990	8,322	44,384	81,882	150,940	(52,950)	69,058	154.04%	180,634
SALE OF ASSETS	0	0	0	0	850	(850)	850	#DIV/0!	1,017
TRANSFER IN	579,004	49,176	71,058	483,825	619,980	(40,976)	136,155	107.08%	741,943
TELEPHONE REIMB	0	0	840	0	9,000	(9,000)	9,000	#DIV/0!	10,770
<b>TOTAL ACC REVENUE</b>	<b>6,804,808</b>	<b>577,943</b>	<b>881,794</b>	<b>5,686,209</b>	<b>8,128,023</b>	<b>(1,323,215)</b>	<b>2,441,813</b>	<b>119.45%</b>	<b>9,726,978</b>
<b>TOTAL ACC REVENUE</b>	<b>6,804,808</b>	<b>577,943</b>	<b>881,794</b>	<b>5,686,209</b>	<b>8,128,023</b>	<b>(1,323,215)</b>	<b>2,441,813</b>	<b>119.45%</b>	<b>9,726,978</b>
<b>LESS ACCRUED EXPENS</b>	<b>(10,529,577)</b>	<b>(869,591)</b>	<b>(851,486)</b>	<b>(8,795,306)</b>	<b>(7,865,025)</b>	<b>(2,664,553)</b>	<b>930,282</b>	<b>74.69%</b>	<b>(9,412,242)</b>
<b>ACC REV - (ACC EXP)</b>	<b>(3,724,769)</b>	<b>(291,648)</b>	<b>30,308</b>	<b>(3,109,097)</b>	<b>262,998</b>	<b>(3,987,768)</b>	<b>3,372,095</b>		<b>314,736</b>
<b>PLUS CAP EXP</b>	<b>0</b>	<b>65,577</b>	<b>0</b>	<b>645,196</b>	<b>283,518</b>	<b>488,602</b>	<b>(361,678)</b>		<b>339,293</b>
<b>ACC BALANCE</b>	<b>(3,724,769)</b>	<b>(226,071)</b>	<b>30,308</b>	<b>(2,463,901)</b>	<b>546,517</b>	<b>(3,499,166)</b>	<b>3,010,417</b>		<b>654,028</b>

McLEAN COUNTY NURSING HOME

OCTOBER 31 DAYS

2008

DAILY CENSUS

OCTOBER

DAY OF MONTH 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 TOT AVG

CERT	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOT	AVG
PA SKILL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PA INT	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	171
PP SKILL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PP INT	1	1	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29
SUB TOTAL	16	16	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	446

NON-CERT	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOT	AVG
PA SKILL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	31
PA INT	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	2483
PP SKILL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PP INT	32	31	31	31	31	32	32	32	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	32	1007
SUB TOTAL	113	112	112	110	111	112	113	113	114	114	114	115	115	116	116	114	113	113	114	114	114	115	114	114	3521

TOTAL	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOT	AVG	
MEDICARE	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	246	7.9
PA SKILL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	31	
PA INT	86	86	86	84	85	85	85	85	86	86	86	86	86	87	86	85	84	84	85	85	86	86	86	86	2654	86.6
PP SKILL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PP INT	33	32	33	33	33	33	33	33	33	33	33	33	33	34	34	34	34	34	34	35	35	34	34	34	1036	33.4

TOT IN HOUSE	129	128	129	127	128	129	127	127	127	126	127	127	127	129	127	128	127	127	128	130	130	129	129	128.0	
PP BED HOLD	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	
PA BED HOLD	0	0	0	2	1	1	1	1	1	1	1	1	1	0	2	2	3	3	3	2	0	0	0	33	1.3
TOTAL CENSUS	129	129	130	129	129	129	129	129	128	128	128	128	128	129	129	130	130	130	130	130	130	130	130	128.0	
VACANCIES	21	21	20	21	21	21	21	21	22	22	22	22	22	21	21	20	20	20	20	20	20	19	20	129.3	

# McLEAN COUNTY NURSING HOME

CENSUS Report - 2008

MONTH	AVG MEDICARE	AVG PVT PAY	AVG IDPA	AVG IN HOUSE	AVG BED HOLD	AVG CENSUS	AVG VACANT
JANUARY	7.10	34.81	100.06	141.97	0.68	142.65	7.35
FEBRUARY	5.41	36.31	98.10	139.83	1.38	141.21	8.79
MARCH	4.45	32.55	94.19	131.19	1.55	132.74	17.26
APRIL	6.30	32.10	92.50	130.90	0.77	131.67	18.33
MAY	6.39	31.90	93.81	132.10	2.03	134.13	15.87
JUNE	7.07	31.53	91.23	129.83	2.17	132.00	18.00
JULY	9.45	31.71	89.03	130.19	2.45	132.65	17.35
AUGUST	9.77	30.10	87.32	127.19	2.35	129.55	20.45
SEPTEMBER	11.30	30.60	85.67	127.57	0.63	128.20	21.80
OCTOBER	7.94	33.42	86.61	127.97	1.29	129.26	20.74
NOVEMBER							
DECEMBER							

YTD AVERAGE 7.52 32.50 91.85 131.87 1.53 133.40 16.60  
 % OF CAPACITY 5.01% 21.67% 61.24% 87.92% 1.02% 88.94% 11.06%



McLean County  
Health Department  
*Partners in Prevention*

200 W. Front St., Rm. 304 • Bloomington, IL 61701

### Memorandum

To: Honorable Members of the McLean County Board Finance Committee

From: Robert J. Keller, Director

Date: November 23, 2008

Re: Budget and FTE Amendments for WIC Grant Fund 0103 and Budget Amendment Dental Program Grant Fund 0102.

Annually, the McLean County Health Department amends several of its segregated grant funds in order to balance revenue to expenses. The department's grants and contracts are maintained on several different fiscal years. The calendar year appropriation enacted by the County Board merely estimates portions of two fiscal years' transactions.

#### **Grant Fund 0103 Budget and FTE Amendment**

For 2008, the WIC program received increased funding during the late summer of the year due to a Department of Human Services undercount of the number of pregnant women enrolled in the McLean County program. The revenue is being used to increase nutrition and office support time in the program, readjust space cost allocation and purchase workstations in conjunction with the clinic remodeling. The accompanying Full-Time Equivalent Resolution amendment adjusts the 2008 FTE resolution to reflect the reallocation of an office support specialist and increase the nutritionist's time.

#### **Grant Fund 0102 Budget Amendment**

Due to increased volume of activity within the children's dental clinic and corresponding increase in fee-for-service revenue from the Illinois Department of Healthcare and Family Services, corresponding expenditures were increased. A portion of the increase is tied to an adjustment in the space allocation methodology, increased dental clinician hours and interpretive services as well as a new dental operatory.

**Budget Amendment Narrative**  
**Fund 0103**  
**WIC Grant Program**

The McLean County Health Department received additional funding for the WIC grant program in State Fiscal Year 2009 that became effective July 1, 2008. The additional funding covers the last half the County fiscal year 2008. During this period the Health Department used a portion of the additional funding to increase staff support in the WIC program. Staff FTE's were adjusted for the County FY2009 budget cycle to incorporate the additional funding. For the balance of FY08 additional staff hours were utilized by payroll overrides. The support was centered on a part-time nutritionist position that was permanently increased for FY2009. The FY2009 WIC budget included staff shifts to increase OSSI support by .60 FTE and the Nutritionist position increased by .45 from .15 FTE to .60 FTE.

In addition to staff support, additional resources were used to cover increased expense for the WIC Grant related to R.U.M. reallocation based upon FTE's and square footage occupied by the program.

The WIC program also purchased three desk units and two wall mounted workstations as part of the clinic renovation project designed to increase clinic flow and promote efficiency of operations. These furnishing purchases were authorized by the WIC program.

An Ordinance of the McLean County Board  
 Amending the 2008 Combined  
 Appropriation and Budget Ordinance for Fund 0103

WHEREAS, Chapter 55, Section 5/6-1003 of the Illinois Compiled Statutes (1992) allows the County Board to approve appropriations in excess of those authorized by the budget; and,

WHEREAS, the McLean County Health Department has requested an amendment to the McLean County Fiscal Year 2008 appropriation in Fund 0103 WIC Grant Fund, and the Board of Health and Finance Committee concur; and,

WHEREAS, the County Board concurs that it is necessary to approve such amendment, now, therefore,

BE IT ORDAINED AS FOLLOWS:

1. The Auditor is requested to increase revenue line 0103-0061-0062-0407-0031 WIC Grant by \$20,925 from \$366,700 to \$387,625.
2. That the County Auditor is requested to increase the appropriations of the following line item accounts in Fund 0103, Department 0061, Program 0062, WIC Grant Program as follows:

LINE	DESCRIPTION	PRESENT AMOUNT	INCREASE (DECREASE)	NEW AMOUNT
0515-0001	Part Time	\$ 6,681	\$ 8,839	\$ 15,520
0706-0001	Contract/RUM	\$ 11,200	\$ 3,900	\$ 15,100
0832-0001	Furn/Equipment	\$ 0	\$ 8,186	\$ 8,186
TOTALS:		\$ 17,881	\$ 20,925	\$ 38,806

3. That the County Clerk shall provide a copy of this ordinance to the County Administrator, County Treasurer, County Auditor, and the Director of the Health Department.

Adopted by the County Board of McLean County this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

ATTEST:

APPROVED:

\_\_\_\_\_  
 Peggy Ann Milton, Clerk of  
 the McLean County Board of  
 the County of McLean

\_\_\_\_\_  
 Matt Sorensen Chairman of the  
 McLean County Board

F:\adm\budg\08WICamend

A Resolution Amending the Fiscal Year 2008 McLean County Full-Time Equivalent Position Resolution Associated with an Ordinance to Amend the Fiscal Year 2008 McLean County Combined Appropriation and Budget Ordinance for Fund 0103.

WHEREAS, the County Board adopted a funded Full-Time Equivalent Position Resolution on November 20, 2007 which became effective on January 1, 2008; and,

WHEREAS, it becomes necessary to amend the Funded Full-Time Equivalent Position Resolution to authorize position changes associated with the staff compliment allocated to work in the WIC Grant program in operating Fund 0103.

Therefore, Be it resolved by the McLean County Board, now in regular session, that the said funded Full-Time Equivalent Positions Resolution be and hereby is amended as follows:

Action	Fund	Program	Position	Annual	Months	Now	New
			Classification	FTE			
Increase	0103-0061	0062	0515-8041	.45	6.0	.15	.38

This Amendment shall become effective and be in full force immediately upon adoption.

Adopted by the County Board of McLean County this \_\_\_\_\_ day of \_\_\_\_\_ 2008.

APPROVED

\_\_\_\_\_  
Matt Sorensen, Chairman  
McLean County Board

ATTEST:

\_\_\_\_\_  
Peggy Ann Milton, Clerk of McLean County  
Board of the County of McLean

adm\budg\08FTE103

**Budget Amendment Narrative**  
**Fund 0102**  
**Dental Sealant Grant Fund**

Both Operational/Office Supplies and Dental Supplies experienced additional expense associated with increased clinic activity and the inflationary cost of dental supplies experienced in FY2008. Client activity increased in FY2008 by over 6% from the same period as FY2007. Children's clinics were increased to three full days per week in FY2008 impacting the clinic activity and corresponding supply needs.

R.U.M. increase based upon reallocation of expenses associated with a methodology adjustment on the assignment of Rent, Utility and Maintenance costs that went into effect in 2008. The revised methodology was the outgrowth of an implemented overhead allocation design based upon FTE's and square feet assigned to each program area of the Health Department.

Dental Services line item 0752-0001 is projected to exceed the original budgeted amount by \$10,920 to cover the cost of 105 additional dental clinician hours. During the course of FY2008 the children's dental clinic was increased to three full days a week and the adult program running slightly over 4 hours per week. Based upon prior experience the dental clinicians were budgeted for 1,315 hours annually. By the end of FY2008 the actual number of work hours is expected to exceed the budgeted amount by approximately 14 additional days. The increased work hours are off-set by additional IPA revenue to cover the additional costs.

Line item 0773-0001 Non-Contractual Services is projected to require \$8,000 to cover the cost of interpretive services offered by outside vendors related to dental services programming. The Health Department has a list of local individuals and services organizations that provide this service on an hourly rate basis. Interpretation of medical information and routine language services is required to allow for the provision of services to non-English speaking clients of the dental program.

Line item 0850-0001 requires an increase of \$14,500 to cover the cost of the purchase of an additional dental operator for the dental program. Back in June, 2008 the Board approved an amendment to the Dental Sealant Grant program for the purchase of a replacement operator from funds donated by the John M. Scott Health Resources. Based upon increased revenue from HFS, the Health Department has purchased a second replacement operator using these additional resources. As a result, two of the three older operators have now been replaced. The third outdated operator is scheduled for replacement in early 2009.

An Ordinance of the McLean County Board  
Amending the 2008 Combined  
Appropriation and Budget Ordinance for Fund 0102

WHEREAS, Chapter 55, Section 5/6-1003 of the Illinois Compiled Statutes (1992) allows the County Board to approve appropriations in excess of those authorized by the budget; and,

WHEREAS, the McLean County Health Department has requested an amendment to the McLean County Fiscal Year 2008 appropriation in Fund 0102 Dental Sealant Grant Fund, and the Board of Health and Finance Committee concur; and,

WHEREAS, the County Board concurs that it is necessary to approve such amendment, now, therefore,

BE IT ORDAINED AS FOLLOWS:

1. The Auditor is requested to increase revenue line 0102-0061-0062-0407-4000 Public Aid Revenue by \$67,000 from \$203,321 to \$270,321.
2. That the County Auditor is requested to increase the appropriations of the following line item accounts in Fund 0102, Department 0061, Program 0062, Dental Sealant Grant Program as follows:

LINE	DESCRIPTION	PRESENT AMOUNT	INCREASE (DECREASE)	NEW AMOUNT
0620-0001	Op/Off Supplies	\$ 1,200	\$ 2,800	\$ 4,000
0622-0002	Dental Supplies	\$ 14,365	\$ 3,780	\$ 18,145
0706-0004	Contract/R.U.M.	\$ 0	\$ 24,600	\$ 24,600
0752-0001	Dental Services	\$136,850	\$ 10,920	\$147,770
0773-0001	Non-Contractual	\$ 0	\$ 8,000	\$ 8,000
0790-0003	Office Rent	\$ 0	\$ 2,400	\$ 2,400
0850-0001	Major Capital Purchase	\$ 0	\$ 14,500	\$ 14,500
TOTALS:		\$152,415	\$ 67,000	\$219,415

3. That the County Clerk shall provide a copy of this ordinance to the County Administrator, County Treasurer, County Auditor, and the Director of the Health Department.

Adopted by the County Board of McLean County this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

ATTEST:

APPROVED:

\_\_\_\_\_  
Peggy Ann Milton, Clerk of  
the McLean County Board of  
the County of McLean

\_\_\_\_\_  
Matt Sorensen Chairman of the  
McLean County Board

F:\adm\budg\08DentalAmend



H. Lee Newcom  
McLean County Recorder  
115 E. Washington Street, Room M-104  
Post Office Box 2400  
Bloomington, IL 61702-2400  
(309) 888-5170  
(309) 888-5927 Fax

November 20, 2008

To: Honorable Members of the Finance Committee

From: H. Lee Newcom, McLean County Recorder

Please be advised for the month of October 2008 that revenue, state stamp inventory and receipts, and receivables reconcile with the general ledger.

A copy of October's "Monthly Account Balances" is attached.



Account #	Account Description	Month-to-date Totals			Year-to-date Totals through October, 2008			Total
		Cash/Check/Change	Charges Paid	Other Pay Method	Cash/Check/Change	Charges Paid	Other Pay Method	
01-0-0-201-070-034	Due Idor-Rental Hsg Prog	\$21,105.00	\$0.00	\$432.00	\$229,419.00	\$0.00	\$2,115.00	\$231,534.00
01-6-8-410-008-034	Copy Fees	\$784.60	\$0.00	\$0.00	\$10,718.15	\$9.75	\$0.00	\$10,718.15
01-6-8-410-029-035	Recording Fees	\$39,217.00	\$155.00	\$778.00	\$430,159.00	\$4,303.00	\$3,959.00	\$434,455.00
01-6-8-410-032-036	County Revenue Stamps	\$28,588.50	\$0.00	\$0.00	\$300,700.75	\$0.00	\$0.00	\$300,700.75
01-6-8-410-111-111	Payment On Account	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01-6-8-410-128-100	Microfilm Sales	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01-6-8-410-132-100	Data Sales	\$180.00	\$0.00	\$0.00	\$1,700.00	\$0.00	\$0.00	\$1,700.00
01-6-8-410-195-035	Rental Hsg Support Progm	\$2,345.00	\$0.00	\$48.00	\$25,491.00	\$0.00	\$235.00	\$25,726.00
16-8-4-102-222-222	Balance Brought Forward	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16-8-4-102-222-222	Balance Brought Forward/Credit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
37-6-8-410-089-284	Document Storage	\$7,833.00	\$210.00	\$144.00	\$85,704.00	\$2,385.00	\$717.00	\$86,592.00
37-6-8-410-181-100	Gis Document Storage	\$2,611.00	\$70.00	\$48.00	\$28,588.00	\$795.00	\$239.00	\$28,864.00
51-0-0-126-001-903	State Revenue Stamps	\$57,177.00	\$0.00	\$0.00	\$601,377.50	\$0.00	\$0.00	\$601,377.50
67-6-8-410-181-100	Gis Fund	\$13,034.00	\$140.00	\$240.00	\$140,662.00	\$1,644.00	\$1,195.00	\$141,974.00
<b>Final Total :</b>		<b>\$172,875.10</b>	<b>\$811.00</b>	<b>\$1,690.00</b>	<b>\$1,854,499.40</b>	<b>\$9,473.75</b>	<b>\$8,460.00</b>	<b>\$1,863,641.40</b>

Assessment Status Report  
TODAY IS: 11/21/2008

Township	Preliminary Submittal	Book to S/A	To Printer/Publisher	Newspaper	Date of Publication	Final Filing Date	2007 Factor	2008 Factor	Complaints		Books Closed
									Filed	Complaints	
Allin	10/07/08	10/21/08	10/22/08	Pantagraph	10/29/08	12/01/08	1.0442	1.0443		1	
Anchor	09/30/08	10/02/08	10/09/08	Ridgeview Review	10/16/08	11/17/08	1.0585	1.0000		5	
Arrowsmith	09/02/08	09/05/08	09/08/08	Pantagraph	09/15/08	10/15/08	1.0071	1.0369		4	
Bellflower	09/02/08	09/24/08	09/25/08	LeRoy Journal	10/01/08	10/31/08	1.0000	1.0377		2	
Bloomington	07/18/08	10/10/08	10/14/08	Pantagraph	10/22/08	11/21/08	1.0301	1.0413		50	
Blue Mound	06/24/08	08/11/08	08/15/08	Ridgeview Review	08/21/08	09/22/08	1.0000	1.0218		18	
Cheney's Grove	09/02/08	10/17/08	10/17/08	Ridgeview Review	10/23/08	11/24/08	1.0480	1.0181		4	
Chenoa	09/15/08	09/30/08	10/02/08	Chenoa Town Crier	10/09/08	11/10/08	1.0602	1.0328		9	
City	10/03/08	10/10/08	10/14/08	Pantagraph	10/22/08	11/21/08	1.0151	1.0255		275	
Cropsey	09/30/08	10/03/08	10/09/08	Ridgeview Review	10/16/08	11/17/08	1.0693	1.0000		1	
Dale	08/27/08	10/09/08	10/14/08	Pantagraph	10/22/08	11/21/08	1.0378	1.0402		41	
Danvers	10/21/08	10/28/08	10/28/08	Quill	11/06/08	12/08/08	1.0407	1.0159		3	
Dawson	07/22/08	09/03/08	09/08/08	Pantagraph	09/15/08	10/15/08	1.0319	1.0177		12	
Downs	05/05/08	09/05/08	09/08/08	Pantagraph	09/15/08	10/15/08	1.0329	1.0273		4	
Dry Grove	08/27/08	10/09/08	10/16/08	Quill	10/23/08	11/24/08	1.0000	1.0284		10	
Empire	09/29/08	10/09/08	10/17/08	LeRoy Journal	10/22/08	11/21/08	1.0465	1.0323		24	
Funk's Grove	10/03/08	10/21/08	10/22/08	Heyworth Star	10/29/08	12/01/08	1.0000	1.0409			
Gridley	10/07/08	10/17/08	10/17/08	Gridley Village Times	10/23/08	11/24/08	1.0158	1.0177		12	
Hudson	08/27/08	09/10/08	09/12/08	Quill	09/18/08	10/20/08	1.0000	1.0000		17	
Lawndale	09/30/08	10/02/08	10/09/08	Ridgeview Review	10/16/08	11/17/08	1.0000	1.0000			
Lexington	10/24/08	10/31/08	10/31/08	Lexingtonian	11/06/08	12/08/08	1.0118	1.0268		7	
Martin	06/24/08	08/12/08	08/15/08	Ridgeview Review	08/21/08	09/22/08	1.0848	1.0529		25	
Money Creek	05/05/08	09/10/08	09/12/08	Lexingtonian	09/18/08	10/20/08	1.0000	1.0554		54	
Mount Hope	10/03/08	10/06/08	10/17/08	Heyworth Star	10/22/08	11/21/08	1.0000	1.0237		13	
Normal	09/12/08	09/16/08	09/19/08	Normalite	09/25/08	10/27/08	1.0090	1.0300		182	
Old Town	05/05/08	08/21/08	08/26/08	Pantagraph	08/31/08	09/30/08	1.0100	1.0195		28	
Randolph	05/05/08	08/14/08	08/22/08	Heyworth Star	08/27/08	09/26/08	1.0174	1.0190		18	
Towanda	09/15/08	09/30/08	10/03/08	Pantagraph	10/10/08	11/10/08	1.0000	1.0000		6	
West	09/02/08	09/24/08	09/25/08	LeRoy Journal	10/01/08	10/31/08	1.0000	1.0000		2	
White Oak	08/27/08	10/09/08	10/16/08	Quill	10/23/08	11/24/08	1.0642	1.0317		13	
Yates	09/30/08	10/03/08	10/09/08	Chenoa Town Crier	10/16/08	11/17/08	1.0574	1.0000		1	
							<b>Average</b>	<b>1.0256</b>	<b>1.0238</b>	<b>841</b>	
							<b>Median</b>	<b>1.0158</b>	<b>1.0255</b>		

# Complaint comparison Year to Year

Township	2007			2008			Change
	Complaints Filed	B/R's Filed	2007 Total	Complaints Filed	B/R's Filed	2008 Total	
Allin	4	0	4	0	1	1	(3)
Anchor	4	2	6	5	0	5	(1)
Arrowsmith	0	1	1	3	1	4	3
Bellflower	5	0	5	2	0	2	(3)
Bloomington	39	8	47	30	20	50	3
Blue Mound	6	3	9	18	0	18	9
Cheney's Grove	5	11	16	0	4	4	(12)
Chenoa	16	21	37	8	1	9	(28)
City	283	126	409	221	54	275	(134)
Cropsey	2	0	2	0	1	1	(1)
Dale	28	8	36	20	21	41	5
Danvers	5	5	10	2	1	3	(7)
Dawson	10	6	16	11	1	12	(4)
Downs	7	0	7	4	0	4	(3)
Dry Grove	1	1	2	8	2	10	8
Empire	19	7	26	20	4	24	(2)
Funk's Grove	1	4	5	0	0	0	0
Gridley	11	4	15	7	5	12	(3)
Hudson	6	2	8	14	3	17	9
Lawndale	0	0	0	0	0	0	0
Lexington	9	5	14	5	2	7	(7)
Martin	6	1	7	23	2	25	18
Money Creek	14	3	17	52	2	54	37
Mount Hope	1	2	3	8	5	13	10
Normal	63	168	231	117	65	182	(49)
Old Town	14	9	23	19	9	28	5
Randolph	14	20	34	9	9	18	(16)
Towanda	6	92	98	4	2	6	(92)
West	1	1	2	0	2	2	0
White Oak	23	3	26	11	2	13	(13)
Yates	0	1	1	1	0	1	0
Grand Total:	603	514	1117	622	219	841	(276)

AN ORDINANCE OF THE McLEAN COUNTY BOARD  
SETTING FEES TO BE CHARGED BY THE McLEAN COUNTY CLERK  
FOR COPIES OF BIRTH AND MARRIAGE CERTIFICATES

WHEREAS, 55 *ILCS* 5/4-5001 allows the McLean County Board and the County Clerk to conduct a user fee study of the fees charged by the County Clerk and to raise the fees charged by the County Clerk if the full cost of the services provided exceeds the statutory fee; and,

WHEREAS, 55 *ILCS* 5/4-5001 requires that an independent, professional cost accounting firm be retained to complete the cost accounting study of the fees charged by the County Clerk; and,

WHEREAS, the McLean County Board and the County Clerk retained the services of MAXIMUS, Inc., a national cost accounting firm with substantial experience in analyzing the cost of fee services in accordance with the provisions of 55 *ILCS* 5/4-5001 and the United States Office of Management and Budget Circular A-87; and,

WHEREAS, the Cost Accounting Study of the Fees charged by the County Clerk documented that the full cost of services provided for the First Certified Copy of a Birth Certificate, Death Certificate or a Marriage Certificate exceeds the current revenue received and, therefore, the County Board is permitted to adjust current fee levels of these services to recover the actual cost of services provided; and,

WHEREAS, the County Clerk has carefully reviewed the findings of the Cost Accounting Study and has recommended to the Finance Committee that the fees charged by the County Clerk for the second and each additional copy of a Birth Certificate, Death Certificate or a Marriage Certificate be adjusted in accordance with the provisions of 55 *ILCS* 5/4-5001; and,

WHEREAS, the Fiscal Year 2009 Adopted Budget authorizes and approves an increase in the fee charged by the County Clerk for the First Certified Copy of a Birth Certificate or a Marriage Certificate and the second and each additional copy of a Birth Certificate or a Marriage Certificate; and,

WHEREAS, the Finance Committee, at its regular meeting on Wednesday, December 3, 2008, recommended that the fees charged by the County Clerk for the first certified copy of a Birth Certificate or a Marriage Certificate and the second and each additional copy of a Birth Certificate or a Marriage Certificate be adjusted in accordance with the schedule of fees for service incorporated in this Ordinance;

NOW, THEREFORE, BE IT ORDAINED by the McLean County Board as follows:

- (1) The fees charged by the County Clerk for the following services shall be established and set in accordance with the following schedule:

(2)

	<u>Current</u>	<u>New</u>
(a) <u>For the First Certified Copy of a Birth Certificate, Death Certificate or a Marriage Certificate</u>	\$12.00	\$15.00
(b) <u>For the second and each additional Copy of a Birth Certificate:</u>	\$ 6.00	\$ 9.00
(c) <u>For the second and each additional Copy of a Marriage Certificate:</u>	\$ 6.00	\$ 9.00
(d) <u>For the second and each additional Copy of a Death Certificate</u>	\$ 6.00	\$ 9.00

- (2) This Ordinance shall not supersede any other Ordinance enacted by the McLean County Board which establishes and sets fees to be charged for other services provided by the McLean County Board.
- (3) The County Clerk shall provide a Certified Copy of this Ordinance to the McLean County Clerk, the County Treasurer and the County Administrator.
- (4) This Ordinance shall become effective January 1, 2009.

ADOPTED by the McLean County Board this 16th day of December, 2008.

ATTEST:

APPROVED:

\_\_\_\_\_  
Peggy Ann Milton, Clerk of the County Board  
McLean County, Illinois

\_\_\_\_\_  
Matt Sorensen, Chairman  
McLean County Board

**APPLICATION FOR A LICENSE TO  
OPERATE A RAFFLE**

Application is hereby made to operate a raffle under the regulations of the McLean County Ordinance to License and Regulate Raffles.

**RECEIVED**  
NOV 21 2008  
OFFICE OF STAMP  
McLEAN COUNTY ADMINISTRATOR  
FEE: 500.<sup>00</sup>

**LICENSE REQUESTED**

- Class A
- Class B
- Class C
- Class D

**APPLICANT**

NAME OF ORGANIZATION Central Catholic High School  
MAILING ADDRESS 1201 Airport Road, Bloomington, IL 61704  
TELEPHONE NUMBER 309-661-7000

This organization was established 1968 and has been in existence  
(date)  
continuously since that time with a bonafide membership engaged in carrying out its objectives.  
(Section 24.64-5)

**DESIGNATED RAFFLE MANAGER**

NAME Marti Rave  
ADDRESS 1201 Airport Road  
CITY, STATE, ZIP Bloomington, IL 61704  
TELEPHONE 309-661-7000 or 309-261-2316

**RAFFLE MANAGER'S BOND** (Check one)

- Fidelity Bond in the amount of \$300,000.<sup>00</sup> attached as required in Section 4.67-1.
- Waiver of bond requested. (**Class A Raffles Only!** Attach sworn statement attesting to the unanimous vote of the members as required in Section 24.67-2.)

**OPERATION OF RAFFLE**

The area in which raffle chances will be sold or issued within the territory of McLean County which is under the jurisdiction of the Ordinance as of this date will be:  
All of McLean County

(List the unincorporated areas of McLean County and/or the name of any incorporated city, town, or village in which raffle chances are proposed to be sold or issued.)

We, Joy Allen the presiding officer  
and Jeanne Osterbuhr the secretary of the

Central Catholic High School  
(exact name of applicant organization)

being duly sworn, hereby attest that the aforesaid organization is a

non-profit (Check one only; see Sections 24.62 and 24.64-5 of Ordinance for definitions.)

- |   |                                    |                                   |                                   |
|---|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Charitable             | <input type="checkbox"/> Religious | <input type="checkbox"/> Veterans | <input type="checkbox"/> Business |
| <input checked="" type="checkbox"/> Educational | <input type="checkbox"/> Fraternal | <input type="checkbox"/> Labor    | <input type="checkbox"/> Hardship |

organization as defined in the McLean County Ordinance to License and Regulate Raffles; that we have received a copy of such Ordinance and that the raffle for which this application is made will be operated in accordance with all the provisions thereof; and that the organization is eligible for a license under Section 24.64-7 of said Ordinance. We further attest that all statements and answers to questions in the foregoing application are made in full and are true and correct in every respect.

Joy Allen  
(signature, Presiding Officer)

Date 11-20-08

Jeanne Osterbuhr  
(signature, Secretary)

Date 11/20/08

Subscribed and sworn to before me this 20 day of November 2008.

Jill R. Fitzwater  
Notary Public



This application is to be filed with the McLean County Board Office, accompanied by the appropriate license fee and bond, if any, as set forth in Sections 24.65 and 24.67 of the Ordinance. Checks should be made payable to the **McLean County Treasurer**.

## FIDELITY BOND

KNOW ALL MEN BY THESE PRESENTS, That we Marti Rave, the Raffle Manager as principal, and Joy Allen and Jeanne Osterbuhr as sureties, held and firmly bound to Central Catholic High School (organization conducting raffle) in the sum of \$300,000.<sup>10</sup>, lawful money of the United States, a sum equal to the aggregate retail value of all prizes or merchandise to be awarded in said raffle, for the payment of which, well and truly to be made, we do bind ourselves, and each of us, our heirs, executors and administrators, and each of them, jointly, severally, and firmly by these presents.

Signed with our hands and sealed with our seals, this 19<sup>th</sup> day of November A.D. 2008.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, whereas, the said principal, Marti Rave, has been duly designated as raffle manager by Central Catholic High School (organization conducting raffle), in the County of McLean, State of Illinois.

NOW, THEREFORE, If Marti Rave, the said principal and raffle manager, abides by the condition of this fidelity bond, honestly performs the duties of raffle manager, and faithfully observes the provisions of the McLean County Ordinance to License and Regulate Raffles, Section 24.61 et seq., and all laws of the State of Illinois and the United States of America applying to raffles to the best of his skill and ability, then this obligation shall be null and void; otherwise, it shall remain in full force and effect. Notice shall be given in writing to the County of McLean not less than thirty (30) days prior to the cancellation of this bond.

## STATEMENT OF PURPOSE

The purpose of the proposed raffle is to generate money to support the educational activities and programs offered by Central Catholic High School in Bloomington, McLean County, Illinois. At present, the primary fund raising activities of the school are the Annual Campaign and an auction and dinner known as "Saints Alive". These activities are supported by a number of other fund raising activities including: Market Day (i.e. wholesale food sales), a magazine drive, bingo, and casino night. The goal of the school's development office is to reduce the number of fund raising activities and increase the contributions generated by the two principle fund raising activities.

The proposed raffle would be conducted as part of the annual Saints Alive event. The raffle drawing and the award of prizes would take place as part of that week-end. The projected gross and estimated costs would be:

I. Gross Proceeds:

2000 shares at \$150.00 each	\$300,000.00
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II. Estimated Administrative Costs:

A. Application Fee	\$ 500.00	
B. Raffle Manager Bond:	\$ 500.00	
C. Postage (est.):	\$ 5,300.00	
D. Printing (est.):	\$ 3,200.00	
E. Advertisement	\$15,000.00	
		<u>\$24,500.00</u>

III. Estimated Net Proceeds: \$275,500.00

A. Labor for construction (est.)	\$ 75,075.00	
B. Constructions materials (est.)	\$124,740.00	
C. Permits & fees (est.)	\$ 700.00	
D. Prizes (cash & auto)	\$ 25,500.00	
		<u>\$226,015.00</u>

IV. Estimated Net to Central Catholic \$ 49,485.00



## Illinois Department of Revenue

Office of Local Government Services  
Sales Tax Exemption Section, 3-520  
101 W. Jefferson Street  
Springfield, Illinois 62702  
217 782-8881

June 27, 2008

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
OFFICE OF THE CHANCELLOR  
PATRICIA M GIBSON ATTN  
412 N E MADISON AVE  
PEORIA IL 61603-3720

~~We have received your recent letter, and based on the information you furnished, we believe~~

CENTRAL CATHOLIC HIGH SCHOOL OF BLOOMINGTON INC  
of  
PEORIA, IL

is organized and operated exclusively for educational purposes.

Consequently, sales of any kind to this organization are exempt from the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Service Use Tax in Illinois.

We have issued your organization the following tax exemption identification number: E9941-1970-02. To claim the exemption, you must provide this number to your suppliers when purchasing tangible personal property for organizational use. This exemption may not be used by individual members of the organization to make purchases for their individual use.

This exemption will expire on July 1, 2013, unless you apply to the Illinois Department of Revenue for renewal at least three months prior to the expiration date.

Office of Local Government Services  
Illinois Department of Revenue

STS-49 (R-2/98)  
IL-492-3456  
11-0000332

# CRIME POLICY DECLARATIONS FORM A

This policy consists of this Declarations Form, the Common Policy Conditions, the Crime General Provisions Form, one or more Coverage Forms, and endorsements if any issued to form a part of the policy.

POLICY NO. RNS 626150

COMPANY	 <div style="display: inline-block; vertical-align: middle; text-align: left;"> <h2 style="margin: 0;">OLD REPUBLIC</h2> <p style="margin: 0;">Surety Company</p> </div>
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IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

1. NAMED INSURED <u>CENTRAL CATHOLIC HIGH SCHOOL (CENTRAL CATHOLIC DREAM HOUSE)</u>		
2. MAILING ADDRESS <u>1201 AIRPORT RD, BLOOMINGTON, IL 61704</u>		
3. POLICY PERIOD: From <u>NOVEMBER 1, 2008</u> to <u>CONTINUOUS UNTIL CANCELLED OR RELEASED</u> (12:01 A.M. Standard Time at your mailing address shown above)		
4. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE		
Coverage Forms Forming Part of This Policy EMPLOYEE DISHONESTY COVERAGE FORM COVERAGE FORM A-SCHEDULE CR 00 02 10 90	Limit of Insurance 300,000	Deductible Amount -----
5. ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED: <u>CR 02 02 06 95</u> <u>ORSC 22862</u>		
6. CANCELLATION OF PRIOR INSURANCE: By acceptance of this Policy you give us notice cancelling prior policy or bond Nos. <u>NIL</u>  the cancellation to be effective at the time this Policy becomes effective.		

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Jane E. Cherny

Assistant Secretary

[Signature]

President

COUNTERSIGNED 11-21-08 (Date) BY [Signature] (Authorized Representative)

## COMMON POLICY CONDITIONS

This policy is subject to the following conditions.

### A. CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### C. EXAMINATION OF YOUR BOOKS AND RECORDS:

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

### D. INSPECTIONS AND SURVEYS

We have the right but are not obligated to:

1. Make inspections and surveys at any time;
2. Give you reports on the conditions we find; and
3. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

1. Are safe or healthful; or
2. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

### E. PREMIUMS

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

## CRIME GENERAL PROVISIONS (LOSS SUSTAINED FORM)

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is or is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

Words and phrases in quotation marks are defined in the policy.

Unless stated otherwise in any Crime Coverage Form, Declarations or endorsement, the following General Exclusions, General Conditions and General Definitions apply to all Crime Coverage Forms forming part of this policy.

### A. GENERAL EXCLUSIONS

We will not pay for loss as specified below:

1. **Acts Committed by You or Your Partners:** Loss resulting from any dishonest or criminal act committed by you or any of your partners whether acting alone or in collusion with other persons.
2. **Governmental Action:** Loss resulting from seizure or destruction of property by order of governmental authority.
3. **Indirect Loss:** Loss that is an indirect result of any act or "occurrence" covered by this insurance including, but not limited to, loss resulting from:
  - a. Your inability to realize income that you would have realized had there been no loss of, or loss from damage to, Covered Property.
  - b. Payment of damages of any type for which you are legally liable. But, we will pay compensatory damages arising directly from a loss covered under this insurance.
  - c. Payment of costs, fees or other expenses you incur in establishing either the existence or the amount of loss under this insurance.
4. **Legal Expenses:** Expenses related to any legal action.
5. **Nuclear:** Loss resulting from nuclear reaction, nuclear radiation or radioactive contamination, or any related act or incident.
6. **War and Similar Actions:** Loss resulting from war, whether or not declared, warlike action, insurrection, rebellion or revolution, or any related act or incident.

### B. GENERAL CONDITIONS

1. **Concealment, Misrepresentation or Fraud:** This insurance is void in any case of fraud by you as it relates to this insurance at any time. It is also void if you or any other Insured, at any time, intentionally conceal or misrepresent a material fact concerning:
  - a. This insurance;
  - b. The Covered Property;
  - c. Your interest in the Covered Property; or
  - d. A claim under this insurance.

2. **Consolidation-Merger:** If through consolidation or merger with, or purchase or acquisition of assets or liabilities of, some other entity:
  - a. Any additional persons become "employees"; or
  - b. You acquire the use and control of any additional "premises";

any insurance afforded for "employees" or "premises" also applies to those additional "employees" or "premises", for a period of 60 days after the effective date of such consolidation, merger, or purchase or acquisition of assets or liabilities.

You must give us written notice within this 60 day period and obtain our written consent to extend this insurance to such additional "employees" or "premises". Upon obtaining our written consent, you must pay us an additional premium.

If you fail to notify us in writing within this 60 day period, then this insurance shall automatically terminate as to such additional "employees" or "premises".

3. **Coverage Extensions:** Unless stated otherwise in the Coverage Form, our liability under any Coverage Extension is part of, not in addition to, the Limit of Insurance applying to the Coverage or Coverage Section.
4. **Duties in the Event of Loss:** After you discover a loss or a situation that may result in loss of, or loss from damage to, Covered Property you must:
  - a. Notify us as soon as possible.
  - b. Submit to examination under oath at our request and give us a signed statement of your answers.
  - c. Give us a detailed, sworn proof of loss within 120 days.

- d. Cooperate with us in the investigation and settlement of any claim.
5. **Extended Period to Discover Loss:** We will pay only for covered loss discovered no later than 1 year from the end of the Policy Period.
6. **Joint Insured:**
- If more than one Insured is named in the Declarations, the first named Insured will act for itself and for every other Insured for all purposes of this insurance. If the first named Insured ceases to be covered, then the next named Insured will become the first named Insured.
  - If any Insured or partner or officer of that Insured has knowledge of any information relevant to this insurance, that knowledge is considered knowledge of every Insured.
  - An "employee" of any Insured is considered to be an "employee" of every Insured.
  - If this insurance or any of its coverages is cancelled or terminated as to any Insured, loss sustained by that Insured is covered only if discovered no later than 1 year from the date of that cancellation or termination.
  - We will not pay more for loss sustained by more than one Insured than the amount we would pay if all the loss had been sustained by one Insured.
7. **Legal Action Against Us:** You may not bring any legal action against us involving loss:
- Unless you have complied with all the terms of this insurance; and
  - Until 90 days after you have filed proof of loss with us; and
  - Unless brought within 2 years from the date you discover the loss.
8. **Liberalization:** If we adopt any revision that would broaden the coverage under this insurance without additional premium within 45 days prior to or during the Policy Period, the broadened coverage will immediately apply to this insurance.
9. **Loss Covered Under More Than One Coverage of This Insurance:** If two or more coverages of this insurance apply to the same loss, we will pay the lesser of:
- The actual amount of loss; or
  - The sum of the Limits of Insurance applicable to those coverages.
10. **Loss Sustained During Prior Insurance:**
- If you, or any predecessor in interest, sustained loss during the period of any prior insurance that you or the predecessor in

interest could have recovered under that insurance except that the time within which to discover loss had expired, we will pay for it under this insurance, provided:

- This insurance became effective at the time of cancellation or termination of the prior insurance; and
  - The loss would have been covered by this insurance had it been in effect when the acts or events causing the loss were committed or occurred.
- b. The insurance under this condition is part of, not in addition to, the Limits of Insurance applying to this insurance and is limited to the lesser of the amount recoverable under:
- This insurance as of its effective date; or
  - The prior insurance had it remained in effect.
11. **Loss Covered Under This Insurance and Prior Insurance Issued by Us or Any Affiliate:** If any loss is covered:
- Partly by this insurance; and
  - Partly by any prior cancelled or terminated insurance that we or any affiliate had issued to you or any predecessor in interest;
- the most we will pay is the larger of the amount recoverable under this insurance or the prior insurance.
- Regardless of the number of years this insurance remains in force or the number of premiums paid, no Limit of Insurance cumulates from year to year or period to period.
12. **Other Insurance:** This insurance does not apply to loss recoverable or recovered under other insurance or indemnity. However, if the limit of the other insurance or indemnity is insufficient to cover the entire amount of the loss, this insurance will apply to that part of the loss, other than that falling within any Deductible Amount, not recoverable or recovered under the other insurance or indemnity. However, this insurance will not apply to the amount of loss that is more than the applicable Limit of Insurance shown in the Declarations.
13. **Ownership of Property; Interests Covered:** The property covered under this insurance is limited to property:
- That you own or hold; or
  - For which you are legally liable.
- However, this insurance is for your benefit only. It provides no rights or benefits to any other person or organization.

**14. Policy Period:**

- a. The Policy Period is shown in the Declarations.
- b. Subject to the Loss Sustained During Prior Insurance condition, we will pay only for loss that you sustain through acts committed or events occurring during the Policy Period.

**15. Records:** You must keep records of all Covered Property so we can verify the amount of any loss.

**16. Recoveries:**

a. Any recoveries, less the cost of obtaining them, made after settlement of loss covered by this insurance will be distributed as follows:

- (1) To you, until you are reimbursed for any loss that you sustain that exceeds the Limit of Insurance and the Deductible Amount, if any;
- (2) Then to us, until we are reimbursed for the settlement made;
- (3) Then to you, until you are reimbursed for that part of the loss equal to the Deductible Amount, if any.

b. Recoveries do not include any recovery:

- (1) From insurance, suretyship, reinsurance, security or indemnity taken for our benefit; or
- (2) Of original "securities" after duplicates of them have been issued.

**17. Territory:** This insurance covers only acts committed or events occurring within the United States of America, U.S. Virgin Islands, Puerto Rico, Canal Zone, or Canada.

**18. Transfer of Your Rights Of Recovery Against Others to Us:** You must transfer to us all your rights of recovery against any person or organization for any loss you sustained and for which we have paid or settled. You must also do everything necessary to secure those rights and do nothing after loss to impair them.

**19. Valuation-Settlement:**

a. Subject to the applicable Limit of Insurance provision we will pay for:

- (1) Loss of "money" but only up to and including its face value. We may, at our option, pay for loss of "money" issued by any country other than the United States of America:
  - (a) At face value in the "money" issued by that country; or
  - (b) In the United States of America

dollar equivalent determined by the rate of exchange on the day the loss was discovered.

(2) Loss of "securities" but only up to and including their value at the close of business on the day the loss was discovered. We may, at our option:

(a) Pay the value of such "securities" or replace them in kind, in which event you must assign to us all your rights, title and interest in and to those "securities"; or

(b) Pay the cost of any Lost Securities Bond required in connection with issuing duplicates of the "securities". However, we will be liable only for the payment of so much of the cost of the bond as would be charged for a bond having a penalty not exceeding the lesser of the:

i. Value of the "securities" at the close of business on the day the loss was discovered; or

ii. Limit of Insurance.

(3) Loss of, or loss from damage to, "property other than money and securities" or loss from damage to the "premises" for not more than the:

(a) Actual cash value of the property on the day the loss was discovered;

(b) Cost of repairing the property or "premises"; or

(c) Cost of replacing the property with property of like kind and quality.

We may, at our option, pay the actual cash value of the property or repair or replace it.

If we cannot agree with you upon the actual cash value or the cost of repair or replacement, the value or cost will be determined by arbitration.

b. We may, at our option, pay for loss of, or loss from damage to, property other than "money":

(1) In the "money" of the country in which the loss occurred; or

(2) In the United States of America dollar equivalent of the "money" of the country in which the loss occurred determined by the rate of exchange on the day the loss was discovered.

c. Any property that we pay for or replace becomes our property.

## C. GENERAL DEFINITIONS

### 1. "Employee" means:

- a. Any natural person:
  - (1) While in your service (and for 30 days after termination of service); and
  - (2) Whom you compensate directly by salary, wages or commissions; and
  - (3) Whom you have the right to direct and control while performing services for you; or
- b. Any natural person who is furnished to you to:
  - (1) substitute for a permanent "employee" on leave; or
  - (2) meet seasonal or short-term workload conditions; while that person is subject to your direction and control and performing services for you excluding, however, any such person while having care and custody of property outside the "premises".

But "employee" does not mean any:

- (1) Agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same

general character; or

- (2) Director or trustee except while performing acts coming within the scope of the usual duties of an employee.

### 2. "Money" means:

- a. Currency, coins and bank notes in current use and having a face value; and
- b. Travelers checks, register checks and money orders held for sale to the public.

3. "Property Other Than Money and Securities" means any tangible property other than "money" and "securities" that has intrinsic value but does not include any property listed in any Crime Coverage Form as Property Not Covered.

4. "Securities" means negotiable and nonnegotiable instruments or contracts representing either "money" or other property and includes:

- a. Tokens, tickets, revenue and other stamps (whether represented by actual stamps or unused value in a meter) in current use; and
- b. Evidences of debt issued in connection with credit or charge cards, which cards are not issued by you; but does not include "money".

**EMPLOYEE DISHONESTY COVERAGE FORM**

**SCHEDULE**

Item No.	Name Schedule Coverage	Position Schedule Coverage			Limit of Insurance Each "Employee"	Deductible Amount
	Names of Covered "Employees"	Titles of Covered Positions	Location of Covered Positions	No. of "Employees" Each Position		
1	Marti A. Rave	Raffle Manager	Bloomington, IL	1	300,000	-----

**A. COVERAGE**

We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Cause of Loss.

1. **Covered Property:** "Money", "securities", and "property other than money and securities".
2. **Covered Cause of Loss:** "Employee dishonesty."

**B. LIMIT OF INSURANCE**

1. The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the SCHEDULE.
2. Regardless of the number of years this insurance applies as respects a specific "employee", the most we will pay in the aggregate is the largest Limit of Insurance applicable to that "employee" even though:
  - a. The coverage for that "employee" is not continuous because it has been cancelled for one or more periods; or
  - b. The Limit of Insurance applicable to that "employee" is changed.
3. If this insurance applies on a **Position Schedule** basis, the following provisions also apply:
  - a. The most we will pay for an "employee" serving in more than one position is the largest

Limit of Insurance in effect and applicable to any one of those positions at the time loss is discovered.

- b. If at the time loss is discovered there are more "employees" serving in a covered position than the number of "employees" listed opposite that position in the SCHEDULE, the Limit of Insurance applicable to that position will be reduced.

The reduced Limit of Insurance will be computed by multiplying the limit shown in the SCHEDULE by a factor obtained by dividing the number of "employees" shown in the SCHEDULE by the actual number of "employees" serving in that position at the time loss is discovered.

**C. DEDUCTIBLE**

1. We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the SCHEDULE. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance.
2. You must:
  - a. Give us notice as soon as possible of any loss of the type insured under this Coverage Form even though it falls entirely within the Deductible Amount; and

- b. Upon our request, give us a statement describing the loss.

**D. ADDITIONAL EXCLUSIONS, CONDITIONS AND DEFINITIONS:** In addition to the provisions in the Crime General Provisions Form, this Coverage Form is subject to the following:

1. **Additional Exclusions:** We will not pay for loss as specified below:

- a. **Employee Cancelled Under Prior Insurance:** loss caused by any "employee" of yours, or predecessor in interest of yours, for whom similar prior insurance has been cancelled and not reinstated since the last such cancellation.

- b. **Inventory Shortages:** loss, or that part of any loss, the proof of which as to its existence or amount is dependent upon:

- (1) An inventory computation; or  
(2) A profit and loss computation.

2. **Additional Conditions**

- a. **Cancellation As To Any Employee:** This insurance is cancelled as to any "employee":

- (1) Immediately upon discovery by:

- (a) You; or  
(b) Any of your partners, officers or directors not in collusion with the "employee";

of any dishonest act committed by that "employee" before or after becoming employed by you.

- (2) On the date specified in a notice mailed to you. That date will be at least 30 days after the date of mailing.

The mailing of notice to you at the last mailing address known to us will be suf-

ficient proof of notice. Delivery of notice is the same as mailing.

- b. **Consolidation-Merger:** The Consolidation-Merger General Condition does not apply to this Coverage Form.

3. **Additional Definitions**

- a. **"Employee"** means

- (1) Any person named in the SCHEDULE, if coverage applies on a **Name Schedule** basis; or  
(2) Any person you engage to perform the duties of a position shown in the SCHEDULE if coverage applies on a **Position Schedule** basis.

The "Employee" General Definition does not apply to this Coverage Form.

- b. **"Employee Dishonesty"** in Paragraph A.2 means only dishonest acts committed by an identified "employee" acting alone or in collusion with other persons, except you or a partner, with the manifest intent to:

- (1) Cause you to sustain loss; and also  
(2) Obtain financial benefit (other than employee benefits earned in the normal course of employment, including: salaries, commissions, fees, bonuses, promotions, awards, profit sharing or pensions) for:

- (a) The "employee"; or  
(b) Any person or organization intended by the "employee" to receive that benefit.

- c. **"Occurrence"** means all loss caused by each "employee," whether the result of a single act or series of acts.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ILLINOIS CHANGES**

This endorsement modifies insurance provided under the following:

**COMMERCIAL CRIME COVERAGE PART**

- A. CANCELLATION (Common Policy Conditions) is replaced by the following:**  
**CANCELLATION**
1. The first Named Insured shown in the Declarations may cancel this policy by mailing to us advance written notice of cancellation.
  2. a. We may cancel this policy by mailing to you written notice stating the reason for cancellation.  
b. If we cancel for nonpayment of premium, we will mail the notice at least 10 days prior to the effective date of cancellation.  
c. If we cancel for a reason other than nonpayment of premium, we will mail the notice at least:
    - (1) 30 days prior to the effective date of cancellation if the policy has been in effect for less than 60 days.
    - (2) 60 days prior to the effective date of cancellation if the policy has been in effect for more than 60 days.
  3. If this policy has been in effect for more than 60 days, we may cancel only for one or more of the following reasons:
    - a. Nonpayment of premium;
    - b. The policy was obtained through a material misrepresentation;
    - c. Any insured has violated any of the terms and conditions of the policy;
    - d. The risk originally accepted has measurably increased;
    - e. Certification to the Director of Insurance of the loss of reinsurance by the insurer that provided coverage to us for all or a substantial part of the underlying risk insured; or
    - f. A determination by the Director of Insurance that the continuation of the policy could place us in violation of the insurance laws of this State.
  4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
  5. If this policy is canceled we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund will be less than pro rata. The cancellation will be effective even if we have not offered a refund.
- B. The following is added and supersedes any provision to the contrary:**  
**NONRENEWAL**
1. If we decide not to renew this policy, we will mail written notice stating the reasons for nonrenewal no less than 60 days before the expiration date to:
    - a. You; and
    - b. The broker, if known to us, or the agent of record.
  2. Even if we do not comply with these terms, this policy will terminate:
    - a. On the expiration date if:
      - (1) You fail to perform any of your obligations in connection with the payment of the premium for the policy, or any installment payment, whether payable directly to us or our agents or indirectly under any premium finance plan or extension of credit; or
      - (2) We have indicated our willingness to renew this policy to you or your representative; or
      - (3) You have notified us or our agent that you do not want to renew this policy.
    - b. On the effective date of any other insurance replacing this policy.
- C. Mailing of Notices**  
We will mail cancellation and nonrenewal notices to you, and the agent or broker, at the last addresses known to us. Proof of mailing will be sufficient proof of notice.
- D. When forming a part of this policy, Crime General Provisions General Condition B.7. Legal Action Against Us and Safe Depository Direct Loss Coverage Form Additional Condition D.2.d. Legal Action Against Us are replaced by the following:**  
**Legal Action Against Us:** You may not bring any legal action against us involving loss:
  - a. Unless you have complied with all the terms of this insurance; and
  - b. Until 90 days after you have filed proof of loss with us; and
  - c. Unless brought within 2 years from the date you discover the loss. But we will extend this 2 year period by the number of days between the date proof of loss is filed and the date the claim is denied in whole or in part.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMIT OF LIABILITY/OCCURRENCE ENDORSEMENT**

This endorsement applies to the Crime General Provisions (Loss Sustained Form). It also applies to Employee Dishonesty Coverage Form (Coverage Form A-Blanket), Employee Dishonesty Coverage Form (Coverage Form A-Schedule) or Public Employee Dishonesty Coverage Form (Coverage Form O-Per Loss) forming part of this Policy.

**EMPLOYEE DISHONESTY COVERAGE FORM; OR, PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM**

1. **Section B. Limit of Insurance** of Employee Dishonesty Coverage Form A-Blanket, Employee Dishonesty Coverage Form A-Schedule, and Coverage Form O-Per Loss are deleted and replaced by the following:

The most we will pay for any one "occurrence" is the applicable Limit of Insurance shown in the DECLARATIONS. Regardless of the number of years this Policy, or any other policy we issued to you, has been in force, and how many premiums were paid, you are not entitled to a separate limit of insurance under each policy or renewal, or for each period for which premiums were paid, or to recover up to the sum of the limits of insurance of such policies or renewals.

2. **Additional Definition 3.b. "Occurrence"** of Coverage Form A-Blanket, Coverage Form O-Per Loss and **Additional Definition 3.c. "Occurrence"** of Coverage Form A-Schedule are deleted and replaced by the following:

"**Occurrence**" means all loss or losses caused by or involving any "employee," acting alone or in collusion with other persons, or any group of "employees" acting together, even if in collusion with other persons, whether the result of a single act or multiple acts and whether or not sustained only during the period of this Policy. All acts by one "employee," acting alone or in collusion with other persons, or by any group of "employees" acting together, and whenever performed, can give rise to only one "occurrence."

**GENERAL CRIME PROVISIONS (LOSS SUSTAINED FORM)**

3. **General Condition B.10 Loss Sustained During Prior Insurance** of the Crime General Provisions (Loss Sustained Form) is deleted and replaced by the following:

**10. Loss Sustained During Prior Insurance.** If you discover a loss during the period of this Policy which you, or your predecessor in interest, sustained during the periods of any prior policy or policies and you, or the predecessor in interest, could have recovered all or part of the loss under the prior policy or policies except that the time within which to discover loss required by the prior policy or policies had expired, we will pay for the loss under this policy, provided, however, that:

- a. This Policy would have covered the loss had this policy been in force at the time the loss was sustained; and
- b. There was no period of time from the commencement of the first such prior policy to the date the loss was discovered when you, or your predecessor in interest, did not have in force insurance to cover that type of loss; and
- c. The amount of the loss sustained during the term of each such prior policy which we will cover under this Policy is the lower of the loss sustained during the period of that prior policy or the applicable limit of insurance of that prior policy. We will not apply the deductible of the prior policy.

The insurance under this Condition 10 is part of, not in addition to, the coverage under this Policy. The Deductible provided by this Policy applies, and our maximum liability for any one occurrence remains the Limit of Insurance shown in the Declarations, even though all or part of the occurrence is covered under this Condition 10.

4. **General Condition B.11 Loss Covered Under This Insurance and Prior Insurance Issued by Us or Any Affiliate** of the Crime General Provisions (Loss Sustained Form) is deleted and replaced by the following:

**11. Limit of Insurance for Loss Covered by This Policy and by Any Prior Policy Issued by Us or Any Affiliate:** If an "occurrence" takes place partly within the period of this Policy, any Limit of Insurance applicable to such "occurrence" under this Policy shall be reduced by any amount recoverable with respect to such "occurrence" under any prior policy issued by us, or by any affiliate of ours, to you, or to any affiliate of yours. The most we will pay under any circumstances is the Limit of Insurance under this Policy, or the Limit of Insurance under such prior policy, whichever is larger.

STATE OF ILLINOIS     )  
  )  
COUNTY OF McLEAN    )

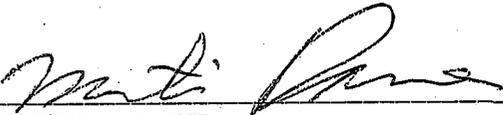
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AFFIDAVIT

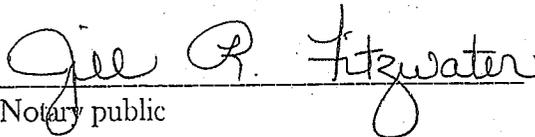
I, MARTI A. RAVE, being first duly sworn, depose and state as follows:

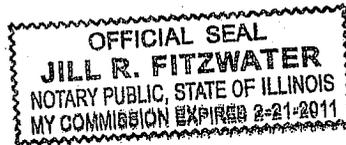
1. That I am owner of real estate located at: Lot #82 914 Gerike Way. Bloomington, IL  
61704
2. That to the best of my knowledge and belief the fair market value of the above-described real estate is \$200,000.00.
3. That CENTRAL CATHOLIC HIGH SCHOOL has applied to the McLean County Board to obtain a permit to raffle the above-described real estate as a first prize.
4. That CENTRAL CATHOLIC HIGH SCHOOL and its raffle manager, agents, employees and assigns have full authority to make the above-described real estate the subject of said raffle and to give and/or convey said real estate to the first prize winner of the raffle.

Further affiant sayeth not.

  
\_\_\_\_\_  
MARTI A. RAVE

Subscribed and sworn to before me  
this 24 day of November, 2008.

  
\_\_\_\_\_  
Notary public



A G R E E M E N T

IN CONSIDERATION OF receiving a Class D Raffle Permit from the County Board of McLean County, Illinois to conduct a raffle where the first prize is real estate, the CENTRAL CATHOLIC HIGH SCHOOL on behalf of itself, its members, directors, officers, employees, agents, and assigns hereby unconditionally agrees to indemnify and hold harmless the County of McLean, its Board members, officers, employees, agents, and attorneys from any claim or cause of action (whether State or Federal) for injury or damages arising out of, resulting from, or in any way related to, the aforementioned raffle or to any property (real and/or personal) given or conveyed by CENTRAL CATHOLIC HIGH SCHOOL, its representative, or nominee pursuant to said raffle.

CENTRAL CATHOLIC HIGH SCHOOL expressly agrees that this indemnity agreement is intended to be as broad and inclusive as permitted by law and if any portion of this agreement be declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

IN WITNESS WHEREOF the parties hereto have executed this agreement at Bloomington, Illinois this 24 day of November, 2008.

CENTRAL CATHOLIC HIGH SCHOOL

ATTEST:

By: *Joey alla*  
Its Authorized Officer

*Jill R. Fitzwater*  
Notary Public



THE COUNTY OF McLEAN,

ATTEST:

By: \_\_\_\_\_  
Chairman, McLean County Board

\_\_\_\_\_  
McLean County Clerk