

City of Franklin
City of Franklin Regular Meeting
May 12, 2020 7:30 PM City Hall

A Copy of the "Open Meetings Act" is posted in the Council Room
This Agenda can be changed up to 24 hours prior to meeting time per open meeting law.

The Board may enter into closed session to discuss any matter on this agenda when it is determined by the council that it is clearly necessary for protection of the public interest or the prevention of needless injury to the reputation of an individual and if such an individual has not requested a public meeting, or as otherwise allowed by law. A closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, the presiding officer immediately prior to the closed session shall restate on the record the limitation of the subject matter of the closed session.

It is the intention of the Board to take up the items on the agenda in sequential order. However, the Board reserve the right to take up matters in a different order to accommodate the schedules of the board members, persons having items on the agenda, and the public.

1. Call Meeting to Order Roll Call
2. Verification of Open Meetings Notice
3. Mayor Communications
4. **Consent Agenda**
 - a. Minutes of the Council Meeting April 14, 2020; Zoning Meeting May 5, 2020; Library Meeting May 4 2020.
 - b. Treasurer's Report
 - c. Budget Report
 - d. **Bank Balances:**
 - Farmers Bank and Trust
 - Cornerstone Bank
 - South Central State Bank
 - e. Freedom Claims Monthly Claims Analysis Report
 - f. Payroll
 - g. Claims
5. **Discussion and Action Items**
 - a. Health Insurance Renewal Rates- Julie Yarmer - Freedom Claims
 - b. CDBG Grant for the Owner Occupied Rehab Program Guidelines Changes
 - c. North Central Rail Road Grant
 - d. Zoning Board recommendation to approve conditional permit 601 14th Ave, Franklin NE
 - e. Opening of Swimming Pool for Summer 2020
 - f. Summer Ball Program for 2020
 - g. ACE funds for the batting cage at the Ball Park
 - h. Proclamation for Senior 2020

- i. Promotion for Utility Customers receive up to a \$10 credit for signing up for Automatic withdraw payments and E-billing. This offer is for customers not currently utilizing these services. Promotion last until July 31, 2020.
 - j. Permits; Steve Dallmann(Fence); Webb Antholz (new structure); Mark Floorm (new structure); Lori Weber (new structure); Nicolas Pease (fence); Dennis Hansen (Fence); Steve Lunsford (new structure); Jimmy Dixon (fence); Drew Boston (New Structure)
6. **Nuisance Abatement Program**
- a. Declare Nuisances
 - b. Postponement requests
 - c. Property Review
 - d. Rescind Declared Nuisances
7. Adjourn

Franklin, Nebraska
April 14, 2020

A meeting of the Mayor and Council of the City of Franklin, Nebraska was held by Zoom platform in said City on April 14, 2020, at 7:30 PM

Upon roll call, the following Council members were in attendance: **Present:** Tom Dreher, Mark Goebel, Sandy Urbina, Margaret Siel, Raquel Felzien, and Bryan McQuay. **Absent:** Kasey Loschen

Mayor Siel gave notice that a copy of the Open Meetings Act was properly posted in the Council Chambers.

Notice of this meeting was simultaneously given to the all members of the City Council and a copy of their acknowledgement of receipt of the notice and agenda was communicated in the advance notice as in the notice to the Council of this meeting. All proceedings hereafter shown were taken while the convened meeting was open to the attendance of the public.

Motion made by Tom Dreher, seconded by Mark Goebel to approve and/or receive the items on the Consent Agenda and to waive the oral reading of the minutes. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea
Yea: 3, Nay: 0, Absent: 1

AFLAC	INS	766.00
ALLIED INS	INS	9675.54
A-1 REFRIG	REP	421.80
AMANDA SHELTON	REIMB	54.36
BAKER & TAYLOR	SUPP	474.04
BLADEN SAND & GRAVEL	SUPP	1287.14
BLACK HILLS	GAS	232.26
BOSTON, DREW	REIMB	54.17
CENCON OF KS	MAINT	884.40
CENTURIAN TECH	FEE	50.00
CHRISTIE MALL	CLEANING	130.00
CITY OF HOLDREGE	DISP.FEE	2363.70
COMFORT INN	SCHOOLING	409.80
CPI	FUEL	1533.52
CORNERSTONE BANK	2 CD'S	100,000.00
DELTA DENTAL	INS	438.05
DTC	BOND INT	2853.75
DUNCAN WELDING	REPAIR	837.65
EAKES	SUPP	73.79
EFTPS	PAYROLL	7230.17
EMC	INS	6892.81
ELECTRIC FUND	ELECTIRCITY	4368.94
FCMH	KENO DONATION	350.00
FRANKLIN AUTO PARTS	MAINT	1007.81
FRANKLIN CO CHRON	ADS	313.63

FRANKLIN SHERIFF	FEE	800.00
FRANKLIN PUBLIC SCHOOL	FEE	1050.00
FRONTIER	PHONE	538.91
GUMAER, JON & DIANE	METER DEP REFUND	10.19
GOLDSTAR PRODUCTS	MAINT	629.25
HOME TOWN LEASING	LEASE	322.01
JIM'S OK TIRE	REPAIR	101.00
LEAGUE OF MUN UTILITIES	REIMB	95.00
LEDEZMA CONST	REPAIR	4000.00
MADISON LIFE	INS	44.73
MICHAEL TODD & CO	MAINT	526.10
MEAGN SPARGO	FEE	1100.00
MICHELLE KAHRS	REIMB	45.25
MISKO SPORTS	SUPP	260.88
MG TRUST	PAYROLL	2776.24
MUNICIPAL SUPPLY	REPAIR	815.27
MWC ENTERPRISES	MAINT	423.00
NE DEPT OF TRANS	MAINT	2779.70
NE DEPT OF HEALTH	TESTING	53.00
NMPP	FEE	860.00
NE RURAL WATER	SCHOOLING	375.00
NE DEPT OF REV	SALES TAX	6633.57
NE DEPT OF REV	PAYROLL	950.74
ONE CALL	FEE	43.86
ONE SOURCE	FEE	58.00
PAULSEN AUTO	REPAIRS	42.00
PAYROLL	PAYROLL	30256.01
PERSON MCQUAY LAW	FEE	1200.00
PITSTOP	FUEL	95.95
PLANK'S HDWE	SUPP	110.06
QUADIENT	POSTAGE	350.00
R & R SALES	SUPP	4.60
RETIREMENT PLAN	FEE	292.92
RIGHTWAY GROCERY	SUPP	168.17
S.E. SMITH & SONS	SUPP	97.36
SARGENT DRILLING	REPAIR	1813.08
SCHMIDT COMPUTER	SERV	65.00
SHARE	MAINT	1422.16
SIDNEY REGIONAL	FEE	23.00
SOUTHERN POWER	POWER	53151.16
TERRY CARPENTER	FEE	170.00
TOM DREHER	REIMB	36.46
US BANK	SUPP	103.76
UTILITIY SERVICES	FEE	12467.25
VAN DIEST SUPP	SUPP	2118.25
VERIZON	PHONE	293.15

WAPA	POWER	4519.21
WOODWARD	FEE	455.13
VSP	INS	156.35
TOTAL		277406.06

Motion made by Mark Goebel, seconded by Sandy Urbina to approve the City of Franklin Insurance renewal with GTA Insurance. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea
Yea: 3, Nay: 0, Absent: 1

Motion made by Tom Dreher, seconded by Mark Goebel to approve EMC Insurance recommendation to deny the claim from Wade Johnson at 404 15th Ave, Franklin NE.

Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea
Yea: 3, Nay: 0, Absent: 1

Megan Spargo, Franklin CDA Coordinator updated the Council about the application she is working on and she is working with the CDA board to get an application ready for business that might need help with their utilities during this COVID-19 pandemic.

Motion made by Sandy Urbina, seconded by Mark Goebel to approve Police Computer Program with Huber and Associates, Enterpol for two licenses. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea
Yea: 3, Nay: 0, Absent: 1

Motion made by Tom Dreher, seconded by Sandy Urbina to approve Two Rivers Health Department Memorandum of understanding. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea
Yea: 3, Nay: 0, Absent: 1

Motion made by Sandy Urbina, seconded by Tom Dreher to approve CARE Act plan change amendment with Retirement Plan Consultants. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea
Yea: 3, Nay: 0, Absent: 1

Margaret Siel announced about the Employee Rights from the DOL due to COVID-19 pandemic.

Motion made by Mark Goebel, seconded by Sandy Urbina to approve hiring Emma Goosic at \$12 per hour until ball season starts then pay her salary. Council wants to hold off on having Bailey Lennemann work to see if we have Summer Ball program for 2020. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea
Yea: 3, Nay: 0, Absent: 1

Motion made by Mark Goebel, seconded by Tom Dreher to table the opening of the Swimming Pool to the May 12, 2020 meeting. Council discussed prorating the pool pass depending on when the pool is able to open for the season. Motion Tabled. Dreher: Yea,

Goebel: Yea, Loschen: Absent, Urbina: Yea

Yea: 3, Nay: 0, Absent: 1

Discussion on utilities disconnect policy due to COVID-19 pandemic that the Nebraska League of Municipalities provided. Council wants this on the May 12, 2020 meeting.

Motion made by Mark Goebel, seconded by Sandy Urbina to approve recommendation from OOR Grant Committee to approve FR-HR-03 and FR-HR-05. Motion Passed

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea

Yea: 3, Nay: 0, Absent: 1

Motion made by Tom Dreher, seconded by Sandy Urbina to approve SCEDD invoice #1037 for general administrative services as part of the Owner-Occupied Rehab project. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea

Yea: 3, Nay: 0, Absent: 1

Motion made by Tom Dreher, seconded by Sandy Urbina to approve request for CDBG Funds Draw down #5 in the amount of \$1,050.00. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea

Yea: 3, Nay: 0, Absent: 1

Motion made by Tom Dreher, seconded by Sandy Urbina to approve the Nuisance Abatement Agreement with South Central Economic Development District. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea

Yea: 3, Nay: 0, Absent: 1

Motion made by Mark Goebel, seconded by Tom Dreher to approve four permits excluding Mark Goebel permit. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea

Yea: 3, Nay: 0, Absent: 1

Motion made by Tom Dreher, seconded by Sandy Urbina to approve Mark Goebel permit. Motion Passed.

Dreher: Yea, Goebel: Abstain, Loschen: Absent, Urbina:

Yea Yea: 2, Nay: 0, Absent: 1

Discussion on the railroad grant for Cooperative Producers Inc, Franklin Nebraska. City Council wants Bryan McQuay to look over the documents and report back at the May 12, 2020 meeting.

Motion made by Tom Dreher, seconded by Sandy Urbina to approve Resolution 2020-02 Summer employees' wages for 2020. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea

Yea: 3, Nay: 0, Absent: 1

Motion made by Sandy Urbina, seconded by Tom Dreher to approve Resolution 2020-03 - Nuisance Officer with SCEDD. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea

Yea: 3, Nay: 0, Absent: 1

Motion made by Mark Goebel, seconded by Sandy Urbina to Resolution 2020-04 Lincoln Hotel Lot. Motion Passed.

Dreher: Yea, Goebel: Yea, Loschen: Absent, Urbina: Yea

Yea: 3, Nay: 0, Absent: 1

Meeting was adjourned at 9:04 PM

ATTEST:

APPROVED:

Raquel Felzien, City Clerk

Margaret Siel, Mayor

(seal)

Franklin Public Library
Board of Trustees
Regular Meeting by Zoom
May 4, 2020

The meeting was called to order at 7:00 p.m. by President Joan Dorn. In attendance, via Zoom, were Trustees Joan Dorn, Angel Dreher, Debra Headrick, Melinda Siel, Linda Herrick, and Librarian Amanda Shelton. Absent: None. Visitors: None.

Open Meetings Act posted.
Notice of Meeting posted.

Joan presented the agenda. The minutes of the February meeting were read. Angel made a motion and Debra seconded the motion to approve the agenda and minutes. Motion carried 5-0.

Correspondence & Communication: None
No visitor comments

Librarian Report:

Friends of the Library account has a balance of \$3,402.56

The conversion of the Koha to Bibliovation library system went into effect May 1, 2020.

Due to the COVID-19 pandemic, the Library has been closed to the public since March 18, 2020. A phased reopening will start May 11, 2020 with residents having three options to check out books: you may email the library, call, or place a hold on the library website for a book or books. Amanda will check out the books and place them outside the library door for pickup. She will have an ad in the local paper with these instructions and also on the library website and facebook page. The Library doors will remain locked until May 31, 2020 due to the Directed Health Measures by the Governor. At the time of reopening to the public, there will likely be restrictions that will be followed to keep the public and librarian safe.

Summer Reading Program will look different this year. There will not be in-person activities at the library. Activities will include Readers Zone in June- Adults read 3 books in the month of June, Teens read 100 chapters; Children read 75 minutes per week in June. Information can be given to the Librarian through the library website. There will still be prizes for reading logs!

Packets will be available outside the library weekly for pick up with fun activities for the kids to do.

Readings & in-person activities will be postponed until Directed Health Measures are lifted for gatherings, hopefully in the fall after school.

The Community Response Needs Program as been extended 1 year due to the pandemic.

A quote for new blinds for the Library was received by Made in the Shade in the amount of \$2,854.20. This includes installation. Amanda applied for a grant from Southern Power District in the amount of \$2,500.00 to cover most of the cost of the blinds. We will know in August if the library receives the grant.

Circulation statistics for February and March were reviewed.

There were no committee reports.

Claims have been taken to City Hall for payment. No action required at this time.

Other items of interest: Due to the pandemic, the regular April meeting was postponed until May and conducted via Zoom due to the directive health measures. The Library commission has allowed that we can eliminate a meeting so at this time the regular June meeting will not take place and we will meet again in August.

There was no other business. Linda made a motion to adjourn and Angel seconded the motion. Motion carried 5-0

Meeting adjourned at 7:35 p.m. The next regular meeting will be August 3, 2020

Melinda Siel, Secretary

Franklin, Nebraska

May 5, 2020

Zoning Board –
Hearing

Zoom Meeting

A meeting of the Mayor and Council of the City of Franklin, Nebraska was held by zoom format on May 5, 2020, at 5:30 PM

Upon roll call, the following Council members were in attendance: **Present:** Dave Duncan, Vernon Duncan, Jerrell Gerdes, Kim Naden, Dave Platt, Jr Stover; Zoning Administrator and Raquel Felzien; secretary.

Notice that a copy of the Open Meetings Act was properly posted in the Council Chambers.

Motion made by Vernon Duncan, seconded by Dave Platt to recommend Kevin and Sabrina Nielsen conditional use permit at 602 14th Ave, Franklin, NE Franklin County to the City Council with four stipulations; 1) reevaluate if current owners change; 2) no additions to the size of the structure; 3) if residential use relapses for more than 90 days the property's conditional permit will not be valid; 4) no renting of the property except for employee business. Motion Passed. Duncan: Yea, Duncan: Yea, Gerdes: Yea, Naden: Yea, Platt: Yea
Yea: 5, Nay: 0

Discussion on 4.08.01 in the zoning and subdivision regulations. No accessory building or structure shall be constructed on a lot without a principal building or structure.

Discussion on 5.08.01 height and lot requirements in zoning and subdivision regulations on R-1 large lot residential district.

Discussion on 5.09.06 height and lot requirements in zoning and subdivision regulations on R-2 medium to high density residential district.

Meeting was adjourned at 6:25 pm

Submitted by:

Raquel Felzien, Secretary of Zoning Board

TREASURER'S REPORT
CALENDAR 4/2020, FISCAL 7/2020

FUND#	TITLE	LAST REPORT ON HAND	EXPENSES	REVENUE	CHANGE IN LIABILITIES	CASH RESERVES
01	ELECTRIC	2,484,999.55	74,403.92	103,095.41	843.37	2,514,534.41
02	WATER	625,125.72	23,711.15	12,761.99	930.15	615,106.71
03	SEWER	357,607.03	6,868.86	6,581.05	905.41	358,224.63
04	SANITATION/WASTE REDUC	315,532.40	9,317.94	14,415.49	350.96	320,980.91
05	GENERAL	416,775.45	30,051.43	23,370.86	1,655.94	411,750.82
11	STREET EQUIP SINKING	24,000.00	.00	.00	.00	24,000.00
12	STREET	7,708.88-	18,840.14	16,389.54	870.37	9,289.11-
13	DEBT SERVICE	.00	.00	.00	.00	.00
15	COMMUNITY BETTERMENT	5,479.31	.00	.00	.00	5,479.31
16	CDA	7,959.80-	.00	.00	.00	7,959.80-
99	SELF INSURANCE	86,207.84	.00	.00	.00	86,207.84
	Report Total	4,300,058.62	163,193.44	176,614.34	5,556.20	4,319,035.72

TREASURER'S REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT TITLE	LAST REPORT ON HAND	RECEIVED	DISBURSED	BALANCE
CASH - ELECTRIC	531,170.55	114,439.67	84,904.81	560,705.41
CASH - WATER	89,746.31	13,473.09	23,492.10	79,727.30
CASH - SEWER	208,551.27	7,092.51	6,474.91	209,168.87
CASH - SANITATION	99,225.43	11,655.43	8,208.81	102,672.05
CASH - WASTE REDUCTION	58,559.40-	2,760.06	758.17	56,557.51-
CASH - GENERAL	205,151.11-	23,593.86	28,618.49	210,175.74-
SUMMER RECREATION CASH	.00	.00	.00	.00
STREET EQUIP SINKING CASH	.00	.00	.00	.00
CASH - STREET	7,902.64-	16,389.54	17,969.77	9,482.87-
CASH	.00	.00	.00	.00
KENO CASH	.00	.00	.00	.00
CASH - CDA	7,959.80-	.00	.00	7,959.80-
TOTAL CHECKING FSB 755975	649,120.61	189,404.16	170,427.06	668,097.71

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
ADMIN DEPARTMENT						
05-00-4100	PROPERTY TAX	12,171.92	53,722.52	35.19	98,929.25	152,651.77
05-00-4103	CITY SALES TAX	7,551.39	62,184.16	65.46	32,815.84	95,000.00
05-00-4211	STATE EQUALIZATION PYMT		31,700.64	29.04	77,450.13	109,150.77
05-00-4300	INTEREST				1,500.00	1,500.00
05-00-4305	MISC REVENUES	1,500.00	10,335.32	103.35	335.32-	10,000.00
05-00-4310	DOG LICENSE/IMPOUND FEES	22.00	1,613.00	64.52	887.00	2,500.00
05-00-4320	LIQUOR/TOBACCO LICENSE	1,400.00	3,183.35	159.17	1,183.35-	2,000.00
05-00-4340	FINES & FEES	450.00	7,676.86	383.84	5,676.86-	2,000.00
05-00-4343	GRANT MONEY - CDBG		3,750.00	1.19	311,250.00	315,000.00
05-00-4348	MOSQUITO SPRAYING/BLOOMINGTON		491.69		491.69-	
05-00-4365	BLOOMINGTON AGREEMENT				300.00	300.00
05-00-4380	FRANCHISE FEES		2,972.90	56.63	2,277.10	5,250.00
	ADMIN TOTAL	23,095.31	177,630.44	25.55	517,722.10	695,352.54
SUMMER RECREATION DEPARTMENT						
05-01-4010	BALL PARK REGISTRATIONS		15.00	1.50	985.00	1,000.00
05-01-4014	BALL PARK ADMISSIONS				2,750.00	2,750.00
05-01-4016	BALL PARK CONCESSIONS		275.35	27.54	724.65	1,000.00
05-01-4640	SUMMER REC DONATIONS		1,600.00		1,600.00-	
	SUMMER RECREATION TOTAL	.00	1,890.35	39.80	2,859.65	4,750.00
POOL DEPARTMENT						
05-03-4014	POOL ADMISSIONS				5,000.00	5,000.00
05-03-4016	POOL CANDY				1,000.00	1,000.00
05-03-4017	SWIMMING LESSONS				1,500.00	1,500.00
05-03-4108	SWIM TEAM REVENUE				500.00	500.00
05-03-4303	POOL MISC REVENUE				500.00	500.00
	POOL TOTAL	.00	.00	.00	8,500.00	8,500.00
PARK DEPARTMENT						
05-04-4015	RV PARK INCOME		625.23	41.68	874.77	1,500.00
	PARK TOTAL	.00	625.23	41.68	874.77	1,500.00
LIBRARY DEPARTMENT						
05-08-4018	LIBRARY INCOME	75.55	945.18	47.26	1,054.82	2,000.00
05-08-4305	MISC REVENUE - LIBRARY		650.00	23.64	2,100.00	2,750.00
	LIBRARY TOTAL	75.55	1,595.18	33.58	3,154.82	4,750.00
CEMETERY DEPARTMENT						
05-11-4020	CEMETERY INCOME	200.00	4,925.00	32.83	10,075.00	15,000.00

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
	CEMETERY TOTAL	200.00	4,925.00	32.83	10,075.00	15,000.00
	GENERAL TOTAL	23,370.86	186,666.20	25.58	543,186.34	729,852.54
ADMIN DEPARTMENT						
12-00-4230	HIGHWAY ALLOCATIONS - STR	14,192.90	94,669.49	65.84	49,112.51	143,782.00
12-00-4231	MOTOR VEHICLE FEES - STR	1,179.94	8,534.12	47.41	9,465.88	18,000.00
12-00-4321	ROAD TAX - STR	267.88	1,165.03	38.83	1,834.97	3,000.00
12-00-4331	MOTOR VEHICLE SALESTAX RECEIPT	748.82	9,854.73	65.70	5,145.27	15,000.00
	ADMIN TOTAL	16,389.54	114,223.37	63.53	65,558.63	179,782.00
	STREET TOTAL	16,389.54	114,223.37	63.53	65,558.63	179,782.00
	TOTAL REVENUE	39,760.40	300,889.57	33.08	608,744.97	909,634.54

SUMMER RECREATION DEPARTMENT

05-01-5010	FUEL				50.00	50.00
05-01-5040	ELECTRICITY BALL PARK		37.97	37.97	62.03	100.00
05-01-5110	SALARIES- SUMMER REC				2,500.00	2,500.00
05-01-5111	UMPIRE FEES				2,000.00	2,000.00
05-01-5120	FICA				300.00	300.00
05-01-5150	PLAYER INSURANCE				300.00	300.00
05-01-5280	UNIFORMS		111.00	22.20	389.00	500.00
05-01-5320	MATERIALS/SUPPLIES	65.77	83.96	5.60	1,416.04	1,500.00
05-01-5321	EQUIPMENT	260.88	286.16	57.23	213.84	500.00
05-01-5350	PRINTING	29.40	62.22		62.22	
05-01-5420	MAINT/REPAIRS		43.83	4.38	956.17	1,000.00
05-01-5450	FEES/DUES		19.95	3.99	480.05	500.00
05-01-5610	SUMMER RECREATION MISC EXPENSE				500.00	500.00
05-01-5640	SUMMER RECREATION DONATIONS				1,000.00	1,000.00
05-01-5800	CAPITAL OUTLAY- SUM REC				30,000.00	30,000.00
	SUMMER RECREATION TOTAL	356.05	645.09	1.58	40,104.91	40,750.00

POOL DEPARTMENT

05-03-5010	FUEL - PARK				750.00	750.00
05-03-5020	PHONE - POOL	28.76	192.39		192.39	
05-03-5030	NATURAL GAS - POOL		17.87	3.57	482.13	500.00
05-03-5040	ELECTRICITY - POOL		483.91	32.26	1,016.09	1,500.00

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
05-03-5110	SALARIES - POOL				25,000.00	25,000.00
05-03-5120	FICA EXPENSE - POOL				2,250.00	2,250.00
05-03-5140	PROFESSIONAL - POOL		1,003.77	66.92	496.23	1,500.00
05-03-5150	INSURANCE - POOL	275.71	1,929.11	48.23	2,070.89	4,000.00
05-03-5160	UNEMPLOYMENT - POOL				200.00	200.00
05-03-5280	UNIFORMS - POOL				500.00	500.00
05-03-5310	CHEMICALS - POOL				4,000.00	4,000.00
05-03-5320	MATERIAL/SUPPLIES - POOL		15.97	.53	2,984.03	3,000.00
05-03-5420	MAINTENANCE & REPAIRS - POOL				5,000.00	5,000.00
05-03-5440	SCHOOLING - POOL				250.00	250.00
05-03-5450	FEES & DUES - POOL		40.00	6.67	560.00	600.00
05-03-5610	MISC EXPENSE - POOL				750.00	750.00
05-03-5611	SWIM TEAM EXPENSES				750.00	750.00
05-03-5630	CONTRACTS & AGREEMENTS - POOL	21.00	21.00	21.00	79.00	100.00
05-03-5800	CAPITAL OUTLAY - POOL				1,000.00	1,000.00
	POOL TOTAL	325.47	3,704.02	7.17	47,945.98	51,650.00
PARK DEPARTMENT						
05-04-5010	FUEL - PARK	55.88	308.32	20.55	1,191.68	1,500.00
05-04-5020	PHONE - PARK	21.64	185.88	37.18	314.12	500.00
05-04-5040	ELECTRICITY - PARK	190.38	1,376.08	50.04	1,373.92	2,750.00
05-04-5070	PENSION PLAN - PARK	78.44	513.53	51.35	486.47	1,000.00
05-04-5100	SALARIES - PARK	1,307.26	8,558.97	47.55	9,441.03	18,000.00
05-04-5120	SOCIAL SECURITY - PARK	97.15	650.84	26.03	1,849.16	2,500.00
05-04-5140	PROFESSIONAL - PARK		1,008.53	67.24	491.47	1,500.00
05-04-5150	INSURANCE - PARK	206.78	1,446.82	36.17	2,553.18	4,000.00
05-04-5151	LIFE INSURANCE - PARK	3.20	22.40	44.80	27.60	50.00
05-04-5160	UNEMPLOYMENT - PARK		17.58	23.44	57.42	75.00
05-04-5190	HEALTH INSURANCE - PARK	217.93	1,525.51	43.59	1,974.49	3,500.00
05-04-5192	DENTAL/VISION INS	19.27	129.28	25.86	370.72	500.00
05-04-5280	UNIFORMS - PARK		205.68	102.84	5.68	200.00
05-04-5310	CHEMICALS - PARK	843.60	843.60	56.24	656.40	1,500.00
05-04-5320	MATERIALS/SUPPLIES - PARK	25.96	294.05	5.88	4,705.95	5,000.00
05-04-5340	OFFICE EXPENSES - PARK		13.88	13.88	86.12	100.00
05-04-5420	MAINTENANCE/REPAIRS - PARK	151.35	2,019.44	38.10	3,280.56	5,300.00
05-04-5450	FEES & DUES - PARK		25.00		25.00	
05-04-5610	MISCELLANEOUS - PARK				250.00	250.00
05-04-5630	CONTRACTS & AGREEMENTS -PARK	28.32	169.92	48.55	180.08	350.00
05-04-5800	CAPITAL OUTLAY - PARK		4,053.00	101.33	53.00	4,000.00
	PARK TOTAL	3,247.16	23,368.31	44.45	29,206.69	52,575.00
GENERAL DEPARTMENT						
05-05-5010	FUEL - GEN	116.00	354.95	70.99	145.05	500.00
05-05-5020	PHONE - GEN	127.38	681.94	45.46	818.06	1,500.00
05-05-5040	ELECTRICITY - GEN	154.62	1,130.27	45.21	1,369.73	2,500.00
05-05-5070	PENSION PLAN - GEN	217.39	1,720.49	62.56	1,029.51	2,750.00
05-05-5100	SALARIES - GEN	4,165.59	42,964.82	55.80	34,035.18	77,000.00

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
05-05-5120	SOCIAL SECURITY - GEN	277.55	2,990.77	49.85	3,009.23	6,000.00
05-05-5140	PROFESSIONAL - GEN	1,200.00	10,818.27	54.09	9,181.73	20,000.00
05-05-5150	INSURANCE - GEN	1,033.91	7,234.18	45.21	8,765.82	16,000.00
05-05-5151	LIFE INSURANCE - GEN	6.39	44.73	29.82	105.27	150.00
05-05-5160	UNEMPLOYMENT - GEN		17.58	23.44	57.42	75.00
05-05-5190	HEALTH INSURANCE - GEN	2,266.32	15,944.46	57.98	11,555.54	27,500.00
05-05-5192	VISION/DENTAL INS	43.45	379.05	37.91	620.95	1,000.00
05-05-5280	UNIFORM - GEN		174.11	43.53	225.89	400.00
05-05-5310	CHEMICALS - GEN	1,028.95	1,028.95		1,028.95-	
05-05-5320	MATERIALS/SUPPLIES - GEN	20.48	608.80	12.18	4,391.20	5,000.00
05-05-5340	OFFICE EXPENSES - GEN	65.00	3,441.41	172.07	1,441.41-	2,000.00
05-05-5350	PRINTING - GEN				500.00	500.00
05-05-5360	POSTAGE - GENERAL		6.24	1.25	493.76	500.00
05-05-5420	MAINTENANCE/REPAIRS - GEN	1,069.98	6,677.13	148.38	2,177.13-	4,500.00
05-05-5440	SCHOOLING - GEN	8.41	2,237.82		2,237.82-	
05-05-5450	FEES & DUES - GEN	1,608.92	9,433.36	78.61	2,566.64	12,000.00
05-05-5459	ELECTION EXPENSES - GEN				250.00	250.00
05-05-5610	MISC - GEN - GRANT EXP	130.00	2,046.00	.65	312,954.00	315,000.00
05-05-5630	CONTRACTS & AGREEMENTS- GEN	387.48	18,355.08	61.18	11,644.92	30,000.00
05-05-5800	CAPITAL OUTLAY - GEN		6,769.90	75.22	2,230.10	9,000.00
	GENERAL TOTAL	13,927.82	135,060.31	25.29	399,064.69	534,125.00

POLICE DEPARTMENT

05-06-5010	FUEL - POL	71.60	546.88	5.76	8,953.12	9,500.00
05-06-5020	PHONE - POL	206.59	1,905.84	95.29	94.16	2,000.00
05-06-5040	ELECTRICITY	134.51	963.26	48.16	1,036.74	2,000.00
05-06-5070	PENSION PLAN - POL				4,500.00	4,500.00
05-06-5110	SALARIES - POL	2,808.75	35,113.37	35.11	64,886.63	100,000.00
05-06-5120	SOCIAL SECURITY - POL	188.78	2,660.10	35.47	4,839.90	7,500.00
05-06-5140	PROFESSIONAL - POL		1,003.77	40.15	1,496.23	2,500.00
05-06-5150	INSURANCE - POL	689.27	4,822.80	40.19	7,177.20	12,000.00
05-06-5151	LIFE INSURANCE - POL		38.34	15.34	211.66	250.00
05-06-5160	UNEMPLOYMENT - POL		17.58	7.03	232.42	250.00
05-06-5190	HEALTH INSURANCE - POL	740.93	3,356.03	33.56	6,643.97	10,000.00
05-06-5192	DENTAL/VISION INS	17.30	17.30	2.39	707.70	725.00
05-06-5280	POLICE UNIFORMS		453.31	22.67	1,546.69	2,000.00
05-06-5320	MATERIALS/SUPPLIES - POL	94.70	1,909.02	127.27	409.02-	1,500.00
05-06-5340	OFFICE EXPENSES - POL		182.88	36.58	317.12	500.00
05-06-5360	POSTAGE - POL				100.00	100.00
05-06-5420	MAINTENANCE/REPAIRS - POL		1,342.27	22.37	4,657.73	6,000.00
05-06-5440	SCHOOLING - POL		607.38	12.15	4,392.62	5,000.00
05-06-5450	FEES & DUES - POL		100.00	20.00	400.00	500.00
05-06-5460	DOG BOARDING & EUTHANZING - PO				100.00	100.00
05-06-5610	MISCELLANEOUS - POL	23.00	23.00	4.60	477.00	500.00
05-06-5630	CONTRACTS & AGREEMENTS - POL	800.00	4,291.40	71.52	1,708.60	6,000.00
05-06-5799	EQUIPMENT - POLICE		180.61	5.16	3,319.39	3,500.00
05-06-5800	CAPITAL OUTLAY - POL				27,000.00	27,000.00
	POLICE TOTAL	5,775.43	59,535.14	29.19	144,389.86	203,925.00

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
LIBRARY DEPARTMENT						
05-08-5020	PHONE - LIB	97.81	687.66	28.65	1,712.34	2,400.00
05-08-5040	ELECTRICITY - LIB	381.13	2,784.69	48.43	2,965.31	5,750.00
05-08-5110	SALARIES - LIB	2,642.88	19,376.82	51.67	18,123.18	37,500.00
05-08-5111	SALARIES- CLEANING	25.00	325.00		325.00-	
05-08-5120	SOCIAL SECURITY - LIB	199.92	1,494.68	49.82	1,505.32	3,000.00
05-08-5140	PROFESSIONAL - LIB		1,003.77	66.92	496.23	1,500.00
05-08-5150	INSURANCE - LIB	137.85	964.58	48.23	1,035.42	2,000.00
05-08-5151	LIFE INSURANCE - LIB	6.39	63.90	63.90	36.10	100.00
05-08-5160	UNEMPLOYMENT - LIB		17.58	17.58	82.42	100.00
05-08-5190	HEALTH INSURANCE - LIB	435.85	3,050.95	61.02	1,949.05	5,000.00
05-08-5280	UNIFORMS - LIB		96.96	48.48	103.04	200.00
05-08-5310	CHEMICALS - LIB	42.70	42.70	21.35	157.30	200.00
05-08-5320	MATERIALS/SUPPLIES - LIB	179.20	711.97	44.50	888.03	1,600.00
05-08-5340	OFFICE EXPENSES - LIB	127.50	955.55	63.70	544.45	1,500.00
05-08-5420	MAINTENANCE/REPAIRS - LIB		1,167.42	116.74	167.42-	1,000.00
05-08-5440	SCHOOLING - LIB		768.33	76.83	231.67	1,000.00
05-08-5450	FEES & DUES - LIB	50.00	570.00	63.33	330.00	900.00
05-08-5610	MISCELLANEOUS - LIB		23.06	15.37	126.94	150.00
05-08-5630	CONTRACTS & AGREEMENTS - LIB	117.32	973.10	55.61	776.90	1,750.00
05-08-5662	SUMMER READING PROGRAM - LIB	316.18	393.08	39.31	606.92	1,000.00
05-08-5800	CAPITAL OUTLAY - LIB		660.00	22.00	2,340.00	3,000.00
05-08-5801	BOOKS/VIDEOS/MAG. LIB	603.48	2,476.38	45.03	3,023.62	5,500.00
	LIBRARY TOTAL	5,363.21	38,608.18	51.37	36,541.82	75,150.00
CEMETERY DEPARTMENT						
05-11-5010	FUEL - CEM		203.49	20.35	796.51	1,000.00
05-11-5020	PHONE-CEMETERY	21.64	185.85	53.10	164.15	350.00
05-11-5070	PENSION PLAN - CEM	37.01	317.59	37.36	532.41	850.00
05-11-5110	SALARIES - CEM	617.95	5,294.01	33.09	10,705.99	16,000.00
05-11-5120	SOCIAL SECURITY - CEM	44.89	399.12	32.58	825.88	1,225.00
05-11-5140	PROFESSIONAL - CEM		1,003.77	66.92	496.23	1,500.00
05-11-5150	INSURANCE - CEM	68.93	482.29	48.23	517.71	1,000.00
05-11-5151	LIFE INSURANCE - CEM	3.19	22.33	44.66	27.67	50.00
05-11-5160	UNEMPLOYMENT - CEM		17.58	23.44	57.42	75.00
05-11-5190	HEALTH INSURANCE - CEM	229.20	1,536.72	51.22	1,463.28	3,000.00
05-11-5192	DENTAL/VISION INS	9.50	79.88	31.95	170.12	250.00
05-11-5320	MATERIALS/SUPPLIES - CEM		55.60	11.12	444.40	500.00
05-11-5340	OFFICE EXPENSES - CEM		13.88	18.51	61.12	75.00
05-11-5420	MAINTENANCE/REPAIRS - CEM	23.98	1,201.21	20.02	4,798.79	6,000.00
05-11-5610	MISCELLANEOUS - CEM		375.00	75.00	125.00	500.00
05-11-5630	CONTRACTS & AGREEMENTS - CEM				100.00	100.00
05-11-5800	CAPITAL OUTLAY - CEM		4,053.00	20.27	15,947.00	20,000.00
	CEMETERY TOTAL	1,056.29	15,241.32	29.04	37,233.68	52,475.00
	GENERAL TOTAL	30,051.43	276,162.37	27.33	734,487.63	1,010,650.00

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
ADMIN DEPARTMENT						
12-00-5010	FUEL - STR	433.25	4,351.80	43.52	5,648.20	10,000.00
12-00-5020	PHONE - STR	43.28	304.24	40.57	445.76	750.00
12-00-5040	ELECTRICITY - STR	2,165.56	15,408.06	55.03	12,591.94	28,000.00
12-00-5070	PENSION PLAN - STR	208.04	1,603.03	64.12	896.97	2,500.00
12-00-5110	SALARIES - STR	3,467.20	26,720.57	48.58	28,279.43	55,000.00
12-00-5120	SOCIAL SECURITY - STR	245.42	1,910.46	44.95	2,339.54	4,250.00
12-00-5140	PROFESSIONAL - STR	2,779.70	4,783.47	173.94	2,033.47-	2,750.00
12-00-5150	INSURANCE - STR	1,033.91	7,234.18	45.21	8,765.82	16,000.00
12-00-5151	LIFE INSURANCE - STR	6.39	44.73	44.73	55.27	100.00
12-00-5160	UNEMPLOYMENT - STR		17.58	17.58	82.42	100.00
12-00-5190	HEALTH INSURANCE - STR	1,743.34	12,203.38	61.02	7,796.62	20,000.00
12-00-5192	DENTAL/VISION INS	34.60	270.78	49.23	279.22	550.00
12-00-5280	UNIFORMS - STR				200.00	200.00
12-00-5300	OIL - STR				200.00	200.00
12-00-5310	CHEMICALS - STR		43.55	5.81	706.45	750.00
12-00-5320	MATERIALS/SUPPLIES - STR	46.00	680.44	8.51	7,319.56	8,000.00
12-00-5340	OFFICE EXPENSES - STR		57.22	57.22	42.78	100.00
12-00-5380	SAND AND GRAVEL - STR	1,287.14	1,287.14	25.74	3,712.86	5,000.00
12-00-5381	JOINT SEAL - STR				40,000.00	40,000.00
12-00-5390	CEMENT - STR	4,000.00	4,000.00	80.00	1,000.00	5,000.00
12-00-5400	SIGNS - STR	215.83	353.84	35.38	646.16	1,000.00
12-00-5420	MAINTENANCE/REPAIRS - STR	1,102.08	34,113.23	136.45	9,113.23-	25,000.00
12-00-5421	ARMOR COATING - STR				40,000.00	40,000.00
12-00-5423	ICE MELT - STR		2,702.35	51.97	2,497.65	5,200.00
12-00-5425	ENGINEERING - STR				2,500.00	2,500.00
12-00-5440	SCHOOLING - STR				100.00	100.00
12-00-5450	FEES & DUES - STR		18.05	24.07	56.95	75.00
12-00-5630	CONTRACTS & AGREEMENTS -STREET	28.40	177.65	5.08	3,322.35	3,500.00
12-00-5800	CAPITAL OUTLAY - STR		4,053.00	50.66	3,947.00	8,000.00
	ADMIN TOTAL	18,840.14	122,338.75	42.98	162,286.25	284,625.00
	STREET TOTAL	18,840.14	122,338.75	42.98	162,286.25	284,625.00
15-00-5640	DONATIONS- COMMUNITY BETTERMNT				5,700.00	5,700.00
	ADMIN TOTAL	.00	.00	.00	5,700.00	5,700.00
	COMMUNITY BETTERMENT TOTAL	.00	.00	.00	5,700.00	5,700.00
16-00-5640	CDA EXPENDITURE		124.36		124.36-	
16-00-5700	REVOLVING LOAN				137,000.00	137,000.00
16-00-5705	PROFESSIONAL FEES		7,285.44	56.04	5,714.56	13,000.00

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
	ADMIN TOTAL	.00	7,409.80	4.94	142,590.20	150,000.00
	CDA TOTAL	.00	7,409.80	4.94	142,590.20	150,000.00
	TOTAL EXPENSES	48,891.57	405,910.92	27.98	1045,064.08	1,450,975.00
	NET PROFIT/LOSS:	9,131.17-	105,021.35-	19.40	436,319.11-	541,340.46-

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
	ADMIN TOTAL	23,095.31	177,630.44	25.55	517,722.10	695,352.54
	SUMMER RECREATION TOTAL	.00	1,890.35	39.80	2,859.65	4,750.00
	POOL TOTAL	.00	.00	.00	8,500.00	8,500.00
	PARK TOTAL	.00	625.23	41.68	874.77	1,500.00
	LIBRARY TOTAL	75.55	1,595.18	33.58	3,154.82	4,750.00
	CEMETERY TOTAL	200.00	4,925.00	32.83	10,075.00	15,000.00
	GENERAL TOTAL	23,370.86	186,666.20	25.58	543,186.34	729,852.54
	ADMIN TOTAL	16,389.54	114,223.37	63.53	65,558.63	179,782.00
	STREET TOTAL	16,389.54	114,223.37	63.53	65,558.63	179,782.00
	TOTAL REVENUE	39,760.40	300,889.57	33.08	608,744.97	909,634.54
	SUMMER RECREATION TOTAL	356.05	645.09	1.58	40,104.91	40,750.00
	POOL TOTAL	325.47	3,704.02	7.17	47,945.98	51,650.00
	PARK TOTAL	3,247.16	23,368.31	44.45	29,206.69	52,575.00
	GENERAL TOTAL	13,927.82	135,060.31	25.29	399,064.69	534,125.00
	POLICE TOTAL	5,775.43	59,535.14	29.19	144,389.86	203,925.00

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
	LIBRARY TOTAL	5,363.21	38,608.18	51.37	36,541.82	75,150.00
	CEMETERY TOTAL	1,056.29	15,241.32	29.04	37,233.68	52,475.00
	GENERAL TOTAL	30,051.43	276,162.37	27.33	734,487.63	1,010,650.00
	ADMIN TOTAL	18,840.14	122,338.75	42.98	162,286.25	284,625.00
	STREET TOTAL	18,840.14	122,338.75	42.98	162,286.25	284,625.00
	TOTAL EXPENSES	48,891.57	398,501.12	30.77	896,773.88	1,295,275.00
	NET PROFIT/LOSS:	9,131.17-	97,611.55-	25.31	288,028.91-	385,640.46-

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
ADMIN DEPARTMENT						
01-00-4010	CONSUMERS REVENUE - ELEC	89,026.99	751,130.57	55.64	598,869.43	1,350,000.00
01-00-4050	PENALTY REVENUE - ELEC	522.88	6,768.23	67.68	3,231.77	10,000.00
01-00-4300	INTEREST - ELEC		1,038.38	41.54	1,461.62	2,500.00
01-00-4340	FINES & FEES - ELEC		118.49	118.49	18.49-	100.00
01-00-4500	METER DEPOSITS	450.00	1,475.00	59.00	1,025.00	2,500.00
01-00-4610	MISC REVENUES - ELEC	1,150.25	2,539.56	37.62	4,210.44	6,750.00
	ADMIN TOTAL	91,150.12	763,070.23	55.62	608,779.77	1,371,850.00
POWER PLANT DEPARTMENT						
01-10-4360	NPPD AGREEMENT REV - PP	11,808.00	82,656.00	58.31	59,094.00	141,750.00
01-10-4361	NPPD PLANT GENERATION - PP		32.49		32.49-	
01-10-4362	NPPD REIMB NATURAL GAS - PP	117.29	1,504.52		1,504.52-	
01-10-4363	NPPD REIMB CELL PHONE - PP	20.00	140.00		140.00-	
	POWER PLANT TOTAL	11,945.29	84,333.01	59.49	57,416.99	141,750.00
	ELECTRIC TOTAL	103,095.41	847,403.24	55.99	666,196.76	1,513,600.00
ADMIN DEPARTMENT						
02-00-4010	CONSUMERS REVENUE - WTR	10,126.42	69,406.39	40.83	100,593.61	170,000.00
02-00-4011	LRNRD WATER INCOME - WTR	2,448.68	14,757.47	49.19	15,242.53	30,000.00
02-00-4020	MISC WATER INCOME	99.95	275.03	7.86	3,224.97	3,500.00
02-00-4050	PENALTY REVENUE - WTR	86.94	846.77	84.68	153.23	1,000.00
02-00-4300	INTEREST - WATER		1,038.38	46.15	1,211.62	2,250.00
	ADMIN TOTAL	12,761.99	86,324.04	41.75	120,425.96	206,750.00
	WATER TOTAL	12,761.99	86,324.04	41.75	120,425.96	206,750.00
ADMIN DEPARTMENT						
03-00-4010	CONSUMERS REVENUE - SWR	6,520.75	47,070.93	58.11	33,929.07	81,000.00
03-00-4050	PENALTY REVENUE - SWR	60.30	422.42	70.40	177.58	600.00
03-00-4300	INTEREST -SEWER		1,038.38	46.15	1,211.62	2,250.00
03-00-4305	MISC REVENUE - SWR				3,250.00	3,250.00
	ADMIN TOTAL	6,581.05	48,531.73	55.72	38,568.27	87,100.00
	SEWER TOTAL	6,581.05	48,531.73	55.72	38,568.27	87,100.00

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
SANITATION DEPARTMENT						
04-07-4010	CONSUMERS REVENUE - SAN	11,486.89	84,121.95	58.02	60,878.05	145,000.00
04-07-4050	PENALTY REVENUE - SAN	98.54	789.12	78.91	210.88	1,000.00
04-07-4200	C & D REVENUE - SAN	70.00	1,784.80	17.85	8,215.20	10,000.00
04-07-4300	INTEREST - SAN		1,038.41	41.54	1,461.59	2,500.00
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	SANITATION TOTAL	11,655.43	87,734.28	55.35	70,765.72	158,500.00
WASTE REDUCTION DEPARTMENT						
04-14-4012	RECYCLING REVENUE - WR		387.00	38.70	613.00	1,000.00
04-14-4304	COUNTY REIMBURSEMENT/WAGES - W	2,760.06	8,650.28	72.09	3,349.72	12,000.00
04-14-4612	SCRAP IRON REVENUE		99.60		99.60-	
04-14-4615	GRANT-WR		12,764.00	79.78	3,236.00	16,000.00
		-----	-----	-----	-----	-----
	WASTE REDUCTION TOTAL	2,760.06	21,900.88	75.52	7,099.12	29,000.00
		=====	=====	=====	=====	=====
	SANITATION/WASTE REDUCT TOTAL	14,415.49	109,635.16	58.47	77,864.84	187,500.00
		=====	=====	=====	=====	=====
	TOTAL REVENUE	136,853.94	1,091,894.17	54.73	903,055.83	1,994,950.00
		=====	=====	=====	=====	=====
ADMIN DEPARTMENT						
01-00-5010	FUEL - ELEC	124.59	1,030.73	58.90	719.27	1,750.00
01-00-5020	PHONE - ELEC	127.37	681.89	54.55	568.11	1,250.00
01-00-5030	NATURAL GAS - ELEC	87.56	591.60	118.32	91.60-	500.00
01-00-5041	POWER PURCHASED - ELEC	56,052.37	434,520.15	54.32	365,479.85	800,000.00
01-00-5070	PENSION PLAN - ELEC	441.74	3,091.85	61.84	1,908.15	5,000.00
01-00-5110	SALARIES - ELEC	7,255.03	50,774.81	59.74	34,225.19	85,000.00
01-00-5120	SOCIAL SECURITY - ELEC	501.67	3,569.06	54.91	2,930.94	6,500.00
01-00-5140	PROFESSIONAL - ELEC		1,003.77	50.19	996.23	2,000.00
01-00-5150	INSURANCE - ELEC	620.36	4,340.47	28.94	10,659.53	15,000.00
01-00-5151	LIFE INSURANCE - ELEC	12.78	127.80	51.12	122.20	250.00
01-00-5160	UNEMPLOYMENT - ELEC		17.58	17.58	82.42	100.00
01-00-5190	HEALTH INSURANCE - ELEC	4,498.79	31,341.59	56.98	23,658.41	55,000.00
01-00-5192	DENTAL/VISION INS	72.05	533.48	44.46	666.52	1,200.00
01-00-5240	DISTRIBUTION SUPPLIES - ELEC		3,344.74	18.58	14,655.26	18,000.00
01-00-5280	UNIFORM - ELEC				400.00	400.00
01-00-5310	CHEMICALS - ELEC	203.00	203.00		203.00-	
01-00-5320	MATERIALS/SUPPLIES - ELEC	67.53	239.55	11.98	1,760.45	2,000.00
01-00-5340	OFFICE EXPENSES - ELEC		448.03	29.87	1,051.97	1,500.00
01-00-5360	POSTAGE - ELEC	87.50	525.00	52.50	475.00	1,000.00
01-00-5420	MAINTENANCE/REPAIRS - ELEC	53.31	1,478.79	24.65	4,521.21	6,000.00
01-00-5440	SCHOOLING - ELEC	393.00-	923.42	51.30	876.58	1,800.00
01-00-5450	FEES & DUES - ELEC	860.00	860.00	43.00	1,140.00	2,000.00

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
01-00-5610	MISCELLANEOUS - ELEC		554.37	110.87	54.37-	500.00
01-00-5620	MISC REBATE REFUND		367.31	36.73	632.69	1,000.00
01-00-5630	CONTRACTS & AGREEMENTS - ELEC	67.60	4,176.74	167.07	1,676.74-	2,500.00
01-00-5800	CAPITAL OUTLAY - ELEC		1,078.91	7.19	13,921.09	15,000.00
01-00-5952	COMB BOND PRINCIPAL PYMT - ELE				65,000.00	65,000.00
01-00-5953	COMB BOND FUND INTEREST PYMNT		2,853.75	50.00	2,853.75	5,707.50
	ADMIN TOTAL	70,740.25	548,678.39	50.06	547,279.11	1,095,957.50

POWER PLANT DEPARTMENT

01-10-5030	NATURAL GAS - PP	117.29	1,400.08	56.00	1,099.92	2,500.00
01-10-5110	SALARIES - PP	165.73	1,205.84	40.19	1,794.16	3,000.00
01-10-5120	FICA EXPENSE - PP	13.44	97.78	39.11	152.22	250.00
01-10-5150	INSURANCE - PP	1,516.40	10,610.16	37.89	17,389.84	28,000.00
01-10-5300	OIL - PP				1,500.00	1,500.00
01-10-5310	CHEMICALS - PP				500.00	500.00
01-10-5320	MATERIALS/SUPPLIES - PP	39.55	90.04	18.01	409.96	500.00
01-10-5420	MAINTENANCE/REPAIRS - PP	31.94	120.67	12.07	879.33	1,000.00
01-10-5630	CONTRACTS & AGREEMENTS - PP	1,779.32	3,405.92	136.24	905.92-	2,500.00
	POWER PLANT TOTAL	3,663.67	16,930.49	42.59	22,819.51	39,750.00
	ELECTRIC TOTAL	74,403.92	565,608.88	49.80	570,098.62	1,135,707.50

ADMIN DEPARTMENT

02-00-5010	FUEL - WTR	75.10	1,124.49	56.22	875.51	2,000.00
02-00-5020	PHONE - WTR	104.20	734.65	48.98	765.35	1,500.00
02-00-5040	ELECTRICITY - WTR	2,378.05	16,289.78	59.24	11,210.22	27,500.00
02-00-5070	PENSION PLAN - WTR	169.74	1,081.86	48.08	1,168.14	2,250.00
02-00-5110	SALARIES - WTR	2,851.47	18,163.22	45.41	21,836.78	40,000.00
02-00-5120	SOCIAL SECURITY - WTR	174.61	1,114.69	31.85	2,385.31	3,500.00
02-00-5140	PROFESSIONAL - WTR		1,003.77	40.15	1,496.23	2,500.00
02-00-5150	INSURANCE - WTR	413.56	2,893.69	44.52	3,606.31	6,500.00
02-00-5151	LIFE INSURANCE - WTR	3.20	22.39	22.39	77.61	100.00
02-00-5160	UNEMPLOYMENT - WTR		17.58	17.58	82.42	100.00
02-00-5190	HEALTH INSURANCE - WTR	1,295.14	9,053.20	60.35	5,946.80	15,000.00
02-00-5192	DENTAL/VISION INS	36.38	233.19	46.64	266.81	500.00
02-00-5240	DISTRIBUTION SUPPLIES - WTR		1,313.30	29.18	3,186.70	4,500.00
02-00-5280	UNIFORMS - WTR		197.56	98.78	2.44	200.00
02-00-5320	MATERIALS/SUPPLIES - WTR	3.52	194.92	19.49	805.08	1,000.00
02-00-5340	OFFICE EXPENSES - WTR		872.12	145.35	272.12-	600.00
02-00-5360	POSTAGE - WTR	87.50	525.00	35.00	975.00	1,500.00
02-00-5420	MAINTENANCE/REPAIRS - WTR	2,768.95	25,312.78	55.03	20,687.22	46,000.00
02-00-5440	SCHOOLING - WTR	739.02	1,362.63	90.84	137.37	1,500.00
02-00-5450	FEES & DUES - WTR	43.86	339.08	67.82	160.92	500.00
02-00-5450	LABORATORY TESTING/MONITORING	53.00	626.00	17.89	2,874.00	3,500.00

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
02-00-5610	MISCELLANEOUS - WTR				500.00	500.00
02-00-5630	CONTRACTS & AGREEMENTS - WATER	12,513.85	39,129.42	73.83	13,870.58	53,000.00
02-00-5800	CAPITAL OUTLAY - WTR				2,750.00	2,750.00
	ADMIN TOTAL	23,711.15	121,605.32	56.04	95,394.68	217,000.00
	WATER TOTAL	23,711.15	121,605.32	56.04	95,394.68	217,000.00
03-00-5010	FUEL - SWR	64.86	225.30	30.04	524.70	750.00
03-00-5040	ELECTRICITY - SWR	360.40	2,210.87	55.27	1,789.13	4,000.00
03-00-5070	PENSION PLAN - SWR	113.80	871.58	49.80	878.42	1,750.00
03-00-5110	SALARIES - SWR	1,913.67	14,645.31	50.50	14,354.69	29,000.00
03-00-5120	SOCIAL SECURITY - SWR	103.25	844.38	37.95	1,380.62	2,225.00
03-00-5140	PROFESSIONAL - SWR		1,003.77	66.92	496.23	1,500.00
03-00-5150	INSURANCE - SWR	68.93	482.29	48.23	517.71	1,000.00
03-00-5151	LIFE INSURANCE	3.19	22.34	22.34	77.66	100.00
03-00-5160	UNEMPLOYMENT		17.58	17.58	82.42	100.00
03-00-5190	HEALTH INSURANCE - SWR	1,283.06	8,968.57	59.79	6,031.43	15,000.00
03-00-5192	DENTAL/VISION INS	25.65	191.71	38.34	308.29	500.00
03-00-5310	CHEMICALS - SWR	2,051.41	2,051.41	205.14	1,051.41-	1,000.00
03-00-5320	MATERIALS/SUPPLIES - SWR				100.00	100.00
03-00-5340	OFFICE EXPENSES - SWR		384.85	384.85	284.85-	100.00
03-00-5360	POSTAGE - SWR	87.50	525.00	70.00	225.00	750.00
03-00-5420	MAINTENANCE/REPAIRS - SEWER	746.54	2,075.85	20.76	7,924.15	10,000.00
03-00-5425	ENGINEERING - SWR				500.00	500.00
03-00-5610	MISCELLANEOUS - SWR				250.00	250.00
03-00-5630	CONTRACTS & AGREEMENTS -SEWER	46.60	1,718.38	114.56	218.38-	1,500.00
	ADMIN TOTAL	6,868.86	36,239.19	51.68	33,885.81	70,125.00
	SEWER TOTAL	6,868.86	36,239.19	51.68	33,885.81	70,125.00

SANITATION DEPARTMENT

04-07-5010	FUEL - SAN	683.19	5,377.05	56.60	4,122.95	9,500.00
04-07-5020	PHONE - SANITATION		50.93	3.77	1,299.07	1,350.00
04-07-5070	PENSION PLAN - SAN	42.76	432.52	22.18	1,517.48	1,950.00
04-07-5110	SALARIES - SAN	3,336.62	23,147.73	50.32	22,852.27	46,000.00
04-07-5120	SOCIAL SECURITY - SAN	234.02	1,623.93	30.93	3,626.07	5,250.00
04-07-5140	PROFESSIONAL - SAN		1,003.77	33.46	1,996.23	3,000.00
04-07-5150	INSURANCE - SAN	344.64	2,411.40	20.10	9,588.60	12,000.00
04-07-5151	LIFE INSURANCE				100.00	100.00
04-07-5160	UNEMPLOYMENT		17.58	11.72	132.42	150.00
04-07-5190	HEALTH INSURANCE - SAN	152.54	1,230.81		1,230.81-	
04-07-5191	HEALTH INS CLAIMS				1,000.00	1,000.00

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
04-07-5192	DENTAL/VISION INS	38.76	278.82		278.82-	
04-07-5280	UNIFORMS		265.05	132.53	65.05-	200.00
04-07-5300	OIL - SAN				200.00	200.00
04-07-5320	MATERIALS/SUPPLIES - SAN	44.96	967.00	64.47	533.00	1,500.00
04-07-5340	OFFICE EXPENSES - SAN		506.37	77.90	143.63	650.00
04-07-5360	POSTAGE - SAN	87.50	525.00	52.50	475.00	1,000.00
04-07-5420	MAINTENANCE/REPAIRS - SAN	724.35	9,434.63	46.02	11,065.37	20,500.00
04-07-5425	ENGINEERING - SANITATION				1,000.00	1,000.00
04-07-5450	FEES & DUES - SAN	455.13	480.24	10.67	4,019.76	4,500.00
04-07-5451	DISPOSAL FEES - SAN	2,363.70	14,771.11	42.20	20,228.89	35,000.00
04-07-5475	C & D TICKET FEE	5.00	200.00	18.18	900.00	1,100.00
04-07-5630	CONTRACTS & AGREEMENTS -SAN	46.60	1,749.58	99.98	.42	1,750.00
04-07-5800	CAPITAL OUTLAY - SAN		61,832.37	294.44	40,832.37-	21,000.00
04-07-5850	C&D CLOSURE/POST-CLOSURE EXP		2,268.00	90.72	232.00	2,500.00
	SANITATION TOTAL	8,559.77	128,573.89	75.10	42,626.11	171,200.00
WASTE REDUCTION DEPARTMENT						
04-14-5020	PHONE - WR	53.39	310.84		310.84-	
04-14-5040	ELECTRICITY - WR	222.29	1,294.18		1,294.18-	
04-14-5140	PROFESSIONAL - WR		1,003.77		1,003.77-	
04-14-5150	INSURANCE - WR	482.49	3,375.96		3,375.96-	
04-14-5160	UNEMPLOYMENT		17.69		17.69-	
	WASTE REDUCTION TOTAL	758.17	6,002.44	.00	6,002.44-	.00
	SANITATION/WASTE REDUCT TOTAL	9,317.94	134,576.33	78.61	36,623.67	171,200.00
	TOTAL EXPENSES	114,301.87	858,029.72	53.83	736,002.78	1,594,032.50
	NET PROFIT/LOSS:	22,552.07	233,864.45	58.33	167,053.05	400,917.50

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
	ADMIN TOTAL	91,150.12	763,070.23	55.62	608,779.77	1,371,850.00
	POWER PLANT TOTAL	11,945.29	84,333.01	59.49	57,416.99	141,750.00
	ELECTRIC TOTAL	103,095.41	847,403.24	55.99	666,196.76	1,513,600.00
	ADMIN TOTAL	12,761.99	86,324.04	41.75	120,425.96	206,750.00
	WATER TOTAL	12,761.99	86,324.04	41.75	120,425.96	206,750.00
	ADMIN TOTAL	6,581.05	48,531.73	55.72	38,568.27	87,100.00
	SEWER TOTAL	6,581.05	48,531.73	55.72	38,568.27	87,100.00
	SANITATION TOTAL	11,655.43	87,734.28	55.35	70,765.72	158,500.00
	WASTE REDUCTION TOTAL	2,760.06	21,900.88	75.52	7,099.12	29,000.00
	SANITATION/WASTE REDUCT TOTAL	14,415.49	109,635.16	58.47	77,864.84	187,500.00
	TOTAL REVENUE	136,853.94	1,091,894.17	54.73	903,055.83	1,994,950.00
	ADMIN TOTAL	70,740.25	548,678.39	50.06	547,279.11	1,095,957.50
	POWER PLANT TOTAL	3,663.67	16,930.49	42.59	22,819.51	39,750.00
	ELECTRIC TOTAL	74,403.92	565,608.88	49.80	570,098.62	1,135,707.50

BUDGET REPORT
CALENDAR 4/2020, FISCAL 7/2020

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
	ADMIN TOTAL	23,711.15	121,605.32	56.04	95,394.68	217,000.00
	WATER TOTAL	23,711.15	121,605.32	56.04	95,394.68	217,000.00
	ADMIN TOTAL	6,868.86	36,239.19	51.68	33,885.81	70,125.00
	SEWER TOTAL	6,868.86	36,239.19	51.68	33,885.81	70,125.00
	SANITATION TOTAL	8,559.77	128,573.89	75.10	42,626.11	171,200.00
	WASTE REDUCTION TOTAL	758.17	6,002.44	.00	6,002.44	.00
	SANITATION/WASTE REDUCT TOTAL	9,317.94	134,576.33	78.61	36,623.67	171,200.00
	TOTAL EXPENSES	114,301.87	858,029.72	53.83	736,002.78	1,594,032.50
	NET PROFIT/LOSS:	22,552.07	233,864.45	58.33	167,053.05	400,917.50

Checking Account Balance

April-20

Cornerstone Bank & SCSB

Balance 03/31/2020	\$	952,147.46
Debit Transactions	\$	163,805.92
Credit Transactions	\$	192,162.66
Ending Bank Balance 4/30/2020	\$	980,504.20

CD BALANCES BANK (CBS) BANK (SCSB)	CORNERSTONE SOUTH CENTRAL STATE	CERTIFICATE VALUE	RATE	MATURITY DATE	ACCOUNT TERM
					14 MONTHS
CSB CD#92872		\$240,972.80	1.85%	1/12/2021	STEP UP
					14 MONTHS
CSB CD#92944		\$308,094.02	1.85%	1/19/2021	STEP UP
CSB CD#4910		\$137,025.68	1.40%	3/19/2020	12 MONTH
CSB CD#92247		\$137,172.54	2.17%	10/19/2020	13 MONTH
CSB CD#		\$50,000.00	1.80%	3/9/2021	12 MONTH NEW CD'S
CSB CD#		\$50,000.00	1.90%	9/9/2021	18 MONTH NEW CD'S
Total CBS:		\$821,576.91			
SCSB CD#4530		\$262,344.90	1.35%	11/2/2020	12 MONTH
SCSB CD#4885		\$104,898.78	1.65%	1/24/2020	15 MONTH
SCSB CD#4889 KENO		\$5,444.60	1.70%	3/7/2020	15 MONTH
SCSB CD#4890		\$47,146.72	1.70%	3/7/2020	15 MONTH
SCSB CD#405161		\$125,000.00	1.65%	1/30/2022	24 MONTHS
SCSB CD#405160		\$125,000.00	1.40%	1/30/2021	18 MONTHS
Total SCSB:		\$669,835.00			
Total CD's Investments:		\$1,491,411.91			
GRAND TOTAL CHECKING & CD'S:		\$2,471,916.11			

Farmers Bank and Trust Member FDIC

1017 Harrison St
Great Bend KS 67530

Statement Ending 04/30/2020

Page 1 of 4

RETURN SERVICE REQUESTED

CITY OF FRANKLIN
FREEDOM CLAIMS MANAGEMENT INC
PO BOX 1365
GREAT BEND KS 67530-1365

Managing Your Accounts

-  Branch Phone (620) 792-2411
-  Address 1017 Harrison
Great Bend, KS 67530
-  Customer Service (877) 798-2411
-  Online www.farmersbankks.com
-  Fone Bank Teller (800) 850-8391



Summary of Accounts

For the safety of our customers and employees, the lobbies of the following branches are closed to public traffic until further notice: Overland Park, Great Bend, Larned, Kinsley, La Crosse.
Our location at Cedar Lake Village in Olathe will be closed until further notice.

Drive thru hours for Overland Park will be 8:30 AM to 5:30 PM, effective immediately.
All other drive thru hours will remain the same, ATM's and Night Drop's will remain available for use.

Our commitment to serving you is our top priority.

Account Type	Account Number	Ending Balance
PUBLIC FUND 1 MMA	XXXX8902	\$52,792.43

PUBLIC FUND 1 MMA - XXXX8902

Account Summary

Date	Description	Amount
04/01/2020	Beginning Balance	\$59,082.93
	2 Credit(s) This Period	\$214.69
	3 Debit(s) This Period	\$6,505.19
04/30/2020	Ending Balance	\$52,792.43

Interest Summary

Description	Amount
Annual Percentage Yield Earned	0.15%
Interest Days	30
Interest Earned	\$6.69
Interest Paid This Period	\$6.69
Interest Paid Year-to-Date	\$60.03



City of Franklin
Reconciliation Detail
Farmers Bank & Trust, Period Ending 04/30/2020

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						59,082.93
Cleared Transactions						
Checks and Payments - 3 items						
Check	04/02/2020	ACH	Claims	X	-3,665.35	-3,665.35
Check	04/08/2020	ACH	Premium	X	-208.00	-3,873.35
Check	04/16/2020	ACH	Claims	X	-2,631.84	-6,505.19
Total Checks and Payments					-6,505.19	-6,505.19
Deposits and Credits - 2 items						
Deposit	04/08/2020			X	208.00	208.00
Deposit	04/30/2020			X	6.69	214.69
Total Deposits and Credits					214.69	214.69
Total Cleared Transactions					-6,290.50	-6,290.50
Cleared Balance					-6,290.50	52,792.43
Register Balance as of 04/30/2020					-6,290.50	52,792.43
Ending Balance					-6,290.50	52,792.43

PUBLIC FUND 1 MMA - XXXX8902 (continued)

Account Activity

<u>Post Date</u>	<u>Description</u>	<u>Debits</u>	<u>Credits</u>	<u>Balance</u>
04/01/2020	Beginning Balance			\$59,082.93
04/02/2020	Freedom Claims M City of Fr 911143	\$3,665.35		\$55,417.58
04/08/2020	Freedom Claims M City of Fr XXXXX7080		\$208.00	\$55,625.58
04/08/2020	Freedom Claims M City of Fr 911143	\$208.00		\$55,417.58
04/16/2020	Freedom Claims M City of Fr 911143	\$2,631.84		\$52,785.74
04/30/2020	INTEREST		\$6.69	\$52,792.43
04/30/2020	Ending Balance			\$52,792.43

Daily Balances

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
04/02/2020	\$55,417.58	04/16/2020	\$52,785.74
04/08/2020	\$55,417.58	04/30/2020	\$52,792.43

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

City of Franklin
911143
Monthly Claims Analysis for Freedom Choice
June 1, 2019 through May 31, 2020

	# of Employees	Total Illustrative Rates	Total Umbrella Policy Rates	TPA Admin Fee	Monthly Medical Claims Paid	Monthly Rx Claims Paid	Risk Management Fee	Gross Savings of Freedom Choice	Net Savings of Freedom Choice
June-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 2,739.97	\$ -	\$ 206.58	\$ 1,032.88	\$ 826.30
July-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 3.52	\$ -	\$ 753.87	\$ 3,769.33	\$ 3,015.46
August-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 256.97	\$ -	\$ 703.18	\$ 3,515.88	\$ 2,812.70
September-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 403.78	\$ -	\$ 673.81	\$ 3,369.07	\$ 2,695.26
October-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 475.23	\$ -	\$ 659.52	\$ 3,297.62	\$ 2,638.10
November-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 13.64	\$ -	\$ 751.84	\$ 3,759.21	\$ 3,007.37
December-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 4,198.42	\$ -	\$ (85.11)	\$ (425.57)	\$ (340.46)
January-20	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ -	\$ -	\$ 754.57	\$ 3,772.85	\$ 3,018.28
February-20	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 731.82	\$ -	\$ 608.21	\$ 3,041.03	\$ 2,432.82
March-20	8	\$ 12,827.24	\$ 9,239.69	\$ 208.00	\$ 3,660.94	\$ -	\$ (56.28)	\$ (281.39)	\$ (225.11)
April-20	9	\$ 14,965.11	\$ 10,895.85	\$ 234.00	\$ 6,297.19	\$ -	\$ (492.39)	\$ (2,461.93)	\$ (1,969.54)
May-20	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ 150,933.86	\$ 107,215.40	\$ 2,548.00	\$ 18,781.48	\$ -	\$ 4,477.80	\$ 22,388.98	\$ 17,911.18



FreedomChoice

Group Health Plan

Freedom Claims Management, Inc
P.O. Box 1365 - 2318 Washington St.
Great Bend, KS 67530
620-792-9151 - Telephone
620-792-3389 - Fax

City of Franklin
911143
Monthly Claims Analysis for FreedomChoice
April, 2020

Employee Tier	# of Employees	Illustrative Rates	Total Illustrative Rates	Umbrella Policy Rates	Total Umbrella Policy Rates	TPA Admin Fee	Monthly Medical Claims Paid	Monthly Rx Claims Paid	Risk Management Fee	Gross Savings of Freedom Choice	Net Savings of Freedom Choice
Single	3	\$ 855.15	\$ 2,565.45	\$ 435.85	\$ 1,307.55	\$ 78.00					
Employee/Spouse	1	\$ 1,710.31	\$ 1,710.31	\$ 1,307.50	\$ 1,307.50	\$ 26.00					
Employee/Child	0	\$ 1,496.51	\$ -	\$ 1,089.58	\$ -	\$ -					
Family	5	\$ 2,137.87	\$ 10,689.35	\$ 1,656.16	\$ 8,280.80	\$ 130.00					
	9		\$ 14,965.11		\$ 10,895.85	\$ 234.00	\$ 6,297.19		\$ (492.39)	\$ (2,461.93)	\$ (1,969.54)



FreedomChoice

Group Health Plan

Freedom Claims Management, Inc

P.O. Box 1365 - 2318 Washington St.

Great Bend, KS 67530

620-792-9151 - Telephone

620-792-3389 - Fax

June, 2019 to May 31, 2020

C CTR DESCRIPTION	REG HRS	OT HRS	VAC HRS	SCK HRS	TOT HRS	REG AMT	OT AMT	VAC AMT	SCK AMT	TOT AMT	DEDUCTIONS
10010 ELECTRIC	169.63	8.88	.00	10.38	188.89	3407.82	166.09	.00	240.19	3814.10	612.77
11010 POWER PLANT	.00	9.50	.00	.00	9.50	.00	165.73	.00	.00	165.73	.00
12010 STREET	80.00	3.00	.00	.00	83.00	1733.60	.00	.00	.00	1733.60	337.61
20010 WATER	83.38	8.01	.00	.13	91.52	1302.12	146.38	.00	1.77	1450.27	.00
30010 SEWER	59.88	2.75	.00	.13	62.76	951.03	15.69	.00	1.77	968.49	.00
40710 SANITATION	99.86	8.61	.00	.11	108.58	1741.43	.00	.00	1.77	1743.20	.00
50410 PARK	53.25	3.00	.00	.00	56.25	795.56	67.23	.00	.00	862.79	.00
50510 GENERAL	80.00	8.25	.00	.00	88.25	1565.60	146.78	.00	.00	1712.38	305.08
50610 POLICE	92.25	.00	.00	.00	92.25	1845.00	.00	.00	.00	1845.00	340.91
50810 LIBRARY	111.00	.00	.00	23.00	134.00	1261.44	.00	.00	240.72	1502.16	45.18
51110 CEMETERY	3.25	.00	.00	.00	3.25	48.56	.00	.00	.00	48.56	.00
99999 SPLIT PAY	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1296.62
TOTAL	832.50	52.00	.00	33.75	918.25	14652.16	707.90	.00	486.22	15846.28	2938.17

C CTR DESCRIPTION	REG HRS	OT HRS	VAC HRS	SCK HRS	TOT HRS	REG AMT	OT AMT	VAC AMT	SCK AMT	TOT AMT	DEDUCTIONS
10010 ELECTRIC	171.75	2.25	7.75	.00	182.25	3544.26	52.34	164.34	.00	3770.34	587.31
12010 STREET	80.00	4.25	.00	.00	84.25	1733.60	.00	.00	.00	1733.60	337.61
20010 WATER	58.25	2.26	1.75	.00	62.26	945.52	34.53	24.78	.00	1004.83	.00
30010 SEWER	58.25	2.24	1.75	.00	62.24	945.52	34.52	24.78	.00	1004.82	.00
40710 SANITATION	98.25	.00	1.75	.00	100.00	1753.42	.00	24.78	.00	1778.20	.00
50110 SUMMER REC	1.50	.00	.00	.00	1.50	18.00	.00	.00	.00	18.00	.00
50410 PARK	40.00	5.63	.00	.00	45.63	597.60	.00	.00	.00	597.60	.00
50510 GENERAL	78.25	5.00	.00	1.75	85.00	1531.35	.00	.00	34.25	1565.60	305.08
50610 POLICE	77.00	.00	.00	.00	77.00	1540.00	.00	.00	.00	1540.00	340.91
50810 LIBRARY	104.00	.25	.00	12.00	116.25	1200.96	.00	.00	120.48	1321.44	45.18
50811 LIB- CLEANING	.00	.00	.00	.00	.00	25.00	.00	.00	.00	25.00	.00
51110 CEMETERY	40.00	5.62	.00	.00	45.62	597.60	.00	.00	.00	597.60	.00
99999 SPLIT PAY	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1280.08
TOTAL	807.25	27.50	13.00	13.75	862.00	14432.83	121.39	238.68	154.73	14957.03	2896.17

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST GL ACCOUNT	CK SQ
				CORNERSTONE CHECK ACCT BK#1			
				755 BAKER & TAYLOR			
05122020	1	5/12/20	5/12/20	BOOKS/VIDEOS	409.30	05 05-08-5801	1
				INVOICE TOTAL	409.30		
				VENDOR TOTAL	409.30		
				9 BLADEN SAND & GRAVEL			
05122020	1	5/12/20	5/12/20	SAND/GRAVEL/ARMOR COATING	343.59	12 12-00-5380	1
	2			SAND/GRAVEL/ALLEY'S	2,808.62	12 12-00-5380	1
				INVOICE TOTAL	3,152.21		
				VENDOR TOTAL	3,152.21		
				13 CASEY'S BUSINESS MASTERCARD			
05122020	1	5/12/20	5/12/20	FUEL/POLICE	1.83	05 05-06-5010	1
				INVOICE TOTAL	1.83		
				VENDOR TOTAL	1.83		
				15 CITY OF HOLDREGE			
05122020	1	5/12/20	5/12/20	DISPOSAL FEES	2,021.32	04 04-07-5451	1
				INVOICE TOTAL	2,021.32		
				VENDOR TOTAL	2,021.32		
				813 CITY OF SIDNEY			
05122020	1	5/12/20	5/12/20	VEST/WOODIS/POLICE	600.00	05 05-06-5280	1
				INVOICE TOTAL	600.00		
				VENDOR TOTAL	600.00		
				20 COOPERATIVE PRODUCERS INC			
05122020	1	5/12/20	5/12/20	FUEL	89.93	01 01-00-5010	1
	2			FUEL	193.03	02 02-00-5010	1
	3			FUEL	21.41	03 03-00-5010	1
	4			FUEL	672.58	04 04-07-5010	1
	5			FUEL	53.74	05 05-04-5010	1
	6			FUEL	508.42	12 12-00-5010	1
	7			FUEL	64.10	05 05-11-5010	1
	8			C & D TICKETS	60.00	04 04-07-5475	1
	9			FUEL	70.87	05 05-06-5010	1
	10			ICE FOR WATER TESTS/WATER	1.99	02 02-00-5320	1
				INVOICE TOTAL	1,736.07		
				VENDOR TOTAL	1,736.07		
				688 DUNCAN WELDING			
05122020	1	5/12/20	5/12/20	MAINT/SA/WR	11.22	04 04-07-5420	1
	2			MAINT/STREET	27.03	12 12-00-5420	1
	3			MAINT/POWER PLANT	12.92	01 01-10-5420	1
				INVOICE TOTAL	51.17		
				VENDOR TOTAL	51.17		

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST	GL ACCOUNT	CK SQ
33 DUTTON-LAINSON COMPANY								
05122020	1	5/12/20	5/12/20	DIST.SUPPLIES/ELECT	1,735.11	01	01-00-5240	1
				INVOICE TOTAL	1,735.11			
				VENDOR TOTAL	1,735.11			
55 EAKES OFFICE SOLUTIONS								
05122020	1	5/12/20	5/12/20	COPIES	125.21	05	05-05-5320	1
				INVOICE TOTAL	125.21			
				VENDOR TOTAL	125.21			
36 CITY OF FRANKLIN-ELECTRIC FUND								
05122020	1	5/12/20	5/12/20	ELECTRICITY	684.12	02	02-00-5040	1
	2			ELECTRICITY	277.09	03	03-00-5040	1
	3			ELECTRICITY	178.16	05	05-04-5040	1
	4			ELECTRICITY	119.56	05	05-05-5040	1
	5			ELECTRICITY	264.12	05	05-08-5040	1
	6			ELECTRICITY	1,823.86	12	12-00-5040	1
	7			ELECTRICITY	99.18	05	05-06-5040	1
	8			ELECTRICITY	164.84	14	04-14-5040	1
				INVOICE TOTAL	3,610.93			
				VENDOR TOTAL	3,610.93			
214 FIGGINS CONSTRUCTION CO INC								
05122020	1	5/12/20	5/12/20	ARMOR COATING	34,720.10	12	12-00-5421	1
				INVOICE TOTAL	34,720.10			
				VENDOR TOTAL	34,720.10			
65 FRANKLIN AUTO PARTS								
05122020	1	5/12/20	5/12/20	MAINT/SA	32.70	04	04-07-5420	1
	2			MAINT/ELECT	11.72	01	01-00-5420	1
	3			MAINT/POWER PLANT	52.41	01	01-10-5420	1
	4			MAINT/REP/STREET	112.59	12	12-00-5420	1
	5			SUPPLIES/STREET	97.09	12	12-00-5320	1
				INVOICE TOTAL	306.51			
				VENDOR TOTAL	306.51			
39 FRANKLIN COUNTY SHERIFF								
05122020	1	5/12/20	5/12/20	COMMUNICATIONS FEES	200.00	05	05-06-5630	1
	2			LAW ENFORCEMENT FEE	570.00	05	05-06-5630	1
				INVOICE TOTAL	770.00			
				VENDOR TOTAL	770.00			
42 FRONTIER COMMUNICATIONS								
05122020	1	5/12/20	5/12/20	PHONE	49.71	14	04-14-5020	1
	2			PHONE	97.44	05	05-08-5020	1
	3			PHONE	28.61	05	05-03-5020	1
	4			PHONE	126.92	05	05-05-5020	1
	5			PHONE	126.92	01	01-00-5020	1

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST GL	ACCOUNT	CK SQ
	6			PHONE	103.54	02	02-00-5020	1
				INVOICE TOTAL	533.14			
				VENDOR TOTAL	533.14			
				742 GTA INSURANCE GROUP				
05122020	1	5/12/20	5/12/20	RAQUEL BOND	175.00	05	05-05-5450	1
				INVOICE TOTAL	175.00			
				VENDOR TOTAL	175.00			
				370 HOMETOWN LAWN CARE				
05122020	1	5/12/20	5/12/20	MAINT/SPRINKLERS/401 18TH AVE	100.00	02	02-00-5420	1
				INVOICE TOTAL	100.00			
				VENDOR TOTAL	100.00			
				500 HOMETOWN LEASING				
05122020	1	5/12/20	5/12/20	LEASE CO. FOR COPIER	28.81	05	05-05-5630	1
	2			LEASE CO. FOR COPIER	28.80	01	01-00-5630	1
	3			LEASE CO. FOR COPIER	28.80	02	02-00-5630	1
	4			LEASE CO. FOR COPIER	28.80	03	03-00-5630	1
	5			LEASE CO. FOR COPIER	28.80	04	04-07-5630	1
	6			LEASE CO. FOR COPIER	89.00	05	05-08-5630	1
				INVOICE TOTAL	233.01			
				VENDOR TOTAL	233.01			
				121 IIMC				
05122020	1	5/12/20	5/12/20	MEMBERSHIP DUES	170.00	05	05-05-5450	1
	2			MEMBERSHIP DUES	110.00	01	01-00-5450	1
				INVOICE TOTAL	280.00			
				VENDOR TOTAL	280.00			
				631 INTELICOM				
05122020	1	5/12/20	5/12/20	WEBSITE	228.75	05	05-05-5140	1
				INVOICE TOTAL	228.75			
				VENDOR TOTAL	228.75			
				94 JEO CONSULTING GROUP INC				
05122020	1	5/12/20	5/12/20	C&D REPORT	563.75	04	04-07-5450	1
				INVOICE TOTAL	563.75			
				VENDOR TOTAL	563.75			
				54 JIM'S OK TIRE INC				
05122020	1	5/12/20	5/12/20	2 TIRES CHEVY PICKUP	399.00	05	05-05-5420	1
	2			REPAIRS/SA	69.25	04	04-07-5420	1
	3			2 TIRES TRASH TRUCK	483.00	04	04-07-5420	1
				INVOICE TOTAL	951.25			
				VENDOR TOTAL	951.25			

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST	GL ACCOUNT	CK SQ
05122020	1	5/12/20	5/12/20	360 JOHN DEERE FINANCIAL SUPPLIES/STREET	199.74	12	12-00-5320	1
				INVOICE TOTAL	199.74			
				VENDOR TOTAL	199.74			
05122020	1	5/12/20	5/12/20	535 MADISON NATIONAL LIFE INSURANCE	6.39	05	05-08-5151	1
	2			INSURANCE	6.39	12	12-00-5151	1
	3			INSURANCE	6.39	05	05-05-5151	1
	4			INSURANCE	19.17	01	01-00-5151	1
	5			INSURANCE	3.20	05	05-04-5151	1
	6			INSURANCE	3.19	05	05-11-5151	1
	7			INSURANCE	3.20	02	02-00-5151	1
	8			INSURANCE	3.19	03	03-00-5151	1
	9			INSURANCE	12.78	05	05-06-5151	1
				INVOICE TOTAL	63.90			
				VENDOR TOTAL	63.90			
05122020	1	5/12/20	5/12/20	51 MICHAEL TODD & CO INC PAINT/STREET	175.63	12	12-00-5420	1
				INVOICE TOTAL	175.63			
				VENDOR TOTAL	175.63			
05122020	1	5/12/20	5/12/20	154 MIDWEST CONNECT LLC INK CARTRIDGE	42.00	01	01-00-5320	1
	2			INK CARTRIDGE	42.00	02	02-00-5320	1
	3			INK CARTRIDGE	42.00	04	04-07-5320	1
	4			INK CARTRIDGE	42.00	05	05-05-5320	1
	5			INK CARTRIDGE	42.00	05	05-06-5320	1
				INVOICE TOTAL	210.00			
				VENDOR TOTAL	210.00			
05122020	1	5/12/20	5/12/20	79 MUNICIPAL SUPPLY, INC DIST.SUPPLIES/WATER	2,480.02	02	02-00-5240	1
				INVOICE TOTAL	2,480.02			
				VENDOR TOTAL	2,480.02			
05122020	1	5/12/20	5/12/20	58 NE PUBLIC HEALTH ENVIRONMENTAL WATER TESTING	15.00	02	02-00-5520	1
				INVOICE TOTAL	15.00			
				VENDOR TOTAL	15.00			
05122020	1	5/12/20	5/12/20	642 ONSOLVE LLC CODE RED SYSTEM	1,500.00	05	05-05-5450	1
				INVOICE TOTAL	1,500.00			
				VENDOR TOTAL	1,500.00			

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST GL	ACCOUNT	CK SQ
				569 PAULSEN INC				
05122020	1	5/12/20	5/12/20	CEMENT/STREET	2,229.75	12	12-00-5390	1
	2			ADA PANEL/STREET	126.00	12	12-00-5420	1
				INVOICE TOTAL	2,355.75			
				VENDOR TOTAL	2,355.75			
				655 PERSON & MCQUAY LAW				
05122020	1	5/12/20	5/12/20	PROFESSIONAL FEE	1,200.00	05	05-05-5140	1
				INVOICE TOTAL	1,200.00			
				VENDOR TOTAL	1,200.00			
				99 PITSTOP & SHOP				
05122020	1	5/12/20	5/12/20	FUEL	27.89	05	05-04-5010	1
				INVOICE TOTAL	27.89			
				VENDOR TOTAL	27.89			
				52 PLANKS LUMBER & HARDWARE				
05122020	1	5/12/20	5/12/20	LIGHTING OF WELCOME SIGNS	31.85	05	05-05-5420	1
	2			MAINT/SA	2.58	04	04-07-5420	1
	3			MAINT/WATER	3.61	02	02-00-5420	1
				INVOICE TOTAL	38.04			
				VENDOR TOTAL	38.04			
				96 PLATTE VALLEY COMM -KEARNEY				
05122020	1	5/12/20	5/12/20	MAINT/RADIOS/POLICE	538.11	05	05-06-5420	1
				INVOICE TOTAL	538.11			
				VENDOR TOTAL	538.11			
				47 R&R SALES & SERVICES INC				
05122020	1	5/12/20	5/12/20	MAINT/SAN	16.30	04	04-07-5420	1
	2			MAINT/WELCOME SIGNS/GENERAL	3.66	05	05-05-5420	1
				INVOICE TOTAL	19.96			
				VENDOR TOTAL	19.96			
				808 RETIREMENT PLAN CONSULTANTS				
05122020	1	5/12/20	5/12/20	2ND QTR FEE	424.72	05	05-05-5450	1
				INVOICE TOTAL	424.72			
				VENDOR TOTAL	424.72			
				63 RIGHTWAY GROCERY IN				
05122020	1	5/12/20	5/12/20	ACCT# 245 SUPPLIES/LIB	4.79	05	05-08-5340	1
	2			ACCT# 245 SUMMER READING/LIB	5.18	05	05-08-5662	1
	3			ACCT#134 SUPPLIES/GENERAL	6.89	05	05-05-5320	1
				INVOICE TOTAL	16.86			
				VENDOR TOTAL	16.86			

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST	GL ACCOUNT	CK SQ
62 S.E. SMITH & SONS								
05122020	1	5/12/20	5/12/20	SUPPLIES/ELECT	9.90	01	01-00-5320	1
	2			SUPPLIES/GEN	24.22	05	05-05-5320	1
	3			SUPPLIES/PARK	12.95	05	05-04-5320	1
	4			MAINT/STREET	33.69	12	12-00-5420	1
	5			SUPPLIES/WR	83.20	04	04-07-5320	1
				INVOICE TOTAL	163.96			
				VENDOR TOTAL	163.96			
233 SARGENT DRILLING								
05122020	1	5/12/20	5/12/20	MAINT/WELL TESTING	1,200.00	02	02-00-5420	1
				INVOICE TOTAL	1,200.00			
				VENDOR TOTAL	1,200.00			
126 SCHMIDT COMPUTER SYSTEMS								
0512202020	1	5/12/20	5/12/20	COMPUTER UPDATES	95.00	05	05-05-5340	1
	2			COMPUTER UPDATES	125.00	05	05-06-5340	1
				INVOICE TOTAL	220.00			
				VENDOR TOTAL	220.00			
46 SOUTHERN POWER DISTRICT								
05122020	1	5/12/20	5/12/20	POWER	45,999.85	01	01-00-5041	1
	2			POWER	1,504.00	02	02-00-5040	1
				INVOICE TOTAL	47,503.85			
				VENDOR TOTAL	47,503.85			
329 U.S. BANK								
05122020	1	5/12/20	5/12/20	POSTAGE/WATER TESTING	14.95	02	02-00-5360	1
	2			SUPPLIES/POLICE	70.43	05	05-06-5320	1
	3			MAINT/POLICE	118.42	05	05-06-5420	1
	4			SUPPLIES/GENERAL	73.99	05	05-05-5320	1
	5			WEBSITE/GENERAL	61.20	05	05-05-5140	1
	6			GOOGLE/GENERAL	42.00	05	05-05-5630	1
	7			OFFICE EXP/GENERAL	82.65	05	05-05-5340	1
	8			OFFICE EXP/LIBRARY	3.33	05	05-08-5340	1
	9			BOOKS/LIBRARY	14.89	05	05-08-5801	1
	10			SUPPLIES/LIBRARY	203.16	05	05-08-5320	1
	11			SUMMER READING/LIBRARY	515.21	05	05-08-5662	1
				INVOICE TOTAL	1,200.23			
				VENDOR TOTAL	1,200.23			
3 VERIZON WIRELESS								
05122020	1	5/12/20	5/12/20	PHONE	43.28	12	12-00-5020	1
	2			PHONE	206.59	05	05-06-5020	1
	3			PHONE	21.64	05	05-04-5020	1
	4			PHONE	21.64	05	05-11-5020	1
				INVOICE TOTAL	293.15			
				VENDOR TOTAL	293.15			

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST GL ACCOUNT	CK SQ
				90 US DEPARTMENT OF ENERGY			
05122020	1	5/12/20	5/12/20	POWER	4,304.30	01 01-00-5041	1
				INVOICE TOTAL	4,304.30		
				VENDOR TOTAL	4,304.30		
				184 WOODWARD'S DISPOSAL SERVICE			
05122020	1	5/12/20	5/12/20	DISPOSAL FEE CITY WIDE CLEAN U	1,439.64	04 04-07-5450	1
				INVOICE TOTAL	1,439.64		
				VENDOR TOTAL	1,439.64		
				CORNERSTONE CHECK ACCT TOTAL	117,895.41		
				KENO CHECKING BK#15			
				510 FCMH FOUNDATION			
03112020	1	3/11/20	3/11/20	BANQUET FUNDRAISER	350.00	15 15-00-5640	1
				INVOICE TOTAL	350.00		
				VENDOR TOTAL	350.00		
				KENO CHECKING TOTAL	350.00		
				TOTAL MANUAL CHECKS	.00		
				TOTAL E-PAYMENTS	.00		
				TOTAL PURCH CARDS	.00		
				TOTAL ACH PAYMENTS	.00		
				TOTAL OPEN PAYMENTS	118,245.41		
				GRAND TOTALS	118,245.41		

Reviewed and Approved May 12 2020

Date	Vendor	Amount	Item
4/17/20	Aflac	\$ 552.70	Insurance
4/28/20	Aflac	\$ 213.30	M.Siel Aflac policy
5/1/20	Allied Insurance	\$ 11,680.31	Health Insurance
4/20/20	Black Hills Energy	\$ 204.85	Power Plant gas bill
4/14/20	Delta Dental	\$ 388.75	Insurance
4/17/20	EFTPS	\$ 3,004.21	Payroll taxes
5/4/20	EFTPS	\$ 2,727.96	Payroll taxes
4/27/20	EMC	\$ 6,872.74	Insurance
4/8/20	Freedom Claims	\$ 208.00	Fee
5/5/20	Freedom Claims	\$ 234.00	Fee
5/13/02	Megan Spargo	\$ 1,100.00	CDA Expense
4/7/20	MG Trust	\$ 1,389.95	Payroll retirement
4/17/20	MG Trust	\$ 1,421.85	Payroll retirement
5/5/20	MG Trust	\$ 1,344.67	Payroll retirement
4/20/20	NE Dept of Rev	\$ 6,104.99	Sales Tax
4/7/20	NE Dept of Rev	\$ 258.70	Payroll
4/21/20	NE Air Quality	\$ 1,751.00	Contract services
4/17/2020	Payroll	\$ 10,581.57	Payroll
5/1/2020	Payroll	\$ 9,981.25	Payroll
5/4/20	VSP	\$ 213.15	Insurance

TOTAL CLAIMS REPORT: \$60,233.95

Mayor Marg Siel

Council Dreher

Council Goebel

Council Loschen

Council Urbina



2318 N. WASHINGTON

GREAT BEND, KS 67530

866-792-9151

WWW.FREEDOMCLAIMSINC.COM

CITY OF FRANKLIN
RENEWAL
JUNE 1, 2020

PRESENTED BY:

ALICIA STROTHER

STROTHER INSURANCE SERVICES

&

JULIE YARMER

JULIE YARMER, PRESIDENT
FREEDOM CLAIMS MANAGEMENT, INC.
JULIE@FREEDOMCLAIMSINC.COM

City of Franklin
Renewal
June 1, 2020

Medical	Current		Renewal		UHC BRC5		BCBS of NE BluePride BHA20	
	6/1/2019		6/1/2020		6/1/2020		6/1/2020	
	IND	FAM	IND	FAM	IND	FAM	IND	FAM
Deductible - PPO	\$5,000	\$10,000	\$5,000	\$10,000	\$6,300	\$12,600	\$6,900	\$13,800
Coinsurance - PPO	80%		80%		100%		100%	
Coinsurance Out-of-Pocket	\$1,500	\$3,000	\$1,500	\$3,000	\$1,600	\$3,200	\$0	\$0
Deductible/Coinsurance Out-of-Pocket	\$6,500	\$13,000	\$6,500	\$13,000	\$7,900	\$15,800	\$6,900	\$13,800
Deductible - Non-PPO	\$10,000	\$20,000	\$10,000	\$20,000	\$7,500	\$15,000	\$13,800	\$27,600
Coinsurance - Non-PPO	50%		50%		50%		100%	
Deductible/Coinsurance Out-of-Pocket - Non-PPO	\$19,500	\$39,000	\$19,500	\$39,000	\$15,000	\$30,000	\$13,800	\$27,600
PPO Office Visits	\$35		\$35		\$15			Ded/Coins
PPO Specialty Office Visits	\$50		\$50		\$100			Ded/Coins
Prescription Drugs - Generic	\$15		\$15		\$15			Ded/Coins
Prescription Drugs - Brand Formulary	\$45		\$45		\$40			Ded/Coins
Prescription Drugs - Brand Non-Formulary	\$60		\$60		\$75			Ded/Coins

Rates - Medical (4-tier)				Fully Insured	Fully Insured
Employee Only	3	\$435.85	\$475.10	\$658.13	\$685.74
Employee/Spouse	1	\$1,307.50	\$1,425.27	\$1,316.26	\$1,371.47
Employee/Child(ren)	0	\$1,089.58	\$1,187.72	\$1,217.54	\$1,200.04
Employee/Family	5	\$1,656.16	\$1,805.34	\$1,875.67	\$1,714.34
	9				
Estimated Monthly Premium		\$10,895.85	\$11,877.27	\$12,669.00	\$12,000.39
Estimated Annual Premium		\$130,750.20	\$142,527.24	\$152,028.00	\$144,004.68
Renewal Percentages			9.01%	16.27%	10.14%

Medical	Freedom Choice 6/1/2019		Freedom Choice 6/1/2019		Freedom Choice 6/1/2020	
	Projected		Actual thru 3/31/2020		Actual (thru 3/31/2020) with Reserves	
	IND	FAM	IND	FAM	IND	FAM
Deductible - PPO	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000
Coinsurance - PPO	80%		80%		80%	
Coinsurance Out-of-Pocket	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000
Deductible/Coinsurance Out-of-Pocket	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000
Deductible - Non-PPO	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000
Coinsurance - Non-PPO	50%		50%		50%	
Deductible/Coinsurance Out-of-Pocket - Non-PPO	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000
PPO Office Visits	\$35		\$35		\$35	
PPO Specialty Office Visits	\$50		\$50		\$50	
Prescription Drugs - Generic	\$15		\$15		\$15	
Prescription Drugs - Brand Formulary	\$45		\$45		\$45	
Prescription Drugs - Brand Non-Formulary	\$60		\$60		\$60	

Rates - Medical (4-tier)		Fully Insured	Fully Insured	Fully Insured
Employee Only	3	\$778.38	\$571.63	\$200.11
Employee/Spouse	1	\$1,656.02	\$1,553.05	\$810.02
Employee/Child(ren)	0	\$1,436.61	\$1,307.69	\$657.53
Employee/Family	4	\$2,075.00	\$1,956.60	\$1,027.81
	8			
Estimated Monthly Premium		\$12,291.16	\$11,094.34	\$5,521.58
Estimated Annual Premium		\$147,493.92	\$133,132.06	\$66,258.90
Renewal Percentages			-9.74%	-55.08%

Dental	Delta Dental Current		Delta Dental Renewal	
	6/1/2019		6/1/2020	
	IND	FAM	IND	FAM
Deductible - PPO	\$50	\$150	\$50	\$150
Preventative	100%		100%	
Basic	80% - Ded Applies		80% - Ded Applies	
Major	50% - Ded Applies		50% - Ded Applies	
Ortho	None		None	
Annual Max	\$1,000		\$1,000	

Rates - Dental (3-tier)		Fully Insured	Fully Insured
Employee Only	5	\$24.65	\$25.90
Employee + 1	1	\$50.00	\$52.50
Employee/Family	4	\$80.05	\$84.05
Estimated Monthly Premium		\$493.45	\$518.20
Estimated Annual Premium		\$5,921.40	\$6,218.40
Renewal Percentages			5.02%

*This is only a brief description of benefits, please see the full proposal for complete benefits
 ** Rates illustrated above are based on an effective date of 6/1/2020. Changes to the effective date, demographics and/or census may result in a revision of quoted rates. Please contact Freedom Claims Management, Inc. to request an updated proposal if needed.

City of Franklin
911143
Monthly Claims Analysis for Freedom Choice
June 1, 2019 through May 31, 2020

	# of Employees	Total Illustrative Rates	Total Umbrella Policy Rates	TPA Admin Fee	Monthly Medical Claims Paid	Monthly Rx Claims Paid	Risk Management Fee	Gross Savings of Freedom Choice	Net Savings of Freedom Choice
June-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 2,739.97	\$ -	\$ 206.58	\$ 1,032.88	\$ 826.30
July-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 3.52	\$ -	\$ 753.87	\$ 3,769.33	\$ 3,015.46
August-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 256.97	\$ -	\$ 703.18	\$ 3,515.88	\$ 2,812.70
September-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 403.78	\$ -	\$ 673.81	\$ 3,369.07	\$ 2,695.26
October-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 475.23	\$ -	\$ 659.52	\$ 3,297.62	\$ 2,638.10
November-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 13.64	\$ -	\$ 751.84	\$ 3,759.21	\$ 3,007.37
December-19	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 4,198.42	\$ -	\$ (85.11)	\$ (425.57)	\$ (340.46)
January-20	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ -	\$ -	\$ 754.57	\$ 3,772.85	\$ 3,018.28
February-20	9	\$ 13,682.39	\$ 9,675.54	\$ 234.00	\$ 731.82	\$ -	\$ 608.21	\$ 3,041.03	\$ 2,432.82
March-20	8	\$ 12,827.24	\$ 9,239.69	\$ 208.00	\$ 3,660.94	\$ -	\$ (56.28)	\$ (281.39)	\$ (225.11)
April-20	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
May-20	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ 135,968.75	\$ 96,319.55	\$ 2,314.00	\$ 12,484.29	\$ -	\$ 4,970.18	\$ 24,850.91	\$ 19,880.73



FreedomChoice

Group Health Plan

Freedom Claims Management, Inc

P.O. Box 1365 - 2318 Washington St.

Great Bend, KS 67530

620-792-9151 - Telephone

620-792-3389 - Fax

Top Benefits by Group - Medical\Dental

City of Franklin (911143)

Includes All Paid By Plan Amounts Over \$0.00

From 06/01/2019 To 03/31/2020

Rank	Benefit Code	Description	# of Claims Lines	Total Charges	Allowable Charges	Paid By Employee	Paid By Plan
City of Franklin							
1	SUOB	OBSTETRICAL SURGERY	2	\$12,264.89	\$11,141.48	\$1,242.40	\$4,080.33
2	NURS	HOSPITAL NURSERY	1	\$3,335.62	\$3,335.62	\$559.66	\$2,238.66
3	IPMED	INPATIENT MEDICAL CHARGES	1	\$12,859.00	\$12,216.05	\$514.38	\$2,057.50
4	HOSP	OUT-PATIENT HOSPITAL FACILI	6	\$2,622.00	\$2,424.27	\$603.97	\$1,319.00
5	ANES	ANESTHESIOLOGIST	2	\$1,241.00	\$1,154.13	\$230.83	\$923.30
6	AMBS	AMBULATORY SURGERY CENTI	1	\$2,076.00	\$594.04	\$118.81	\$475.23
7	IHPC	IN HOSPITAL PHYSICIAN VISITS	1	\$628.00	\$589.87	\$117.97	\$471.90
8	LAB	LAB	13	\$3,250.66	\$2,224.41	\$1,716.09	\$277.41
9	HOSPSURG	OUTPT HOSP MISC SURGERY	2	\$7,058.51	\$1,681.41	\$1,427.88	\$253.53
10	CHIR	CHIROPRACTIC	20	\$1,550.00	\$1,208.94	\$1,085.00	\$123.94
11	OPHE	HOSPITAL EMERGENCY ROOM	2	\$3,370.00	\$3,176.50	\$1,070.83	\$105.67
12	MDOV	DOCTOR'S OFFICE VISIT	16	\$2,225.00	\$1,962.10	\$560.00	\$105.00
13	INJECT	INJECTION	5	\$600.00	\$497.17	\$338.24	\$52.82
14	CHIR1	CHIROPRACTIC VISITS	20	\$1,115.00	\$673.56	\$673.56	\$0.00
15	DIAGTEST	DIAGNOSTIC TESTING	1	\$10.00	\$10.00	\$10.00	\$0.00
16	MDOV1	SPECIALISTS OFFICE VISIT	8	\$1,084.00	\$1,014.31	\$275.00	\$0.00
17	NCOV	EXPENSE NOT COVERED	13	\$9,305.24	\$0.00	\$0.00	\$0.00
18	NCOVDUP	DUPLICATE NOT COVERED	2	\$239.00	\$236.96	\$0.00	\$0.00
19	XRAY	DIAGNOSTIC X-RAY	11	\$1,617.00	\$1,460.63	\$1,241.51	\$0.00
All Others:			0	\$0.00	\$0.00	\$0.00	\$0.00

Group Totals: City of Franklin

127	\$66,450.92	\$45,601.45	\$11,786.13	\$12,484.29
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All Group Totals:

127	\$66,450.92	\$45,601.45	\$11,786.13	\$12,484.29
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Top Providers by Group - Medical\Dental

City of Franklin

Includes All Paid By Plan Amounts Over \$0.00

From 06/01/2019 To 03/31/2020

Rank	Code	Provider	# of Claims	Total Charges	Allowable Charge	Paid By Employee	Paid By Plan
1	470378779	1 Mary Lanni Mary Lanning Me	6	\$18,875.21	\$11,587.28	\$996.91	\$4,190.78
2	476007436	4 Franklin Co Franklin County M	14	\$20,320.00	\$19,130.20	\$3,502.56	\$3,482.17
3	470603320	6 Fish Jill Obstetricians Gyn	5	\$4,145.00	\$3,593.21	\$1,310.42	\$2,251.02
4	470378779	26 Murry Deni Mary Lanning He	1	\$730.00	\$678.90	\$135.78	\$543.12
5	470536623	5 Keller Mark Midwest ENT Spe	1	\$2,076.00	\$594.04	\$118.81	\$475.23
6	476007436	14 Honey Kibl FCMH Pool Medi	1	\$628.00	\$589.87	\$117.97	\$471.90
7	470378779	23 Larson Jess Mary Lanning He	1	\$511.00	\$475.23	\$95.05	\$380.18
8	201507841	1 Hastings Su Hastings Surgical	1	\$4,575.51	\$1,316.91	\$1,063.38	\$253.53
9	470378779	11 Horn Adam Pathology Profess	1	\$1,528.20	\$739.74	\$585.14	\$154.60
10	453066995	1 Tischner Rc Alma Chiropractic	21	\$2,835.00	\$1,882.50	\$1,758.56	\$123.94
11	476007436	11 Clark Mich FCMH Pool Medi	4	\$510.00	\$441.33	\$163.48	\$75.56
12	470780857	43 Pandorf Jes The Physician Net	1	\$409.00	\$352.02	\$314.76	\$37.26
13	476007436	13 Machard, D FCMH Pool Medi	2	\$250.00	\$224.02	\$70.00	\$30.00
14	476007436	15 Murphy Ka Main Street Clinic	1	\$125.00	\$125.00	\$35.00	\$15.00
15	263064869	3 Haskett Ste Nebraska Pediatric	3	\$450.00	\$443.88	\$70.00	\$0.00
16	263513000	14 Stemm Ricl Plains Radiology §	1	\$37.00	\$34.78	\$34.78	\$0.00
17	263513000	17 Jaksha Jona Plains Radiology §	1	\$55.00	\$0.00	\$0.00	\$0.00
18	263513000	28 Murdoch N Plains Radiology §	1	\$37.00	\$34.78	\$0.00	\$0.00
19	263513000	29 Mendlick N Plains Radiology §	1	\$37.00	\$31.45	\$31.45	\$0.00
20	263513000	39 Cambron K Plains Radiology §	3	\$89.00	\$77.47	\$77.47	\$0.00
21	263513000	5 Lee Jeffrey Plains Radiology §	1	\$37.00	\$31.45	\$31.45	\$0.00
22	470378779	24 Bohlen Bar Mary Lanning He	1	\$75.00	\$0.00	\$0.00	\$0.00
23	470378779	6 Stritt Matth Hastings Pulmona	2	\$2,785.00	\$566.31	\$399.50	\$0.00
24	470551260	1 Maly, Jame James J Maly MD	2	\$529.00	\$468.20	\$191.60	\$0.00
25	470603320	8 Curtis Andr Obstetricians Gyn	1	\$127.00	\$105.42	\$17.03	\$0.00
26	470637178	1 Leonard Da Children & Adole	4	\$1,976.00	\$0.00	\$0.00	\$0.00
27	470637178	2 Whalen Sha Childern & Adole	2	\$355.00	\$91.26	\$35.00	\$0.00
28	470646171	6 Torpin Gina Contemporary Ob	1	\$509.00	\$425.86	\$0.00	\$0.00
29	470776619	11 Wilson Meg ENT Physicians o	3	\$366.00	\$336.03	\$105.00	\$0.00
30	470776619	8 Connelly Th ENT Physicians O	2	\$244.00	\$216.48	\$100.00	\$0.00
31	470780857	45 Schriner M The Physician Net	2	\$341.00	\$174.97	\$174.97	\$0.00
32	476007436	10 Wewel Scot FCMH Pool Medi	2	\$231.00	\$198.34	\$103.06	\$0.00
33	476007436	2 Mazour Lin FCMH Pool Medi	1	\$125.00	\$125.00	\$35.00	\$0.00
34	476007436	5 Mazour Lin FCMH Pool Medi	2	\$350.00	\$331.52	\$70.00	\$0.00
35	810606852	8 Deitrick Su Grand Island Dern	2	\$178.00	\$178.00	\$42.00	\$0.00

All Others:	0	\$0.00	\$0.00	\$0.00	\$0.00
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Group Totals for Group: City of Franklin

98	\$66,450.92	\$45,601.45	\$11,786.13	\$12,484.29
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All Groups Totals:

98	\$66,450.92	\$45,601.45	\$11,786.13	\$12,484.29
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CITY OF FRANKLIN

Administrative Contract Details

Client Number:	L151035	Contract Effective Date:	6/1/2019
Writing Agent Name:	JULIE YARMER	Group Specific Deductible:	\$10,000.00
Stop Loss Carrier:	National Health Insurance Company	Contract Basis:	12/18
End of Contract Refund Percent:	48.5%	Contract Reporting Period:	06/01/2019-05/31/2020
		Report Run Date:	04/04/2020

Group Claim History Analysis

Period	Employees	Employer PreFunded Claim-Billed	YTD PreFunded Claim Fund	Claims Paid	YTD Claims Paid	Ineligible	Specific Paid Claims	YTD Aggregate Claims Paid	YTD Aggregate Advances	YTD Prefund Claim Fund Balance
6/1/2019-6/30/2019	9	\$ 2,113	\$ 2,113	\$ 40	\$ 40	\$ 0	\$ 0	\$ 40	\$ 0	\$ 2,073
7/1/2019-7/31/2019	9	\$ 2,113	\$ 4,226	\$ 5,407	\$ 5,447	\$ 0	\$ 0	\$ 5,447	\$ 1,221	\$ 0
8/1/2019-8/31/2019	9	\$ 2,113	\$ 6,339	\$ 4,147	\$ 9,593	\$ 0	\$ 0	\$ 9,593	\$ 3,254	\$ 0
9/1/2019-9/30/2019	9	\$ 2,113	\$ 8,453	\$ 260	\$ 9,853	\$ 0	\$ 0	\$ 9,853	\$ 1,401	\$ 0
10/1/2019-10/31/2019	9	\$ 2,113	\$ 10,566	\$ 1,569	\$ 11,423	\$ 0	\$ 0	\$ 11,423	\$ 857	\$ 0
11/1/2019-11/30/2019	9	\$ 2,113	\$ 12,679	\$ 6,435	\$ 17,858	\$ 0	\$ 0	\$ 17,858	\$ 5,179	\$ 0
12/1/2019-12/31/2019	9	\$ 2,113	\$ 14,792	\$ 1,509	\$ 19,367	\$ 0	\$ 0	\$ 19,367	\$ 4,575	\$ 0
1/1/2020-1/31/2020	9	\$ 2,113	\$ 16,905	\$ 16,124	\$ 35,491	\$ 0	\$ 5,437	\$ 30,054	\$ 13,148	\$ 0
2/1/2020-2/29/2020	9	\$ 2,113	\$ 19,018	\$ 1,966	\$ 37,457	\$ 0	\$ 256	\$ 31,764	\$ 12,746	\$ 0
3/1/2020-3/31/2020	9	\$ 2,113	\$ 21,132	\$ 1,278	\$ 38,735	\$ 0	\$ 217	\$ 32,824	\$ 11,693	\$ 0
4/1/2020-4/30/2020										
5/1/2020-5/31/2020										
6/1/2020-6/30/2020										
7/1/2020-7/31/2020										
8/1/2020-8/31/2020										
9/1/2020-9/30/2020										
10/1/2020-10/31/2020										
11/1/2020-11/30/2020										
Totals		\$ 21,132	\$ 21,132	\$ 38,735	\$ 38,735	\$ 0	\$ 5,910	\$ 32,824	\$ 11,693	\$ 0
1	2	3	4	5	6	7	8	9	10	11

- The month in your Policy Period that designates the activity.
- The number of employees enrolled for the corresponding month.
- The amount billed & deposited to your Claim Fund Account each month.
- The YTD Claim Fund Account.
- Claims that have been paid (not incurred) for the corresponding month.
- The YTD claims that have been paid.
- Claims that are not eligible for reimbursement from the Aggregate Fund.
- The amount of claims above the Specific Deductible.
- Claims paid that are eligible towards the Aggregate Fund.
- Any YTD advances paid to the Prefund Claims Account.
- Funds available to pay claims incurred but not yet received or claims received but not yet processed. Final funds available at the end of the contract run-out will be determined after all eligible claims have been processed and standard audits have been performed.

Please note, employee counts, billed amounts, and prior monthly claims data may change to reflect voids and adjustments. As this is a summary report, these figures are subject to final verification.

Health Benefits Plan for the Employees

City of Franklin

Group Number: 911143

Effective Date: June 1, 2019		FreedomChoice	
Base Plan Claims Administrator Base Plan: Financial Program Umbrella: Insurance Carrier Preferred Provider Network Umbrella Carrier Website		Freedom Claims Management, Inc. Medical Expense Reimbursement Plan NGIC Midland's Choice http://www.astma.com/usa	
Base Plan	Amounts Paid By The Member...	PPO Network	Non-Network
		↓	↓
Calendar Year Employee Deductible <i>Deductible restarts every January 1st</i>	Individual Family Limitation	\$1,000 \$2,000	\$2,000 \$4,000
Employee Cost Share Percentages <u>AFTER</u> Deductible		20%	50%
Out-of-Pocket Maximum <u>AFTER</u> Deductible <i>Before 1st \$5,000 Limit Reached</i>	Individual Family Limitation <i>Do Not Apply to Deductible</i>	\$1,000 \$2,000	\$2,000 \$4,000
Copays Paid by Member "Per Visit" <i>Services performed are subject to Deductible. Deductible applies AFTER Emergency Room Copayment made.</i>	Primary Care MD Specialist Physician Urgent Care Facility Emergency Room Chiropractor	\$35 \$50 \$50 \$150 \$35	Deductible Deductible Deductible Deductible Deductible
Vision Exam (<i>through an in network VSP provider</i>)		Covered in Full	
Routine Preventive Care	Per Person	No Copay	Deductible
<u>Prescription Drug Card Benefit</u> <i>Prescription drug services and administration provided by Caremark/CVS, a Prescription Benefit Management Company</i>	<i>Mandatory Generic</i> Generic Drugs Preferred Brand Non-Preferred Brand Specialty Drugs	<u>Retail Copays</u> \$15 \$45 \$60	<u>Mail Order</u> \$45 \$135 \$180
		Deductible / Coinsurance	Deductible / Coinsurance
<p><i>Base Plan - Deductible, copays, cost share amounts & Rx copays for the member. Until the member's claims reach the initial \$5,000 threshold, the balance of these costs are paid by the Employer's Medical Expense Reimbursement Plan. Base Plan claims are processed by Freedom Claims Management, Inc. a Third Party Administrator, after first being submitted to your current carrier for claim discounting and review.</i></p>			
<p><i>Please direct questions to Freedom Claims Management, Inc. at 1-866-792-9151</i></p>			
Umbrella	Applies to Claims Exceeding this Amount →	\$5,000	\$10,000
Employee Cost Share Percentages after Umbrella Policy Level Reached...		<i>Copays Continue</i>	30%
"Umbrella" Out-of-Pocket Maximum	Individual Family	\$6,500 \$13,000	\$19,500 \$39,000
Lifetime Maximum		Unlimited	Unlimited
<p><i>Current Carrier processes and pays eligible, in network claims above the \$5,000 threshold.</i></p>			

Please refer to the final Schedule of Benefits and the Summary Plan Description for all other eligible or ineligible expenses which supersede this handout. Please also refer to the certificate of coverage from Current Carrier for actual details on cost share amounts. This is not a legal document.

ID CARDS: You will have two ID Cards. Present both of them to your providers. Current Carrier will review the claim first and apply the PPO discount. Freedom Claims Management, Inc. will coordinate your reimbursement as secondary payor. Use the Current Carrier and Freedom Claims Management, Inc. card for prescriptions at your participating pharmacy.

Please use participating network physicians and hospitals that participate in your Current Carrier Network in order to maximize benefits and reimbursements. Certain services require Pre-Certification. Please have your provider contact Current Carrier to maximize benefit reimbursement.

5/29/2019



Delta Dental of Nebraska

Delta Dental of Nebraska
Attn: Account MGT Department Coordinator
500 Washington Ave. South, Ste. 2060
Minneapolis, MN 55415

<https://www.deltadentalne.org>

March 1, 2020

Julie Yarmer
2318 Washington St
Great Bend, KS 67530-2457

Dear Julie Yarmer,

Thank you for placing your confidence in Delta Dental of Nebraska! We value our relationship with you and your clients and we appreciate your business.

Enclosed, please find renewal information regarding one of our mutual clients that renews on June 1, 2020. The enclosures include: a Renewal Letter, Renewal Rates Exhibit, and a Dental Benefit Highlights Sheet.

Please ensure that the enclosed renewal documents are delivered to the client.

If you have any questions or need additional information, please feel free to contact me at 1-866-280-8367 or deltadentalconnect@deltadentalne.org.

Sincerely,

Delta Dental Connect SM
Small Group Sales and Service Support

Enclosures:
653943-0001 City of Franklin, NE



Delta Dental of Nebraska

Delta Dental of Nebraska
Attn: Account MGT Department Coordinator
500 Washington Ave. South, Ste. 2060
Minneapolis, MN 55415

<https://www.deltadentalne.org>

March 1, 2020

Raquel Felzien
City Clerk
City of Franklin, NE
619 15th Ave
Franklin, NE 68939-1509

RE: Dental Plan Contract Renewal
Renewal Period: June 1, 2020, Client Number: 653943-0001

Dear Raquel Felzien,

Thank you for choosing Delta Dental of Nebraska. We are pleased to be your partner in your employees' wellness. As the nation's leading dental benefits provider, we know that good oral health is crucial to overall health.

We have completed a comprehensive review of your dental plan premiums. Enclosed are the rates and renewal documents related to your contract renewal. We consider your payment of the new rates as consent to renew your Delta Dental contract.

No action is required from you at this time unless you wish to change your coverage. If so, please contact Julie Yarmer or our Delta Dental Connect team at 1-866-280-8367, DeltaDentalConnect@DeltaDentalNE.org. We can administer many different plan designs and offer a comprehensive analysis of how any changes would affect your rates. Benefit changes can be effective at your renewal, but you must request them no later than thirty (30) days prior to your plan's renewal date.

Renewal of your contract is based on the assumption that your group continues to meet Delta Dental's underwriting guidelines. Because this is a prepaid dental benefits program, your group's first payment at these rates will be June 1, 2020. If you do not wish to renew coverage, please provide notice to us in accordance with your Contract.

Delta Dental appreciates your ongoing business and we look forward to continuing our commitment to excellent service and quality dental benefits for you and your employees. If you have any questions concerning your coverage or rates, please contact Julie Yarmer or the Delta Dental Connect Team at 1-866-280-8367 or DeltaDentalConnect@DeltaDentalNE.org.

Sincerely,

Chekesha Kidd
Chief Commercial Officer and General Manager

cc: Julie Yarmer

Delta Dental of Nebraska
Renewal Rates for City of Franklin, NE #653943
Dental Flex
Effective June 1, 2020

Rates per subscriber per month	Current Rate(s)	Renewal Rate(s)
	June 1, 2019 through May 31, 2020	June 1, 2020 through May 31, 2021
Subscriber only	\$24.65	\$25.90
Subscriber with one dependent	\$50.00	\$52.50
Subscriber with two or more dependents	\$80.05	\$84.05
Overall Percent Change	5.02%	

Rating Requirements

Subscribers and eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

These rates are contingent upon the minimum participation requirement for this plan. If participation goes below the minimum required, Delta Dental reserves the right to offer an alternate plan option or terminate the contract upon renewal.

Rating Assumptions

Our rates include all applicable taxes and fees.

You agree to pay invoice as billed.

Standard subscriber materials will be provided to you to distribute to your members. These include the Summary of Dental Plan Benefits, Certificate, and ID cards.

Printed dentist directories are not included. You can find participating dentists on our website at <https://www.deltadentalne.org>.

Delta Dental of Nebraska
Dental Benefit Highlights for
City of Franklin, NE
Client #653943
Dental Flex



Delta Dental PPO plus Premier

Coverage effective June 1, 2020

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, and fluoride	100%	80%	80%
Radiographs - X-rays	100%	80%	80%
Periodontal Maintenance - cleanings following periodontal therapy	100%	80%	80%
Basic Services			
Space Maintainers - appliances to prevent tooth movement	80%	50%	50%
Emergency Palliative Treatment - to temporarily relieve pain	80%	50%	50%
Sealants - to prevent decay of permanent teeth	80%	50%	50%
Minor Restorative Services - fillings	80%	50%	50%
Anesthesia Services - when medically necessary	80%	50%	50%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Endodontic Services - root canals	50%	50%	50%
Periodontic Services - to treat gum disease	50%	50%	50%
Oral Surgery Services - extractions and dental surgery	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Other Basic Services - misc. services	50%	50%	50%
Relines and Repairs - to bridges, implants, and dentures	50%	50%	50%
Prosthodontic Services - bridges, implants, and dentures	50%	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

Maximum Payment – \$1,000 per person total per Benefit Year on all services.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, prophylaxis, fluoride treatment, X-rays, and periodontal maintenance.

Benefit Waiting Period – There is a 12-month waiting period for certain services. Crown Repair, Major Restorative Services, Other Basic Services, Relines and Repairs, and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months. Endodontic Services, Periodontic Services, and Oral Surgery Services will not be covered until after a person is enrolled in the dental plan for 6 consecutive months.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

Your smile is powerful, it deserves Delta Dental!

Thank you for choosing Delta Dental of Nebraska as your partner in oral health. As a member, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

Dental insurance is designed to pay a portion of the costs associated with your dental care. Having dental insurance is essential to keeping your mouth healthy by providing access to preventive care, such as cleanings and exams, and helps cover more extensive dental procedures such as crowns and fillings.

Quality Dental Benefits

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Manager Your Benefits, Any Time

Our online member portal lets you access your dental plan securely at any time. You can find a dentist, check your benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more – all at your convenience.

Save Money, Go In-Network

With four out of five dentists nationwide in our network, you can easily find a dentist near you and avoid hidden fees and troublesome paperwork.

Questions?

Contact our Customer Service team at 866-827-3319 (TTY users call 711) or visit us at <https://www.deltadentalne.org>.

**City of Franklin, NE
For Client # 653943
Summary of Dental Plan Benefits
Delta Dental PPO plus Premier
Dental Flex**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Nebraska

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, and fluoride	100%	80%	80%
Radiographs – X-rays	100%	80%	80%
Periodontal Maintenance – cleanings following periodontal therapy	100%	80%	80%
Basic Services			
Space Maintainers – appliances to prevent tooth movement	80%	50%	50%
Emergency Palliative Treatment – to temporarily relieve pain	80%	50%	50%
Sealants – to prevent decay of permanent teeth	80%	50%	50%
Minor Restorative Services – fillings	80%	50%	50%
Anesthesia Services – when medically necessary	80%	50%	50%
Major Services			
Crown Repair – to individual crowns	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Prosthetic Services – bridges, implants, and dentures	50%	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Composite resin (white) restorations are Covered Services on posterior teeth.
- Bitewing X-rays are payable once per calendar year. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Oral exams (including evaluations by a specialist and those limited to a specific problem or complaint) are payable twice per calendar year.
- Endodontic therapy is payable once per lifetime. Pulpal debridement, incomplete endodontic therapy, apexification/recalcification, pulpal regeneration, apicoectomy, retrograde filling, biologic materials to aid in soft and osseous

- tissue regeneration, guided tissue regeneration, root amputation, endodontic endosseous implant, intentional re-implantation, and hemisection are not payable services.
- Assessment of salivary flow by measurement is a payable service. Caries risk assessment is payable once in any three-year period for people age 18 and under. Diagnostic casts, consultation on slides prepared elsewhere, and other oral pathology procedures are not payable services.
- Orthodontics (including exposure of an unerupted tooth, placement of device to facilitate eruption of an impacted tooth and surgical repositioning of teeth) are not payable services.
- Fluoride treatments are payable once per calendar year for people up to age 19.
- Complete and partial dentures are payable once in any 10-year period. Reline and rebase of dentures are payable once in any two-year period. Denture repair is payable once in any six-month period. Tissue conditioning is payable once in any two-year period. Replacement of all teeth is payable twice in any 12-month period.
- Crowns are payable once per tooth in any 10-year period. Repair to cast restorations is payable once in any 12-month period. Stainless steel crowns are payable once per tooth in any five-year period for people up to age 19. Protective restoration, interim therapeutic restoration of primary teeth, and post removal are not payable services.
- Bridges are payable once in any ten-year period.
- Clinical crown lengthening, biologic materials to aid in soft and osseous tissue regeneration, guided tissue regeneration, surgical revision procedure, localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue are not payable services.
- Sealants are payable once per tooth per lifetime for the surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Space maintainers are payable once per area per lifetime for people up to age 17. Recement and rebond of space maintainers and removal of fixed space maintainers are not payable services.
- Emergency palliative treatment, fixed partial denture sectioning, general anesthesia, and IV conscious sedation are payable when performed with complex surgical services.
- Extractions, alveoloplasty and vestibuloplasty are payable services. Harvest of bone for use in autogenous grafting, osseous, osteoperiosteal or cartilage graft, sinus augmentation with bone, bone replacement graft for ridge preservation and repair of maxillofacial soft and/or hard tissue defect are payable when performed in conjunction with implants. TMD treatment is not a payable service.
- Four periapical X-rays are payable in any 12-month period. Two occlusal X-rays are payable in any two-year period. Extra-oral X-rays are not payable services.
- Crowns over implants are payable once in any five-year period.
- Implants and implant related services are payable once per tooth in any five-year period.
- Prophylaxes (cleanings) are payable twice per calendar year. Full mouth debridement is payable once per lifetime.

Benefit Waiting Period – There is a 12-month waiting period for certain services. Crown Repair, Major Restorative Services, Other Basic Services, Relines and Repairs, and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months. Endodontic Services, Periodontic Services, and Oral Surgery Services will not be covered until after a person is enrolled in the dental plan for 6 consecutive months.

Missing Tooth Clause – Payment will not be made to replace a missing tooth lost before the start of coverage until the member has been eligible for 24 consecutive months.

Maximum Payment – \$1,000 per person total per Benefit Year on all services.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, prophylaxis, fluoride treatment, X-rays, and periodontal maintenance.

Probationary Period (Waiting Period) – Subscribers who are eligible for Benefits are covered on the date of hire.

Eligible People – Your Spouse and your Children, to the end of the month in which they turn 26, are eligible, including your children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled. Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Subscribers, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under This Plan.

Benefits will cease on the last day of the month in which the employee is terminated.

HOMEOWNER REHABILITATION PROGRAM GUIDELINES

**THE CITY OF FRANKLIN
HOUSING REHABILITATION
PROGRAM GUIDELINES**

**APPROVED AND ADOPTED BY
THE FRANKLIN CITY COUNCIL**

10/2/18

(date)

REVISED _____

Table of Contents

INTRODUCTION	4
I. ADMINISTRATIVE COMPONENTS	4
II. PURPOSE.....	4
ELIGIBILITY CRITERIA – HOUSING REHABILITATION PROGRAM	4
APPLICATION PROCESS AND FORMAL NOTIFICATION OF SELECTION AND NON-SELECTION.....	5
I. PRELIMINARY APPLICATION.....	5
II. FULL APPLICATION.	5
PROGRAM IMPLEMENTATION.....	6
I. DISTRIBUTION OF PROGRAM FUNDS – PRIORITY RANKING SYSTEM.....	6
CONFLICT OF INTEREST.....	6
CLIENT APPEAL / GRIEVANCE PROCEDURE	7
AMENDMENTS	7
TYPES OF ASSISTANCE – NEBRASKA AFFORDABLE HOUSING PROGRAM FUNDS	7
AMOUNTS OF ASSISTANCE.....	9
I. PROJECT FEASIBILITY AND ELIGIBLE EXPENDITURES FOR HOUSING REHABILITATION PROGRAM	9
ELIGIBLE PROPERTIES	9
COMPLIANCE WITH REQUIREMENTS OF HUD’S LEAD-BASED PAINT REGULATIONS	9
POST-REHAB STANDARDS	10
DETERMINATION OF INFEASIBILITY	10
AFFORDABILITY PERIOD	11
RECAPTURE PROVISIONS.....	11
RELOCATION	11
I. RELOCATION TRIGGERED AS RESULT OF ACQUISITION.....	12
REHABILITATION PROCESS	12
CONSTRUCTION PHASE FOR HOUSING REHABILITATION.....	13
RETURN BENEFICIARIES.....	14

FAIR HOUSING ACT.....14

I. MARKETING/EDUCATION/OUTREACH FOR HOMEOWNERS AND CONTRACTORS14

RE-USE OF PROGRAM INCOME.....15

MISCELLANEOUS15

I. HARDSHIP PROVISIONS15

II PUBLICITY AND PICTURES16

ADMINISTRATIVE STRUCTURE.....16

I. GRANTEE – CITY OF FRANKLIN (SCEDD, GENERAL ADMINISTRATOR)16

II. HOUSING REVIEW COMMITTEE.....17

III. HOUSING ADMINISTRATOR (INCLUDING HOUSING REHAB SPECIALIST).....17

APPENDIX A18

APPENDIX B-1.....20

APPENDIX B-2.....21

APPENDIX C-1.....22

APPENDIX C-2.....23

APPENDIX C-3.....24

APPENDIX D26

APPENDIX E:

PHOTOGRAPH AND PUBLICITY RELEASE FORM27

LEAD BASED PAINT PROCEDURES.....28

PROGRAM INCOME REUSE PLAN.....30

Franklin Housing Rehabilitation Program Guidelines

Introduction

These Program Guidelines developed by the City of Franklin (City), are for a community Housing Rehabilitation Program to be implemented within the corporate limits of the City. It is the intention of the Franklin Housing Rehabilitation Program to increase the supply of decent, safe and sanitary housing for low- to very low-income homeowners residing within the corporate limits of the City of Franklin. Further, the City of Franklin Housing Program will promote housing programs that prevent the spread of blight and its influence, provide assistance to those persons of the greatest need, improve the availability and desirability of housing in the targeted counties and communities, discourage the abandonment or neglect of residential dwelling units, promote continued home ownership, increase the attractiveness of existing neighborhoods, and increase local employment.

I. Administrative Components

The City of Franklin serves as the applicant/grantee. The City will provide services to qualified applicants within the corporate limits of Franklin. South Central Economic Development District (SCEDD) will serve as the general administrator for this Housing Rehabilitation Program. Upon grant award and notice of release of funds from the Nebraska Department of Economic Development (NDED), Services will be procured for Housing Administration (which includes the Housing Rehab Specialist) and Lead-Based Paint (LBP) Specialized Services for the project. The responsibilities of each of these components will be clarified later in these Guidelines.

II. Purpose

- To increase the number of good, habitable dwelling units by improving existing housing.
- Improve the health and safety of living conditions in the target counties and communities.
- Improve the desirability of housing in the target counties and communities.
- To preserve and enhance housing stock for future generations.
- To discourage the abandonment or neglect of residential dwelling units.
- To promote continued home ownership through assistance to persons of greatest need.
- To increase local employment.

Eligibility Criteria – Housing Rehabilitation Program

- A. Applicant Eligibility – Persons assisted with Nebraska Affordable Housing Program (NAHP) Owner Occupied Rehab funds must have incomes at \leq 80% of AMI. Income eligibility and verification that applicant meets 80% AMI will be determined according to the definition found in 24 CFR Part 5.609. This definition requires the use of annual anticipated gross income during the next 12 months.

2019-2018 Maximum Family Income Limits for Eligibility

Income guidelines are based on Dept. of Housing and Urban Development (HUD) Housing Assistance programs as approved by the Nebraska Dept. of Economic Development (DED). Limits may be updated annually as they are received from HUD and approved by DED. (Income levels will be verified according to 24 CFR Part 5.)

A. According to NDED, the Nebraska Affordable Housing Program financial assistance to the unit provided to the homeowner will not exceed the maximum per unit NAHP subsidy for the county in which the property is located. For the most current income limits and information, see: <http://opportunity.nebraska.gov/grow-your-community/data-for-applicants-and-grantees/>

B. This Program has established that the total amount of funds expended per dwelling will not exceed \$25,000. This limit is more appropriate for the housing stock in the target areas, and also allows more homes to be assisted through this Program.

APPLICATION PROCESS and FORMAL NOTIFICATION OF SELECTION AND NON-SELECTION

I. Preliminary Application.

This application consists of questions related to family size and composition, income, housing-related expenses, etc. Application information will be reviewed and evaluated by the Program Management staff, on a confidential basis. Homeowners who do not meet basic eligibility requirements will be notified in writing including a statement of the reason they are ineligible for assistance. Homeowners who are eligible will be notified in writing.

II. Full Application.

Homeowners are expected to complete an application and send this to the Housing Rehabilitation Specialist for review and processing. Review of the application will begin as soon as practical after it is received. Applications will be processed on a **first-ready, first-served basis**. Referrals for all appropriate applicants will be made to various local agencies and other local reuse programs, as appropriate, to encourage partnering of funds for a common goal of assisting homeowners with rehabilitation requirements.

The Housing Specialist's review process involves the verification of income through bank statements, income tax returns, asset verification, employment pay stubs and employer verification, and any other steps deemed necessary. Other eligibility requirements will be confirmed through review of the property deed and title check (method of determination of homeownership), dwelling insurance coverage and paid property tax receipts. The Housing Rehabilitation Specialist will also conduct a thorough health and safety inspection of the home, as well as a rehab needs assessment. The preliminary inspection of the home will give a good indication of whether the house will be economically feasible for rehabilitation. Following this, for all homes built prior to 1978, a lead-paint inspection will be completed, and if necessary, a lead-based paint risk assessment. The Housing Rehabilitation Specialist will complete a work write-up, incorporating rehab issues relevant to any identified lead-based paint, based on the lead hazard control plan completed by the licensed risk assessor. The Priority Point Sheets located in Appendix B of these Guidelines will be utilized for ranking applications prior to submission for consideration. Each project along with its priority point information and list of

needed repairs and an estimated cost will be presented anonymously to the designated Housing Review Committee for approval or denial.

The Housing Rehabilitation Specialist will send a letter to each applicant as to the results of the review process, indicating next steps for successful applicants and informing unsuccessful applicants the reason for their denial.

PROGRAM IMPLEMENTATION

I. Distribution of Program Funds – Priority Ranking System

The stated number of homes targeted for the Program is eight (8) homes located in the corporate limits of Franklin, at a maximum of **\$25,000 per housing unit through the NAHP program.**

A Priority Ranking System (see Appendix B1) will be utilized for the ranking of received applications. Points will be assigned accordingly as outlined in Appendix B.

Given the number of preliminary statements of interest received from local citizens, it is anticipated that the City will not have any difficulty utilizing the rehab funds.

CONFLICT OF INTEREST

No member of the governing body and no officer, employee, or agent of the City of Franklin who exercises policy, decision-making functions or responsibilities in connection with the planning and implementation of the Rehabilitation program shall:

1. Participate in the selection, award or administration of a contract supported by NAHP funds if a conflict of interest, either real or apparent would be involved.
2. Directly or indirectly benefit from this program. This prohibition shall continue for one year after an individual's relationship with the City of Franklin ends. Any other employee, officer, or board member may be eligible, but will be treated no differently in the determination of applications accepted for funding. Enclosed with this person's application shall be a statement of disclosure that outlines the nature of possible conflict and a description of how the public disclosure was made. Included will also be verification that the affected person has withdrawn from the active involvement in any loan related issues.
3. Accept gratuities, favors or anything of monetary value from contractors, potential contractors or parties to any sub-agreement;
4. Obtain a financial interest or benefit from a Program activity;
5. Have an interest in any contract, subcontract or agreement for themselves or for persons with business or family ties.

If the Board or Executive Committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board or Executive Committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Exception: Upon written request, exceptions may be granted by the Nebraska Dept. of Economic Development on a case by case basis to the conflict of interest provisions only after the City has done both of the following:

- Disclosed the full nature of the conflict and submitted proof that the disclosure has been made public.
- Provided a legal opinion stating that there would be no violation of state or local law if the exception was granted.

CLIENT APPEAL / GRIEVANCE PROCEDURE

In the event that any applicant feels he or she has been unfairly treated or discriminated against during the process of selection of projects to be funded, or within any other segment of the housing rehabilitation program, s/he may appeal the decision by writing either to the Rehab Committee or to the General Administrator who will attempt to resolve the problem. The Rehab Committee will make a written response to the appeal within 15 working days. If the homeowner is not satisfied with the response, a complaint may be filed with the City of Franklin, which will make a written response to the appeal within 30 days. As the grantee, the City of Franklin is held responsible for the overall program so a review of grievance or appeal documentation is prudent. The decision of the City of Franklin is final within that entity. In the event that the homeowner is not satisfied with the City's decision, a neutral third party individual will be retained to hear the grievance. The individual/entity will be knowledgeable about the NAHP program and the OOR program and experienced in the fields. This individual/entity will hear the grievance, conduct an investigation into the matter (if deemed appropriate) and communicate in writing his/her decision. If the homeowner is not satisfied with the response, a complaint may be filed with the Nebraska Department of Economic Development.

AMENDMENTS

Any material change in these Program Guidelines must be approved by the City of Franklin and the Nebraska Department of Economic Development. Amendment requests will be in writing to the City for action and then forwarded on to the NDED for review and decision.

TYPES OF ASSISTANCE – Nebraska Affordable Housing Program Funds

It is the expressed intent of this rehabilitation program to benefit low-and moderate income owner occupants within the Program Area. Actions taken by or on behalf of owner occupants to circumvent this intent are prohibited. To affect this intent, owner-occupants receiving housing rehabilitation assistance under this program shall immediately advise the Program of any event that may alter this intent.

- A. The City of Franklin has implemented **the following program for participation** ~~three different levels of participation~~ in the rehab program.

Program:

- a. **Owner occupied units only.**
- b. **Applicant's annual gross income must be at or below the low income (80% level) status of HUD's Income Limits Documentation System. For the most current income limits and information, see:**
https://files.hudexchange.info/reports/published/HOME_IncomeLmts_State_NE_2019.pdf.

- c. Original principal (loan) is forgiven on a prorated monthly basis over a period of five (5) years. (A recapture period of no less than five (5) years is required of every applicant receiving funds in this program.)
- d. No interest on the loan accrues.
- e. Applicant's liquid net worth of less than \$75,000 excluding residence.
- f. Remaining balance of loan falls due (to the City) in the event the owner vacates the property, in the event the property is no longer the primary residence of the applicant, the property is rented out, or upon transfer of title of the property.

Program A:

- ~~g. Owner occupied units only.~~
- ~~h. Applicant's annual gross income must be at or below the low income (80% level) status of HUD's Income Limits Documentation System. For the most current income limits and information, see:
<https://www.huduser.gov/portal/datasets/il.html>~~
- ~~i. Applicant will repay loan principal at 2% interest with payments not to exceed 20 years.~~
- ~~j. Applicant's liquid net worth of less than \$75,000 excluding residence.~~
- ~~k. Remaining balance of loan falls due (to the City) upon transfer of title of the property.~~

Program B:

- ~~l. Owner occupied units only.~~
- ~~m. Applicant's annual gross income must be at or below the very low income (50% level) status of HUD's Income Limits Documentation System. For the most current income limits and information, see:
<https://www.huduser.gov/portal/datasets/il.html>~~
- ~~n. Applicant will repay loan principal at 0% interest with payments not to exceed 20 years.~~
- ~~o. Applicant's liquid net worth of less than \$75,000 excluding residence.~~
- ~~p. Remaining balance of loan falls due (to the City) upon transfer of title of the property.~~

Program C:

- ~~q. Owner occupied units only.~~
- ~~r. Applicant's annual gross income must be at or below the extremely low income limits level status of HUD's Income Limits Documentation System. For the most current income limits and information, see:
<https://www.huduser.gov/portal/datasets/il.html>~~
- ~~s. Original principal (loan) is forgiven on a prorated monthly basis over a period of 5 years. (A recapture period of no less than 5 years is required of every applicant receiving funds at this program level.)~~
- ~~t. No interest on the loan accrues.~~
- ~~u. Applicant's liquid net worth of less than \$75,000 excluding residence.~~
- ~~v. Remaining balance of loan falls due (to the City) upon transfer of title of the property.~~

- A. Remaining balance of invested program funds falls due when the property is sold, upon transfer of title of the property, or when the property ceases to be the primary residence of the homeowner enrolled in this Program.

- B. ~~Regardless of the income level,~~ All homeowners participating in the program must sign a promissory note stipulating the amount owed in the event that the owner attempts to sell or rent the rehabilitated unit after completion of the project and prior to the required minimum 5 (five) affordability period or satisfaction of any loan repayment arrangements. If an owner wishes to sell, has need to sell or rent the property prior to the expiration of the deferred loan period, the loan becomes due in full at the time the property is rented or sold. Program shall be reimbursed at the monthly pro-rata rate for the sixty (60) month period.
- C. The Housing Administrator will file a lien against each home to be rehabilitated through this grant and the homeowner(s) will be required to sign an Occupancy Agreement in which the “principal residence” requirement is emphasized.

Should the homeowner wish to invest some of their own funds into a project, a request shall be made to the Housing Review Committee for consideration by the Committee and Housing Rehabilitation Staff.

AMOUNTS OF ASSISTANCE

I. Project Feasibility and Eligible Expenditures for Housing Rehabilitation Program

The Housing Rehab Specialist will make a determination of economic feasibility for each house under consideration. **This includes consideration of issues/costs related to lead-based paint.** In general, a property will be determined infeasible for rehabilitation if the cost of repairs exceeds \$25 per square foot, or the estimated cost of the rehabilitation is greater than **\$25,000**. Housing Rehab Specialist personnel will make recommendations to the Housing Review Committee for applicant homes. The Housing Committee may render any of the following four determinations, based on its judgment, on all facts, circumstances, and advice:

1. The project is deemed economically feasible and eligible to be rated for funding.
2. The project may be approved with a funding limitation so as to be considered feasible.
3. The project may be delayed for further study and consideration.
4. The project is not economically feasible.

If the City’s Housing Review Committee makes the determination that a proposed project is not economically feasible, the applicant may appeal the determination by following the Client Appeal / Grievance Procedure

Assistance will not exceed the Nebraska Affordable Housing Program maximum per unit subsidy for Franklin County, Nebraska.

ELIGIBLE PROPERTIES

COMPLIANCE WITH REQUIREMENTS of HUD’s LEAD-BASED PAINT REGULATIONS

The City of Franklin will follow HUD’s Lead-Based Paint Regulations. The use of lead-based paint is strictly prohibited. A more detailed outline of the City’s lead based paint procedures is attached.

POST-REHAB STANDARDS

Properties must be feasible for being brought into compliance with NDED's minimum rehabilitation standards and upon completion of rehab, will, at a minimum, meet DED standards or DED Rehab standards. The maximum purchase price or after rehabilitation value will not exceed 95% of the median purchase price for the area. For more information, see:

<http://opportunity.nebraska.gov/grow-your-community/data-for-applicants-and-grantees/>

A. Determination of Home Ownership

- Home must be single-family, owner-occupied and the home must be within the corporate limits of the City of Franklin. Demonstration of homeownership will be by property deed or other similar legal document, and this will be verified with the county's Register of Deeds by the Housing Administrator. Rental units are not eligible for this Program
- Properties will be in locations where safe, sanitary, and adequate water supplies and sewage disposal are currently available for use.
- Properties shall be single-family dwelling units.
- Mobile homes and emergency repairs will be ineligible for rehabilitation assistance.
- Applicants must have a net worth of less than \$75,000, excluding residence.
- Property taxes must be paid current at the time that the City and the homeowner sign the housing rehabilitation agreement, and any taxes owed to the county and/or community must be paid and kept current. Any debts owed to the City of Franklin are paid and/or kept current.
- During the continuance of this project and subsequent time period of the deferred loan period and/or payment period, the homeowner must keep the property in good and substantial repair.
- Properties shall be free and clear of any debris that jeopardizes public safety and/or impairs the appearance of the neighborhood. Properties must remain debris-free for the duration of the program lien period. Debris shall include, but not be limited to: inoperable automobiles, machinery, appliances, tires and accessories, noxious weeds, discarded metal and other unsightly rubble.
- Properties within federally determined flood plains are not eligible for rehabilitation under this program.
- Owner-occupants will need to carry a basic dwelling insurance policy of at least 90% of replacement costs and the coverage must be, at a minimum, equal to all unpaid home loans (mortgages/deeds of trust) filed against the property. **The City must be listed as a loss payee on participating homes.**
- All enrolled projects must be completed within 24 months of grant award to the City.
- Rental units and vacant properties are not eligible.

DETERMINATION OF INFEASIBILITY

The Housing Rehab Specialist will make a determination of economic feasibility for each house under consideration by the Program. **This includes consideration of issues/costs related to lead-based paint.** In general, a property will be determined infeasible for rehabilitation if the cost of repairs exceeds \$25 per square foot, or the estimated cost of the rehabilitation is greater than **\$25,000.**

Replacement housing for properties that are not economically feasible is not available through this Program. All costs related to any temporary relocation of the owner-occupants required as a result of the rehab work funded through this Program will be the responsibility of the homeowner.

AFFORDABILITY PERIOD

~~Regardless of the income level,~~ All homeowners participating in the program must sign a promissory note stipulating the amount owed in the event that the owner attempts to sell or rent the rehabilitated unit after completion of the project and prior to the required minimum 5 (five) year affordability period **or** satisfaction of any loan repayment arrangements. If an owner wishes to sell, has need to sell or rent the property prior to the expiration of the deferred loan period, the loan becomes due in full at the time the property is rented or sold. Program shall be reimbursed at the monthly pro-rata rate for the sixty (60) month period.

RECAPTURE PROVISIONS

The City of Franklin will require all participants to execute/sign a Deed of Trust naming the City as the “loss payee” or beneficiary in the event that a homeowner sells, transfers title, rents or vacates a property prior to the end of either the 5-year affordability period or loan repayment period. Deed restrictions will be written to reflect the occupancy requirements of this program. The City’s attorney will work with program personnel to draft these documents.

The City will take steps to ensure that the participants maintain the assisted property as the principal residence. The City will periodically monitor the property for evidence of occupancy by the assisted homeowner. Steps to be taken, but may not be limited to: periodic observation of property to determine occupancy (not vacated); a change in utility billings (example: from assisted homeowner to a “renter” or new occupant who does not own the home); observation for property maintenance (example: no overgrown grass or uncleaned drives, etc.)

In the case of recaptured funds generated when a homeowner sells a property, transfers title, rents or vacates an assisted property prior to the end of the affordability period, those funds will be used to assist subsequent eligible homeowners with housing costs and project specific related soft costs as HUD and NDED guidelines allow.

In the event an appraisal determines that insufficient equity exists in the home to meet the obligations of this Program at the time of sale or transfer, the homeowner is to pay the City of Franklin 100% of any net proceeds received and the City of Franklin shall consider the loan(s) paid in full. Net proceeds are defined as the sales price minus Franklin loan repayment (apart from NAHP funds invested) and any closing costs.

RELOCATION

The City of Franklin Housing Rehabilitation program will not pay for relocation expenses. Rehabilitation Construction contracts call for the contractor to maintain the home in a manner which does not trigger a need for relocation. The decision to relocate will typically be the voluntary decision of the client and not a condition of this program plan or work write-up. Any costs of client driven relocation shall be the responsibility of the client/program recipient. As this housing rehabilitation program is a voluntary program, the client/program recipient may elect to not participate in the program should they determine that they are not able to or do not desire to be responsible for any relocation costs.

While relocation is not anticipated, there may be times when construction issues arise (such as compliance with Lead Safe Work Practices) where temporary relocation is triggered. It is the policy of the City of Franklin that the CDBG funded Housing Rehabilitation program will not fund those relocation costs and the client/program recipient/owner occupant will be responsible for said relocation costs.

I. Relocation triggered as result of Acquisition

The City of Franklin does not plan to undertake the acquisition activity as part of the Housing Rehabilitation program. The Franklin Housing Committee, Mayor and City Council are cognizant of the requirements of 49.CFR 24.101 and its application to any acquisition of real property for a direct Federal program or project. Furthermore, in the event that at some point the City of Franklin does undertake an element of acquisition (voluntary or involuntary) within its jurisdictional boundaries and proposes to use federal funds as part of the overall project, **in cases where either voluntary or involuntary acquisition is anticipated, DED will be contacted prior to any action.**

REHABILITATION PROCESS

The City will enforce local building code in the implementation of this project. In the absence of codes to address an unforeseen situation in which the local codes are silent, each community/county currently follows the building codes set forth in the Building Officials and Code Administrators (BOCA) guidelines as this is what the State enforces. **The minimum standards to be met on any rehabbed unit are NDED's Minimum Standards for Rehabilitation.**

Eligibility expenditures for bringing the structure up to minimum standards include:

Remediation/Interim Controls of Lead-Based Paint Hazards (as mandated). Lead based paint procedures are attached and incorporated as such into these guidelines.

Structural Repairs to:

- Foundations
- Sagging or rotten beams, joists, columns
- Stairs and porches
- Roofs and chimneys
- Floors

Modernization of:

- Plumbing and plumbing fixtures
- Furnace, water heaters, and air conditioners
- Lighting and wiring

Energy Conservation and Weatherproofing, Including:

- Insulation of ceilings and walls
- Repair or replacement of windows and doors
- Caulking and weather stripping
- Installation of storm windows and doors
- Removal and installation of roof covering
- Painting or replacement of siding

General Interior Renewal and Modernization:

- Repairing of walls, ceilings, and floors
- Painting and paneling
- Room rearrangement
- Additions to alleviate overcrowding conditions

Not all rehabilitation improvements are equally important. Priority improvements will be made before any lower improvements are done. The following is the grouping for priority improvements:

1. Mandatory improvements for health and safety, lead-based paint hazards remediation/interim controls, deteriorated structural elements, heating (when there is none or it is unsafe), electrical wiring that is clearly hazardous.
2. Accessibility needs for disabled persons.
3. Energy conservation measures.
4. Incipient improvements, such as iron pipes or rain gutters, where there is not currently a problem, but a problem could occur if not corrected.

Priority points are assigned based on the above (see Appendix B-2).

CONSTRUCTION PHASE FOR HOUSING REHABILITATION

Upon decision of the Housing Review Committee to fund a specific project, the following steps will be taken:

- Housing Administrator will prepare and send to homeowners a set of preliminary documents. These must be signed and returned before any work can begin. The signed and notarized Deed of Trust will be filed with the County Register of Deeds to place a lien on the property.
- The applicant will attempt to solicit three (3) bids from contractors. For work involving lead-based paint, the contractor(s) must be appropriately trained, and provide documentation demonstrating such. The applicant will forward all bids to the Housing Specialist to review prior to selection of the contractor. The Housing Rehabilitation Specialist will alert the applicant to any red flags or concerns regarding the bids, and then the applicant will make his or her final selection.
- Housing Rehab Specialist will issue a contract for all parties to sign.
- Once the signed contract is returned to the Housing Rehab Specialist, s/he issues a Notice to Proceed to the contractor.
- Contractor performs the work with progress inspections made by the Housing Rehab Specialist as needed. Inspections will be made as the work progresses. Final payment inspections are made as well.
- Contractor Payment Request form is submitted by the contractor to the homeowner or the Housing Rehabilitation Specialist and must be approved by both. Checks will be issued in the contractor name; however, the check will be mailed to the homeowner to then pass on to the contractor. The act of passing the check on to the contractor will be the homeowner(s) indication of his or her satisfaction with the work performed. Any concerns about the performance of the contractor should be presented to the Housing Rehabilitation Specialist as soon as they arise so s/he may assist in mediating / resolving the issues.
- Housing Rehab Specialist should be notified of any changes in the work so that he can determine eligibility of the new plans, as well as funds availability, and issue a change order if indicated.

- Housing Rehab Specialist will perform a final inspection, in the presence of the home owner and contractor to insure all repairs have been completed according to project specifications and satisfactory work has been accomplished before final payment is made.
- **For those homes that require Clearance Testing due to lead-based paint, this testing will be performed in compliance with HUD's regulations before reoccupation of the rehabbed area/dwelling.**
- Contractor files Final Pay Request. A waiver of lien will be required from each contractor.
- Homeowner enters into a formal deferred loan agreement with the lien holder once all work is complete and all contractors paid in full.

The City of Franklin will be the lienholder of promissory notes and Deeds of Trust.

RETURN BENEFICIARIES

If a property has been rehabilitated under a CDBG or HOME funded program within the last ten (10) years, ten (10) points will be deducted from the applicant rating and selection scoring. The City of Franklin does not intend to discourage return beneficiaries but wants to make sure the funds are used to maximize the benefits for as many qualified applicants as possible.

FAIR HOUSING ACT

No eligible homeowner within the City of Franklin who wishes to participate or make application to this program, shall be discriminated against solely on the grounds of race, color, national origin, religion, familial status, disability or sex. They shall not be excluded from participation in, be denied benefits of or be subjected to discrimination under any part of Owner-Occupied Rehabilitation Program in accordance with the Fair Housing Act.

I. Marketing/Education/Outreach for Homeowners and Contractors

Program Administrators will work to provide homeowners / prospective applicants with specifics about the Program, such as eligibility requirements, how to apply, what activities are covered by these funds, lead-based paint regulations, etc.

Applicants - Upon receipt of a Notice of Award from the State of Nebraska, letters will be sent to all parties who have expressed initial and early interest in the program as follows:

- 1) News Releases will be distributed to print and radio media, and flyers will be sent to numerous community service organizations approximately 60 days following Notice of Award, requesting interest in applying for OOR loan funds when available.
- 2) If, at the end of this program, there are additional homeowners interested in rehabilitation of their property, they will be added to a Waiting List. Waiting List Households will be notified via mail if additional program funds are acquired either through future applications for funds or through return of program funds to the City. – Waiting list households will be given 30 calendar days to request an application packet from the program for consideration (if funds are available through recapture) or to express their preference to remain on the list. If no response is received by program staff at the end of the thirty-day period, names of contacted households will be removed from or moved to the end of the waiting list and notice will be given of such.

The purpose of this step-approach is two-fold: 1) to inform households that have expressed an

interest in the program early on that funds may be available soon, and advise them of the required documentation required for application processing, and 2) to speed up the application process so funds may be committed as quickly as possible. Sample letters have been provided as Appendix C-1, C-2 and C-3 in these Program Guidelines.

The City of Franklin recognizes the importance of marketing this Program to families in need with an emphasis on attempting to reach those least likely to apply. Marketing to special populations will be done through flyers and phone calls. Though tenants of public housing and manufactured housing will not be assisted in an owner-occupied rehabilitation program, household owners least likely to apply will be targeted through Head Start, Senior Centers, Community Action programs, Veterans Offices, Assistive Technology, vocational rehabilitation and Health and Human Services offices, and other civic and service agencies that serve the City of Franklin.

Contractors – Upon receipt of a Notice of Award from the State of Nebraska, letters will be sent to all Contractors who have expressed interest in working with the program, as follows:

- 1) Contractors on Interest List or Previous Service List (those who have demonstrated prior experience with NAHP projects)– Letter will be mailed 1 week after Notice of Award, giving contractors the opportunity to officially place their name on an “Interested Bidders” list for homeowners to select from for home rehabilitation services.
- 2) All Others – A news release will be distributed to print and radio media approximately 30 days prior to anticipated Release of Funds, requesting interested contractors contact Administrators to receive information about the program and place their name on an “Interested Bidders” list for homeowners to select from for home rehabilitation services.

The purpose of this step-approach is two-fold: 1) to inform contractors that have expressed an interest in the program early on that funds may be available soon, and request their permission to be placed on an “Interested Bidders” list, and 2) to speed up the rehabilitation bid process so funds may be committed as quickly as possible. A sample letter has been provided as Appendix D in these Program Guidelines.

RE-USE OF PROGRAM INCOME

Reuse income generated through the 2018 NAHP Owner Occupied Rehab Program (Pre-App #18-HO-34055; Final App #18-HO-34055 will continue NAHP-eligible rehabilitation housing activities as described in the Program Guidelines for this grant award, with rehabilitation funds and project specific related soft costs as HUD and NDED guidelines allow. From the reuse funds collected, the maximum amount available for project administration is 10%. In the event of recaptured funds during the initial program, the recaptured funds will be applied to the current project prior to any additional funds requests.

A more complete reuse plan is made a part of the City’s records and is attached to this document.

MISCELLANEOUS

Hardship Provisions

In the event of unforeseen hardship during the time the homeowner is participating in the Franklin Housing program, it is the responsibility of the homeowner to make the hardship known and to provide necessary documentation to establish proof that a hardship exists that may negatively (long-term) impact his/her participation in this program.

Publicity and Pictures

The City of Franklin will seek to collect photographs of properties that participate in the program. The purpose of the photographs will be to demonstrate the investment of project funds into eligible properties and to be made available as requested to the funding agency, the Nebr. Department of Economic Development.

The City of Franklin and its administrative representatives will request written permission to collect and use photographs of participating properties for possible use in future promotion of housing projects. These photographs may include: “before and after” pictures of indoor, outdoor and grounds photos.

The collected photos may be requested by and made available to the State of Nebraska Department of Economic Development/Housing Division and may be utilized in illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. The pictures may also be included in reports to the Nebraska State Legislature. Picture usage will be at the discretion of the Department of Economic Development and City of Franklin.

Any photos utilized as described above will not be explicitly identified as belonging to a specific homeowner.

The decision as to whether or not to allow pictures of the property will have no bearing on an applicant’s eligibility in the program. A written release is included in the Homeowner’s application and attached as Appendix E to these guidelines.

ADMINISTRATIVE STRUCTURE

The responsibilities of each entity are outlined below.

I. Grantee – City of Franklin (SCEDD, General Administrator)

- Conduct Program’s environmental review.
- Complete steps necessary to secure Release of Funds from NDED.
- Market and provide immediate oversight of the project.
- Inform the Housing Board of program progress and issues.
- Work cooperatively with Administrative Staff to ensure the collection of all data, reports, records, documents, etc., as needed to meet NDED reporting requirements.
- Initiate draw down of funds with NDED.
- Complete all required reports for NDED (Quarterly, Semi-Annual, etc.) and attend required meetings.
- Approve all legal and financial aspects of the program, including contracts, program reports and expenditures.
- Serve as the final Board where homeowners may bring determinations they wish to appeal.
- Complete all close-out requirements for grant.
- Track repayment schedules after closeout of the Grant.
- Approve / Amend Program Guidelines, subject to the recommendations of the Housing Board.

II. Housing Review Committee

- Approve or deny each application from its target area presented by the Program Administrator / Housing Rehab Specialist.
- Serve as the initial Committee where homeowners may bring determinations they wish to appeal.
- Serve as the liaison between the City of Franklin and the Housing Administrator. In this capacity, the Review Committee will work cooperatively with the Housing Administrator to address any Program issues or concerns that may arise and convey the outcomes to the City of Franklin.
- Make recommendations regarding approving / amending the Program Guidelines as agreed upon by both boards.
- This Committee will consist of five designated representatives from a variety of business and professional fields in the community.

III. Housing Administrator (including Housing Rehab Specialist)

- Advertise, arrange for and conduct public meetings with contractors and prospective homeowners.
- Process homeowner applications.
- Perform DED Minimum Standards Inspections.
- Conduct environmental reviews on individual program homes as indicated.
- Determine work to be performed and economic feasibility of projects.
- Prepare Work Write-up for eligible properties under consideration and present to the Housing Review Committee for approval or denial.
- Oversee the day-to-day operation of the rehabilitation program.
- Prepare all program loan documents and file necessary liens.
- Conduct on-site progress inspections and meet with contractors and homeowners as needed and appropriate.
- Ensure all necessary lead-based paint inspections, assessments, occupant relocations, interim controls and clearance testing occur as required.
- Conduct final inspections of all work.
- Prepare Claim Forms for payment of rehab work, and track related project budgets.
- Prepare and complete closeout documentation on all program participants' files.

APPENDIX A

Income and Level Guidelines

Income Chart for Housing Rehabilitation Program

INCOME THRESHOLD FOR HOUSEHOLD – As of 6/28/19 (subject to change)								
PROGRAM	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
A	39,200	44,800	50,400	56,000	60,500	65,000	69,450	73,950

INCOME THRESHOLD FOR HOUSEHOLD – As of 4/1/18 (subject to change)								
PROGRAM	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
A(80%) Low Income	38100	43550	49000	54400	58800	63150	67500	71850
B(50%) Very Low Income	23800	27200	30600	34000	36750	39450	42200	44900
C-Ex- tremely low income	14300	16460	20780	25100	29420	33740	38060	42380

Income guidelines are based on Dept. of Housing and Urban Development (HUD) Housing Assistance programs as approved by the Nebraska Dept. of Economic Development (DED). **Limits may be updated annually as they are received from HUD and approved by DED. (Income levels will be verified according to 24 CFR Part 5.)**

According to NDED, the Nebraska Affordable Housing Program financial assistance to the unit provided to the homeowner will not exceed the maximum per unit NAHP subsidy for the county in which the property is located. For the most current income limits and information, see <https://www.huduser.gov/portal/datasets/il.html>
<https://www.hudexchange.info/programs/home/home-income-limits/>

Level Guidelines for Housing Rehabilitation Program

Regardless of the income level, all homeowners participating in the program must sign a promissory note stipulating the amount owed in the event that the owner attempts to sell or rent the rehabilitated unit after completion of the project and prior to the satisfaction of any loan repayment arrangements. If an owner wishes to sell, has need to sell or rent or vacates (long-term) the property prior to the expiration of the loan period, the deferred balance is due and payable at such time the property is rented, sold or vacated. The Housing Administrator will file a lien against each home to be rehabilitated through this grant and the homeowner(s) will be required to sign an Occupancy Agreement in which the “**principal residence**” requirement is emphasized.

APPENDIX B-1

**HOUSING REHABILITATION PROGRAM
PRIORITY RATING GUIDE**

INCOME:

- ~~Below Level C Income~~ 35
- ~~Below Level B Income~~ 25
- Below Level A Income 15
- Housing Expenses Exceed 30% of Income 15

HOUSEHOLD CHARACTERISTICS:

- Disabled 10
- Elderly (62+) 10

ECONOMIC FEASIBILITY:

Project cost under:

- \$10/square foot 15
- \$15/square foot 10
- \$25/square foot, or not exceeding \$25,000 5

GRANT IMPACT:

- Bring home up to accepted DED Minimum Rehab Standards 20
- Energy Conservation 10

YOUR TOTAL POINTS:

TEN POINTS WILL BE DEDUCTED FROM applicant rating and selection scoring if a property has been rehabilitated under a CDBG or HOME funded program within the last ten (10) years.

APPENDIX B-2

**HOUSING REHABILITATION PROGRAM
PROPERTY GUIDELINES**

PRIORITY I.

- A. 10 points – Exterior structure, roof, siding, windows and doors _____points
- B. 10 points – Foundation, sidewalks & entryways _____points
- C. 10 points – Electrical wiring (interior & exterior) _____points
- D. 10 points – Lead based paint (removal) _____points
- E. 10 points – Heating system, new energy efficiency guideline and
ventilation _____points
- F. 10 points – Sewer and water (proper installation thereof) _____points
- G. 10 points – Health and safety standards _____points
- H. 10 points – Insulation _____points

PRIORITY I. TOTAL POINTS _____

PRIORITY II.

- A. 5 points – Adequate living space _____points
- B. 5 points – Interior Air quality _____points
- C. 5 points – Sanitation Facilities (proper toilet & private room).
Shower & tub hot & cold water _____points
- D. 5 points – Excessive accumulation of trash _____points

PRIORITY II. TOTAL POINTS _____

PRIORITY III.

- A. 3 points – Interior flooring _____points
- B. 3 points – Closets and storage areas _____points
- C. 3 points – Rodent and vermin infestation (termites) _____points
- D. 3 points – Interior stairways _____points

PRIORITY III. TOTAL POINTS _____

PRIORITY IV.

- A. 0 points – General improvements – Aesthetic in nature _____points

TOTAL PRIORITY I, II, III, & IV _____

APPENDIX C-1

(Statement of Interest Letter **Example**)

Dear Housing Rehabilitation Funds Applicant:

The City of Franklin is pleased to announce that we have received a Notice of Award for Owner-Occupied Rehabilitation Grant funds that should be available soon for eligible households in our community.

All applications, regardless of when they are received, will be considered on a **“First-Ready, First-Served”** basis; therefore, it is important that you provide all required documentation with your completed application, to be considered as early as possible for these funds.

Attached you will find a “Checklist of Required Documents for Program Eligibility Determination.” I encourage you to begin gathering these documents, as they will be required to be submitted with the full application.

To receive an application packet, please return the enclosed self-addressed, stamped postcard no later than 30 calendar days from the date of this letter or _____, 20_____.

We hope to assist you with your home rehabilitation needs. Many thanks!!

Sincerely,

Housing Administrator

APPENDIX C-2

(Waiting List Letter **Example**)

Dear Housing Rehabilitation Funds Applicant:

The City of Franklin has generated some program income from our Owner Occupied Rehabilitation project.

Because your name has been on a waiting list for these future funds, we are giving you an opportunity to request an application for consideration and qualification to utilize these funds.

All applications, regardless of when they are received, will be considered on a “**First-Ready, First-Served**” basis; therefore, it is important that you provide all required documentation with your completed application, to be considered as early as possible for these funds.

Attached you will find a “Checklist of Required Documents for Program Eligibility Determination.” I encourage you to begin gathering these documents, as they will be required to be submitted with the full application.

To receive an application packet, please return the enclosed self-addressed, stamped postcard within 30 days of the date of this letter. If we do not hear from you by the end of 30 days, we will take that as your indication that you no longer have an interest in participating. It is very important to express your interest as soon as possible. So, please do not wait until the end of the 30 days to return the postcard.

We hope to assist you with your home rehabilitation needs. Many thanks!!

Sincerely,

Housing Administrator

APPENDIX C-3

CHECKLIST OF REQUIRED DOCUMENTS FOR PROGRAM ELIGIBILITY DETERMINATION

This Checklist is provided to help you through the process of gathering the documentation we need in order to determine your eligibility for the Housing Program. Please provide these items with your Housing Application. If not, this will delay the process for you.

- Copy of Social Security cards of all household members.**
- Copy of most recent bank statements.** Provide at least one full month's worth of activity.
- Copy of most recent year's federal income tax return (full set of forms).** If you do not file taxes, we need signed letter stating this.
- Copy of most current pay stubs of all occupants of household (if working).** If you are self-employed, we need a copy of your last three years' federal tax returns – complete sets. We average your income over the last 3 years to project ahead for the next year.
- Employer Verification Form for each working household member (see enclosure).** You must complete and sign the top section of this form and the bottom section must be completed by your employer. The form is to then be returned to us by your employer. Contact us if you need additional copies. If you are not employed, indicate such on the Household Survey.
- Asset on Deposit Form for each of your Banks (see enclosure).** You must complete and sign the top section of this form and the bottom section must be completed by your Bank. The form is to then be returned to us by the Bank. Contact us if you need additional copies. If you do not have any bank accounts, indicate such on the Household Survey.
- Documentation of Other Assets.** If you have an investment account, such as stocks, a retirement account or an IRA, we need a statement from the financial institution where this account is held giving us the balance of this account. If you have a whole life insurance policy we need a statement from the insurance company reflecting its value. These assets must be considered with your application.
- Copy of paid receipt of real estate property taxes.** If you are homestead exempt and do not pay property taxes, we need a tax receipt showing no taxes are due, or we need a copy of the approved Homestead Exemption Application.
- Copy of the declarations page from your current homeowners' insurance policy.** If your home is not insurable due to its physical condition, we need a statement from an insurance agent identifying home improvements required in order to insure your home. You will be required to put funds in escrow to cover the cost of homeowners' insurance if you are approved for the Program and the repair items needed in order for your home to be insurable are a part of the rehab plan.
- Copy of Property Deed.** If you cannot locate this, please contact your County's Clerk.
- Documentation of Social Security Income, if applicable.** If you receive Social Security Benefits, we need a copy of the Social Security Benefits Statement you received from the Social Security Administration (usually in December) outlining your monthly benefits for the current / upcoming calendar year. **Not your 1099 from the SSA.**

Documentation of Child Support. If you're receiving any child support or are eligible to receive child support, we need a statement from Health and Human Services documenting the payments you've received over the last 12 months.

Signed Releases for USDA-Rural Development and the Weatherization Program (see enclosures).

Please feel free to contact us if you have any questions. We look forward to working with you.

INFORMATION OF HOUSING ADMINISTRATOR INSERTED HERE

APPENDIX D

(Contractor Letter Example)

Dear Contractor:

The City of Franklin is pleased to announce that we have received a Notice of Award for Owner-Occupied Rehabilitation Grant funds that should be available soon for eligible households in our community.

Once a household is considered qualified and approved for the program, homeowners are then required to seek bids for the rehabilitation work.

Because you have worked with our program, or similar housing programs in the region, we are giving you an opportunity to be placed on an “Interested Bidder” listing for participating homeowners to contact for home rehabilitation work.

To give us permission to be placed on the “Interested Bidder” listing, please return the enclosed, self-addressed, stamped postcard.

The Housing Rehabilitation Program will consider bids from general contractors who have either successfully completed the HUD sponsored “Lead Safe Practice Training Course”, or from contractors who have agreed to attend/complete the training, especially on projects where lead-based paint situations are found.

As an added benefit to contractors, the City is making available local contractor information through our website, by linking to the Department of Labor’s Registered Contractor site. To be added to this list, please contact the Department of Labor at <http://www.dol.nebraska.gov/center.cfm?PRICAT=2&SUBCAT=5H>

We hope to partner with you to improve housing in Franklin. Many thanks!!

Sincerely,

Housing Administrator

Appendix E
City of Franklin, Nebraska
2018 Housing Rehabilitation Program
Photograph and Publicity Release Form

The City of Franklin, Nebraska has implemented a policy for the collection of photographs of properties that are impacted by the Owner Occupied Rehabilitation program recently funded by the Nebr. Department of Economic Development. Please read the following information and indicate your decision below.

The City of Franklin and its administrative representatives are requesting permission to use and collect photographs of your property for possible use in future promotion of housing projects. These photographs may include: "before and after" pictures of indoor, outdoor and grounds photos.

The collected photos may be requested by and made available to the State of Nebraska Department of Economic Development/Housing Division and may be utilized as noted below. The pictures may also be utilized in promotional materials at the discretion of the Department of Economic Development.

The City of Franklin and the Nebr. Department of Economic Development have complete ownership of collected pictures, etc., including the entire copyright, and may use them for any purpose consistent with the City and State's affordable housing program. Uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. The pictures may also be included in reports to the Nebraska State Legislature. Properties utilized in said manners will not be specifically attributed to a specific property owner or address. As the property owner you will not receive any compensation, etc. for the use of said pictures, etc., and hereby release the City of Franklin, the Nebr. Department of Economic Development and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understand this voluntary release and authorization. If you choose to not give your consent, this is a voluntary request and your participation in the City's Owner Occupied Rehabilitation program is not negatively impacted. We must have this form in file regardless of your decision.

***I give my consent** to the City of Franklin, its representatives and the Nebr. Dept. of Economic Development to use pictures of my residential property to promote the Nebraska Affordable Housing Program and/or activities as described above.

Signature (all property owners must sign)

date

***I do not give my consent** to the City of Franklin, its representatives and/or the Nebr. Dept. of Economic Development to use pictures of my residential property to promote the Nebraska Affordable Housing Program and/or activities as described above.

Signature (all property owners must sign)

date

City of Franklin
2018 Housing Rehabilitation Program
Lead Based Paint Procedures

The City of Franklin (City) will follow HUD's lead-based paint regulations. It is the intent of the Housing Program to eliminate lead hazards and achieve lead clearance in affected homes in a manner consistent with the 2012 HUD Lead Paint Guidelines, to repair, restore, or remodel the home.

Following is a summary of efforts to disseminate information to contractors, paint inspectors and risk assessors:

- Contractors: The Housing Rehabilitation Program will consider bids from general contractors who have either successfully completed the HUD sponsored "Lead Safe Practice Training Course", or from contractors who have agreed to attend/complete the training, especially on projects where lead-based paint situations are found.
- Risk Assessors: Administrative staff members who have successfully completed the necessary coursework and training and are Certified Paint Inspector and Risk Assessors. The City will utilize the services of Housing Development Corporation or other certified paint inspectors and risk assessors to perform lead-based paint inspections, risk assessments and clearance examinations.

Organizational Rehabilitation Procedures:

1. Program Planning: The City will work closely with administrative staff in developing guidelines that will comply with state and federal lead-based paint requirements.
2. Program Set-up: The City will follow all applicable rules and regulations to ensure that the lead based paint issues are addressed on housing units that receive financial assistance. The City will work with local realtors in notifying clients of lead-based paint requirements.
3. Client Outreach and Intake: Each potential homebuyer will be notified as to the dangers of lead-based paint, where lead-based paint can be found, measures to protect/reduce lead hazards and safety measures to undertake should the unit be rehabilitated. Each homeowner will sign the federal notification form "Watch Out for Lead Based Paint Poison" acknowledging that they have received the pamphlet entitled "Protect Your Family from Lead in Your Home" and receive basic instructions as to its contents.
4. Specifications and Feasibility: Homeowners participating in the program will be limited in financial assistance. Therefore, each applicant's housing unit will be reviewed on a case-by-case basis to determine the feasibility of addressing lead-based paint issues.
5. Bidding and Contracts: The program will consider bids from general contractors who have either successfully completed the HUD sponsored "Lead-Safe Practice Training Course", or from contractors who have agreed to attend/complete the workshop. Prior to bid submittal, interested contractors must provide either:
 - a. A certificate showing their company has received and successfully passed a HUD sponsored lead-based paint training course; or,
 - b. Provide proof of registration to attend a HUD sponsored lead-based paint training course. This proof will include, but not be limited to, a copy of the completed registration form and receipt of payment. Upon completion of the course, the contractor must provide a certificate that they have successfully completed the training.
6. Construction Monitoring: Upon contract award, the contractor will be reminded that while he/she is addressing lead-based paint issues on the interior/exterior of the house, they must conform to all practices and construction applications that are stated in the work write-up, specifications and training that they have received in the HUD sponsored training course "Lead-Safe Work Practices Training". Monitoring of the contractor's work and corrective measures will be completed at appropriate intervals during the construction phase and a wipe test will be completed by a certified Risk Assessor at the

completion of construction activities. A clearance report must be issued prior to the City approving payment.

7. Warranty and Evaluation: At the time of the final inspection, a wipe test will be performed by a certified Risk Assessor to ensure that levels of lead-based paint meet state and federal regulations, or if the contractor would need to re-clean and reschedule another clearance test.

City of Franklin
2018 Housing Rehabilitation Program
Program Income Reuse Plan

Introduction. As described in the 2018 Housing Rehabilitation Grant Application which has been submitted to the NAHP CDBG cycle administered by the Nebraska Department of Economic Development, the City of Franklin has undertaken comprehensive needs identification processes and a variety of public meetings. As a result of this process, the City has realistically evaluated the resources in the joint community undertakings and has developed successful work plans that are being supported by its residents. Among the needs identified is the rehabilitation of deteriorating housing stock. Goals established in the City Rehabilitation Program are:

- To increase the number of good, habitable dwelling units by improving existing housing.
- Improve the health and safety of living conditions in the target counties and communities.
- Improve the desirability of housing in the target counties and communities.
- To preserve and enhance housing stock for future generations.
- To discourage the abandonment or neglect of residential dwelling units.
- To promote continued home ownership.
- To increase local employment.
-

Program Income.

1. The City will use program income to further affordable housing programs eligible under the Nebraska Affordable Housing Act.
2. Program income is those funds returned to the Grantee during the Affordability Period when a property is sold or is no longer the initial or subsequent homeowner's principal residence.
3. Income funds will be utilized for the current project provided the current project has not been completed prior to requesting any additional NAHP funds.
4. The City recognizes that if program income is utilized for another housing related activity, other than for the original activity from the project which generated the program income, the City is responsible for developing and utilizing new program guidelines for the new eligible activity.
5. Up to 10% of program income may be utilized for the following expenses: General Administration and/or Housing Administration expenses.
6. An amount not to exceed \$1,500.00 may also be utilized for addressing of Lead Based Paint expenditures such as assessment, etc., as necessary to the project.
7. The amount of program income **recaptured** cannot exceed the net proceeds of the owner. Net proceeds is defined as the sales price minus Franklin loan repayment (apart from NAHP funds invested) and any closing costs. **Resale provisions are not utilized for this project.**

Capacity. The City expects to contract for professional services to assist the management of housing rehabilitation services during the course of the proposed Housing Program/project. This opportunity will provide valuable hands-on experience in setting-up and maintaining a housing program. In addition, the City has access to the continued services of South Central Economic Development District (SCEDD), which can provide continued technical assistance and necessary documents to local personnel to operate and maintain a housing program after the current grant period expires.

Housing Program Guidelines. The City has adopted Housing Program guidelines that will be used throughout the initial project period. After the grant period expires, the City will continue to utilize these Guidelines with only the following minimal changes to streamline the process:

- Applications for financial assistance will be available from, and when completed, submitted to the City

Clerk's office, city staff, or persons retained specifically to assist in the management of the program. The applications will be reviewed for eligibility and a deficiency list inspection performed to develop a schedule of recommended improvements according to the appropriate building code and/or NDED Minimum Standards for Rehabilitation. The applicant will then be responsible for obtaining work proposals.

- Nothing herein shall be interpreted to require that the City grant approval to any project. The City reserves the sole right to accept or reject any and/or all of the applications for financial assistance.
- The City Council, after consideration and recommendation from the Review Committee, shall make the final decision to approve or reject any application within the corporate limits of the City.
- Should the City decide to utilize program income for another housing related activity, the City is responsible for developing and utilizing new program guidelines for a new eligible activity.

NDED Approval for Reuse. Program income funds recaptured under this program will be tracked by the City of Franklin under a specific designated number/name in the accounts. All program income recaptured will be retained by the City of Franklin for future use to further invest into housing related activities as outlined in the 2018 application. All program income will be returned to DED for reuse unless DED offers the option to the Grantee to retain the program income or DED approves the grantee's Program Income Reuse Plan prior to receiving Release of Funds.

Compliance. Under this plan, the City certifies that only those applicants, whose annual gross household income is less than the income limits as established for the county by the Dept. of Housing and Urban Development (HUD) under the Section 8 Housing and Assistance Payments Program shall be eligible for financial assistance. Income levels may be adjusted as they are adjusted and approved by HUD. Annual Gross Household Income will be reviewed according to 24 CFR 5.609.

The City hereby certifies that, as applicable, it will comply with the follow laws, regulations and requirements:

- Title I of the Housing and Community Development Act of 1974, as amended.
- Civil Rights and Equal Opportunity Provisions
- Environmental Standards and Provisions
- Labor Standards and Provisions
- Fair Housing Standards and Provisions
- Hatch Act of 1938, as amended

Financial Management. The City will use its existing financial management system and will create a separate "Housing Program Income Reuse Fund" to track payments received and disbursed. Up to 10% of program income may be utilized for General Administrative and/or Housing Administration expense. An amount not to exceed \$1,500 may also be utilized to address required Lead Based Paint issues such as assessment, etc.



North Central Railcorp

May 7, 2020

Raquel Felzien

City of Franklin

rfelzien@cityofFranklin.net;

Dear Raquel,

The North Central Railcorp is seeking an FY2020 \$3 million Federal grant award to reopen the North Central Beaver Creek Rail Line which operates over 174.2 rail miles across seven counties in rural Nebraska and Kansas. This grant from the U.S. Department of Transportation will fund North Central Beaver Creek Rail Line improvements to facilitate growth and freight opportunities to:

- Reduce highway congestion
- Improve safety
- Expand economic opportunities and competitiveness
- Improve transportation efficiency

The grant funds will support:

- Railroad tie and roadbed improvements
- Reduce approximately \$3 million in highway maintenance expense in rural counties
- Provide Rail access and loading improvements for Cooperative Producers Inc.
- Grade crossing resurfacing improvements at select locations

The BUILD grant application is due May 18, 2020 please provide your letter of support by Friday May 15, 2020 to Tim Tennent via email, ttenant@ncrailcorp.com, so that your recommendation can be included it in the grant submittal. Attached is a project summary and a letter of support template for you to customize.

Thank you for your support.

Please let me know if you have questions: 505-384-889

Tim Tennent

North Central Rail Corporation

North Central Beaver Creek Rail Line Improvement 2020 Build Grant Application

PROJECT AT A GLANCE

The North Central Railcorp Inc. has purchased segments of the former Nebraska, Kansas and Colorado Railroad and is creating a new railroad company which will be called the **Nebraska & Beaver Creek Railroad (NBCR)**. The 2020 Build Grant will support the upgrade of 174.2 miles of rail connecting St Francis, KS to Franklin, NE. The project will establish rail service to ten rural grain elevators improving their economic competitiveness and taking more than 18,100 trucks off rural roads.

Customer	Location	Milepost	Storage Capacity Bushels	Est. Railcars	# Trucks Displaced
Cooperative Producers Inc.	Franklin, NE	218.67	3,725,000	700	2,800
Cenex Harvest States	Alma, NE	241.04	2,350,000	850	3,400
Decatur Cooperative Assoc.	Danbury, NE	52.8	1,100,000	300	1,200
Decatur Cooperative Assoc.	Herndon, KS	75.6	1,733,000	300	1,200
McDougal-Sager & Snodgrass Grain	Atwood, KS	91.1	2,845,000	250	1,000
Beardsley Equity Cooperative	Beardsley, KS	101.5	2,000,000	750	3,000
McDonald Co-op Equity Merchantile	McDonald, KS	109.7	1,200,000	400	1,200
Frontier Ag Inc.	Bird City, KS	118.3	1,750,000	300	1,200
Wheeler Equity Exchange	Wheeler, KS	127.9	1,280,000	500	2,000
St. Francis Equity	St. Francis, KS	133.9	2,107,000	275	1,100
TOTALS			20,090,000	4625	18,100

Project Benefits:

- Increase the business volumes of ten grain elevators representing nearly 20 million bushels of grain by transforming "Truck Only" facilities to Direct Rail Service serving unit train and single car grain markets.
- More than 18,100 trucks will be taken off rural roads.
- Elevator labor costs will be reduced, resulting in a more competitive business operation.
- Elevator users will save approximately 10 cents per bushel allowing local growers to increase their competitive market reach.
- State Departments of Transportation will save approximately \$3 million in highway maintenance costs across these seven counties by moving truck tonnage to rail service.
- Rural highway safety will be improved due to the reduction of 18,000 truck trips per year.

Co-Applicants:

City of Franklin, NE and Cheyenne, County, KS

Project Components:

Road improvements.

Rural Area:

NW Kansas (Cheyenne, Rawlins, Decatur)

SW Nebraska (Red Willow, Furnas, Harlan, Franklin)

Project Budget		
Amount	Source of Funds	Pct of Project
\$3,000,000	Federal Build Grant	53%
\$1,800,000	North Central Rail Corp	32%
\$125,000	McDougal-Sager Snodgrass Grain	2%
\$500,000	CPI Franklin, NE Elevator	9%
\$200,000	Kansas State Rail Program	4%
\$5,625,000	Total Project	100%

(Letterhead)

May 18, 2020

Elaine Chao
Secretary of Transportation
U.S. Department of Transportation
1200 New Jersey Ave SE,
Washington, DC 20590

Dear Secretary,

We support North Central Railcorp Inc.'s FY 2020 Build Grant application for \$3 million in Federal Funds to reconnect rural seven rural counties in Kansas and Nebraska with rail service. This 174.2-mile rail rehabilitation project will have significant local and regional impact by taking approximately 18,100 trucks off rural roads and bridges. This project will improve *safety* and reduce local road maintenance expenses by converting over-the-road traffic from rural areas to rail and will improve *efficiency and reliability* of product flows to support domestic food production and exports. With broad state and substantial private sector support, of \$2.625 million (a 47% match), this infrastructure project will elevate the region's economic competitiveness and connectivity.

This project also supports the goals of the **ROUTES** Initiative by taking 18,100 trucks off rural roads and bridges, connecting agriculture producers to the global market.

Sincerely yours

(Signature, title, company, address)

CONDITIONAL USE PERMIT REQUEST
CITY OF FRANKLIN
Application fee: \$25

DATE: 4/10/2020
APPLICATION # 2020-01

APPLICANT NAME: Kevin & Sabrina Nielsen
ADDRESS: 602 14th Ave
CITY/STATE/ZIP: Franklin NE 68939

PHONE: 308-991-2796
EMAIL: NielsenCrew6@gmail.com
PHONE: 308-425-3233

CONDITIONAL USE REQUEST

to live in the house located on our property that is
currently zoned commercial.

LOCATION OF REQUEST

602 14th Ave, Franklin NE ZONING DISTRICT C-1

LOT SIZE 24 X 48

LEGAL DESCRIPTION 00 20 W 48' lots 1-2; W 48' of lots 3-4; E 84' lots
1-3; B1K3; original town fr. BL house west of Stake

APPLICATION REQUIREMENT:

Applicant shall submit a copy of a site plan for the proposed use. The site plan shall show the location of all existing and proposed building, landscaping, parking areas and individual spaces, points of egress and ingress, fencing, lot dimensions, adjoining streets and structures, and all water courses and flood designated areas.

*Other special conditions are required for conditional use requests for Child Care Center/Pre-Schools, Public/Private Swimming Pools, Kennels, Auto Wrecking Yards, Junk Yards, Salvage Yards and Scrap Processing Yard, Funeral, Mortuary or Crematory Services. Conditional use will be provided by the Zoning Administrator.

City Use

Notice of Hearing Publication
Notice of Hearing Posting

Location City hall Date 5/5/2020
Location City hall, Rightway Date 4/22/2020
Post Office Franklin Co. Chickadee
Date 5/5/2020 Time: 5:30pm

Planning Commission Public Hearing

Special Recommendations or Comments

1) Reevaluate if current owners change; 2) NO additions to the size of the
structure; 3) If residential use purposes for more than 90 days the property's
conditional permit will not be valid; 4) no renting of the property except for ^{employees}

City Council Public Hearing

Date 5/12/20 Time: 7:30pm Business

Special Recommendations or Comments

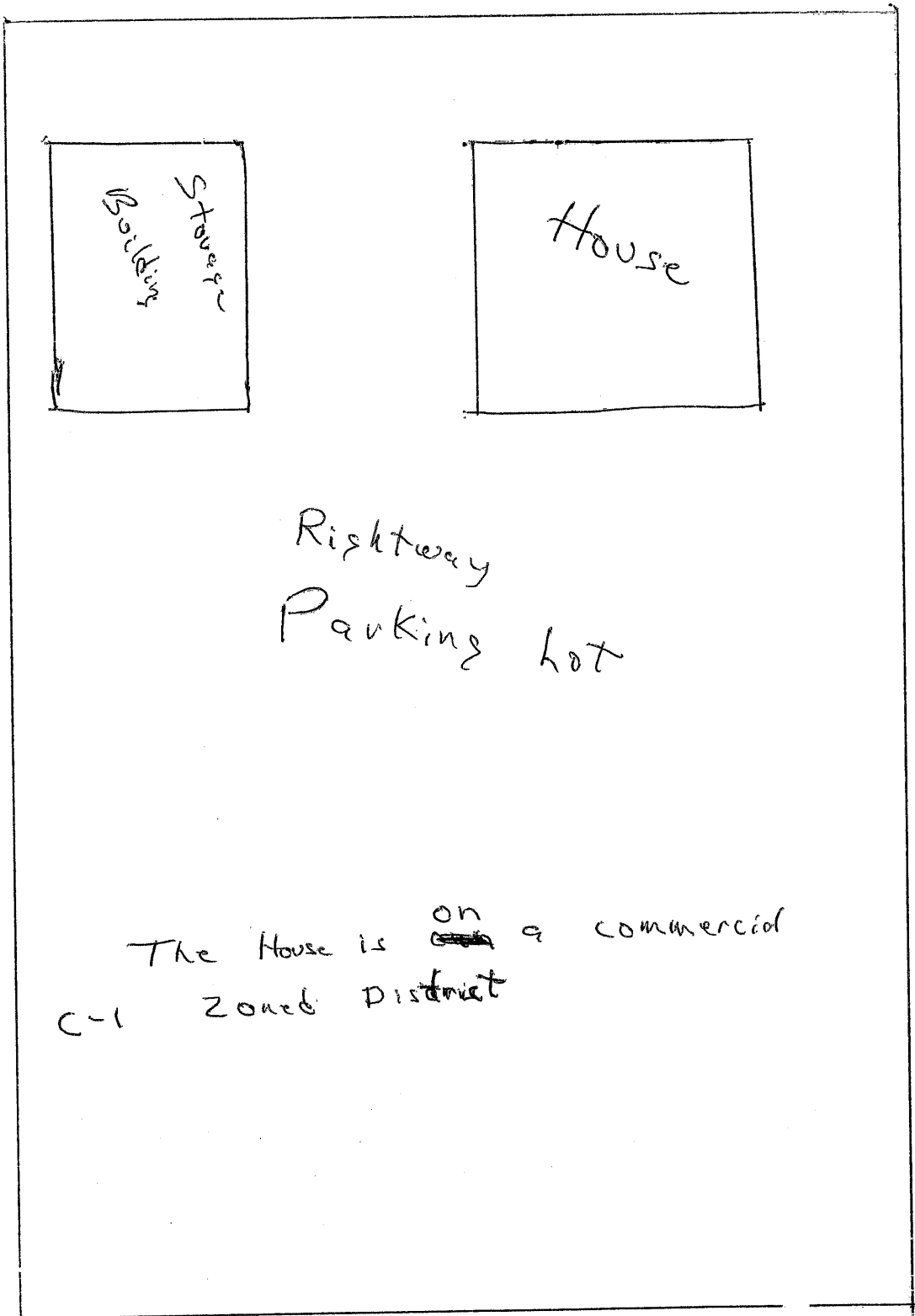
Special Use Permit Approved

Denied

Effective Date _____

Zoning Administrator _____

1474 St.



The House is ~~on~~ a commercial
C-1 Zoned District

Albion	undecided until end of May
Alliance	Not opening
Alma	Not likely to open
Arapahoe	Not opening
Arnold	Undecided
Bassett	Deciding at May 13th Meeting
Bertrand	Not likely to open
Cedar Rapids	Not opening
Clarks	Board Meets May 13 -- last meeting not sure they will open
Crete	Not opening
Deshler	not opening
Exeter	Undecided
Franklin	Deciding at May 12th Meeting
Gibbon	Not opening
Gretna	Waiting until after May 15
Hildreth	Not opening
Kenesaw	Deciding at May 12th Meeting
McCook	Not opening
Milford	Undecided
Morrill	Undecided
Neligh	Waiting until after Memorial Day to decide

Nelson
Osceola
Seward
South Souix City
St. Edward
Stromsburg
Utica

Not opening
Deciding at May 13th Meeting
Undecided
Not opening at this time
Not opening until July 15 - revisit at July Meeting
Not opening
Waiting unti June's meeting

LEGISLATIVE BULLETIN

LEAGUE OF NEBRASKA MUNICIPALITIES

106th Legislature, Second Session

May 11, 2020 - Bulletin 19



COVID-19: At the Governor’s news conference today, he announced “Youth Sports Reopening Guidelines” for only baseball and softball

At the Governor’s news conference today, he announced “**Youth Sports Reopening Guidelines**” allowing practices for **ONLY YOUTH BASEBALL AND SOFTBALL** to begin on **June 1** subject to restrictions pursuant to the Guidelines. The Guidelines also allow **ONLY YOUTH BASEBALL AND SOFTBALL** games to begin on **June 18**, subject to restrictions pursuant to the Guidelines. **The Governor’s office clarified this afternoon that these Guidelines do not**

authorize any adult baseball and softball practices or games.

The Guidelines and an article from the *Lincoln Journal Star* are included with this *Bulletin*.

The Governor emphasized that until **May 31**, there can be no team/club practices or games for youth or adults. It should be noted that the Governor also announced today that “individual sports such as golf and tennis (including doubles tennis) are not prohibited under any Directed Health Mea-

sure, however, participants must practice social distancing.” Social distancing means that players must be at least six feet apart from each other with no more than 10 people gathered in one location.

Matt Blomstedt, Commissioner of Education of the Nebraska State Board of Education, also spoke at the Governor’s news conference this afternoon. He stated that school officials would be closely watching the extent to which coaches, parents and players comply with the “**Youth Sports Reopening Guidelines**.”

Youth Sports Reopening Guidelines

5/11/2020

The below guidelines lay out the planned reopening of certain youth sports. Additional guidelines for other sports will be provided as it is determined participation in those sports meet health and safety measures. Violation of these rules may mean a team is prohibited from practicing or playing games for the entire summer.

The below guidelines apply only to team sports. Individual sports such as golf and tennis (including doubles tennis) are not prohibited under any Directed Health Measure, however, participants must practice social distancing.

Month of May

- No Organized Team Sports games for youth and adults.
- No Team Organized Sports practices for youth and adults. This prohibition includes any practice, training or group exercise program organized by a coach of a sports team.
- Businesses and organizations that provide sports training AND that sell memberships to provide such training are allowed to offer sports training as long as they follow the same guidelines as fitness centers/clubs, gymnasiums, health clubs, and health spas. No team organized training is allowed.

June 1

- Schools are permitted to open weight rooms for use by all student athletes as long as they follow the same guidelines as fitness centers/clubs, gymnasiums, health clubs, and health spas.
- Team Organized practices for baseball and softball may begin unless circumstances dictate a change in date.
- Dugout use will not be allowed. Players' items should be lined up against the fence at least six (6) feet apart.
- Parents must remain in their cars or drop off and pick players up afterwards.
- Players should use their own gloves, helmets, and bats as much as possible.
- Coaches are responsible for ensuring social distancing is maintained between players as much as possible. This means additional spacing between players while playing catch, changing drills so that players remain spaced out, no congregating of players while waiting to bat.
- Players must bring their own water/beverage to consume during and after practice. No shared drinking fountains or coolers.
- Players must bring their own snacks to consume during and after practice. No shared/communal snacks.
- Coaches must sanitize shared equipment before and after each practice
- Team organized practices for other sports may remain suspended

June 18

- Baseball and softball games may begin unless circumstances dictate a change in date
- Same guidelines apply as above for baseball and softball practices
- Use of dugouts is permitted during games only. Bleachers located between the dugout and home plate should also be used to spread out players. Players should have designated spots to place their personal items. Coaches must designate an adult who is responsible for ensuring players are seated on the benches unless they are actively participating in the game.

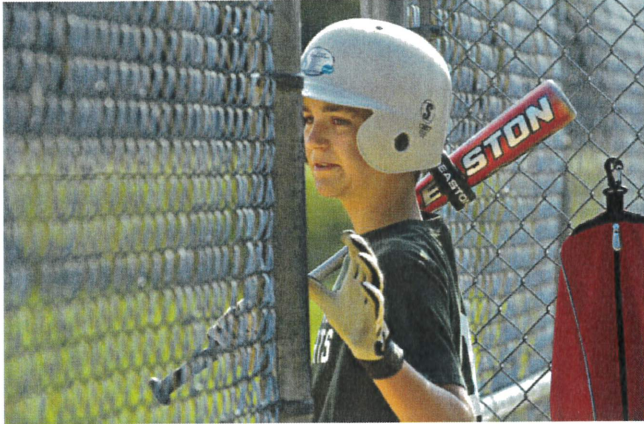
- Players should use their own gloves, helmets, and bats as much as possible.
- Fan attendance is limited to household members of the players on the team. No use of bleachers for fans. Fans must bring their own chairs or stand. Fans should keep six (6) feet of social distancing between different household units. No fan seating or standing is allowed in the area from behind home plate to six (6) feet past the far end of each dugout.
- Teams to play next must be provided designated areas for player warm-ups that provide for necessary social distancing.
- Post game handshakes or interaction between teams are prohibited.
- When games end, the leaving team must sanitize the dugout area. No post-game talks at the field are permitted. Fans and players must leave the playing area and return to their cars immediately after the game.
- The team to play next must remain in their designated warm up area until the prior team has finished sanitizing and is completely out of the dugout.
- Fans for upcoming games must remain in their cars during player warm ups. They will be permitted to come to the field once the team they are there to watch enters the dugout area.
- Restrooms must be cleaned and sanitized regularly while players and fans are present. Markings should be placed on the ground to ensure individuals waiting to use the restroom are spaced six (6) feet apart.
- Players must bring their own water/beverage to consume during and after practices and games. No shared drinking fountains or coolers.
- Players must bring their own snacks to consume during and after practice/games. No shared/communal snacks.
- Coaches must sanitize shared equipment before and after each practice and game.
- Concessions stands are not allowed to be open.
- Team organized practices and games for other sports may remain suspended.

Lincoln Journal Star

By [Clark Grell](#)

5-11-20

Gov. Ricketts: Baseball and softball OK to resume in June



Youth baseball teams will be allowed to resume practices June 1.
Journal Star file photo

The crack of a bat will signal the return of youth sports in Nebraska after Gov. Peter Ricketts announced Monday a plan that will allow baseball and softball teams to begin practice on June 1.

The first games will take place June 18.

Those practices and games will be conducted under several safety restrictions as the country continues to fight through the COVID-19 pandemic.

Guidelines will include limiting fans to household members only using their own chairs, and players will not be allowed to use the dugouts.

Other guidelines outlined by state officials Monday:

- * Players' items should be lined up against the fence at least six feet apart.
- * Players should use their own gloves, helmets and bats as much as possible.
- * Postgame handshakes or interaction between teams are prohibited.
- * Parents must remain in their cars or drop off and pick players up afterward.
- * Coaches must sanitize shared equipment before and after each practice.
- * Players must bring their own water/beverage to consume during and after practices and games. Sharing of snacks will be prohibited.
- * Concession stands will remain closed.

Organized practices for other team sports, like soccer and basketball, remain suspended. Ricketts said baseball and softball were selected over other sports because they involve limited contact.

"We really want to step in this slowly so we can see how this works," Ricketts said. "We want to take this a step at a time to see how we can roll this out."

Monday's announcement impacts thousands of parents and kids around the state. More than 60 youth baseball teams used Lincoln's city fields last summer. American Legion baseball officials, who have a meeting scheduled for Friday, also were awaiting for Ricketts to lift or expand restrictions before making a decision on Legion baseball.

June 18 would mark the first organized team sporting event in Nebraska since the boys state basketball tournament finished on March 14 at Pinnacle Bank Arena.

Schools also will be allowed to open their weight rooms on June 1 for use by all student-athletes as long as they follow the same guidelines as fitness centers, gyms and health clubs.

FRANKLIN NEBRASKA SENIOR CLASS OF 2020 DAY

May 9, 2020

By the Mayor of City of Franklin, Nebraska
A PROCLAMATION

WHEREAS Franklin, Nebraska Senior Class of 2020 would have held their commencement exercise on Saturday, May 9, 2020, and

WHEREAS that due to COVID19, society as we have come to know it has come to a screeching halt. Social Distancing has become the new normal and groups larger than 10 have been banned and classes have been cancelled for the remainder of the school year, and

WHEREAS the Franklin High School Class of 2020 has been robbed of their opportunity to walk across the stage to receive their diploma in front of their parents, siblings, grandparents, other family members and friends, on this day, and

WHEREAS the Mayor recognizes the importance of acknowledging these outstanding individuals along with their past contributions to their community and the efforts they have put forth to accomplish the feat of high school graduation.

NOW THEREFORE, after 13 years of schooling; many laughs, a few tears, and a lot of homework; several late nights after attending games and meets, band/choir/speech/FFA/FCCLA and other events; new teachers, coaches, cooks, bus drivers, administrative staff and others; a 4th grade brawl at recess; classmates that have and gone; as the Mayor of the great city of Franklin, Nebraska, I hereby proclaim Saturday, May 9, 2020, as Franklin High School Senior Class of 2020 Recognition Day

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 2020, the two-hundred forty-fourth year of the Independence of the United States of America.

Margaret M. Siel, Mayor
City of Franklin

PERMITS

1. Web Antholz (patio awning and large treehouse) OK
2. Mark Florum (patio deck with roof) OK
3. Lori Weber (large chicken coop and pen) OK
4. Steve Lungsford (patio pergola) OK

PERMITS CONTINUED

5. Dennis Hansen (chain link type fence) OK property has been surveyed by previous owner.
6. Jimmy Dixon (privacy fence) OK no property line issues where fence is being placed.
7. Nick Pease (privacy fence) the property borders two different land owners and Nick wants to install fence on property line, so Nick has agreed to have property surveyed. Permit can be pre-approved but not signed and issued until proof of completed survey, and fence cannot be installed until that time.
8. Steve Dallman (large planter box which is considered a fence by the zoning regulations page 23 of Zoning and Subdivision Regulation book. (FENCE shall mean a structure serving as an enclosure, barrier or boundary above ground) The property borders two different land owners. Steve has stated he will have property surveyed. Permit can be pre-approved but not signed and issued until proof of completed survey, and no more work can be done until that time.

update
Nick got
a survey
done



9. - Drew Boston - Deck on the Back of House. Okay.

Consider Declaring Nuisances

2020-FRAN-5010

0 0 20 S1/2 LOT 2; BLK. 3; BUCK'S ADD'N; FR. MR. -



2020-FRAN-5015

0 0 20 W 58'71/4 OF THE N 103' LOT 1; BLK 3; B UCKS ADD'N FR. MR.



2020-FRAN-5071

0 0 20 LOTS 29-36; BLK. 1; 1/2 VACATED ALLEY ON THE W (10' X 350'); BLK. 1; CLARK'S
SUBDIVISION; FR. MR.



**Requested
Postponement
until 6-10/2020**

2020-FRAN-5072

0 0 20 LOTS 29-31; 54-56; BLK. 4; CLARK'S SUBDIVISION; FR. MR.



2020-FRAN-5092

0 0 20 N 62' S 170' W 101'2 LOT 8; BLK. 4 BUC K'S ADD'N; FR. MR.



2020-FRAN-5102

0 0 0 W 85' N 72' OF LOT 2; BLK. 8; GAGE'S ADD'N; FR. MR.



2020-FRAN-5102

0 0 0 W 85' N 72' OF LOT 2; BLK. 8; GAGE'S ADD'N; FR. MR.



2020-FRAN-5103

0 0 20 LOTS 32-35; BLK. 3; PEOPLE'S ADDITION; FR. BLOOMINGTON



2020-FRAN-5103

0 0 20 LOTS 32-35; BLK. 3; PEOPLE'S ADDITION; FR. BLOOMINGTON



2020-FRAN-5104

0 0 20 LOT 16; PT. LOT 15; EX 18 X 28; BLK. 8; PEOPLE'S ADDITION; FR. BLOOMINGTON



2020-FRAN-5104

0 0 20 LOT 16; PT. LOT 15; EX 18 X 28; BLK. 8; PEOPLE'S ADDITION; FR. BLOOMINGTON



Considering Declaring Nuisances

2020-FRAN-5010

2020-FRAN-5015

2020-FRAN-5071

2020-FRAN-5072

2020-FRAN-5092

2020-FRAN-5102

2020-FRAN-5103

2020-FRAN-5104

Consider Postponement

2020-FRAN-5071

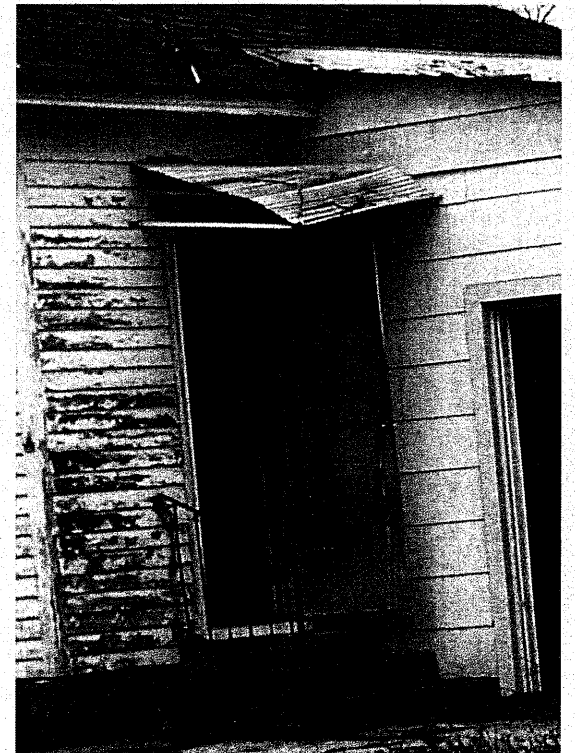


Review Nuisance Properties Out of Compliance

2018-FRAN-3009

0 0 20 LOTS 18-19; BLK. 4; PEOPLE'S ADDITION; FR. BLOOMINGTON

On HOLD for estate to complete probate



2018-FRAN-3045

0 0 20 W 55' LOTS 20-22; W 55' OF S1/2 LOT 23; BLK. 2; PEOPLE'S ADDITION FR.
BLOOMINGTON



Postponement Expired 12.31.19

2019-FRAN-4016

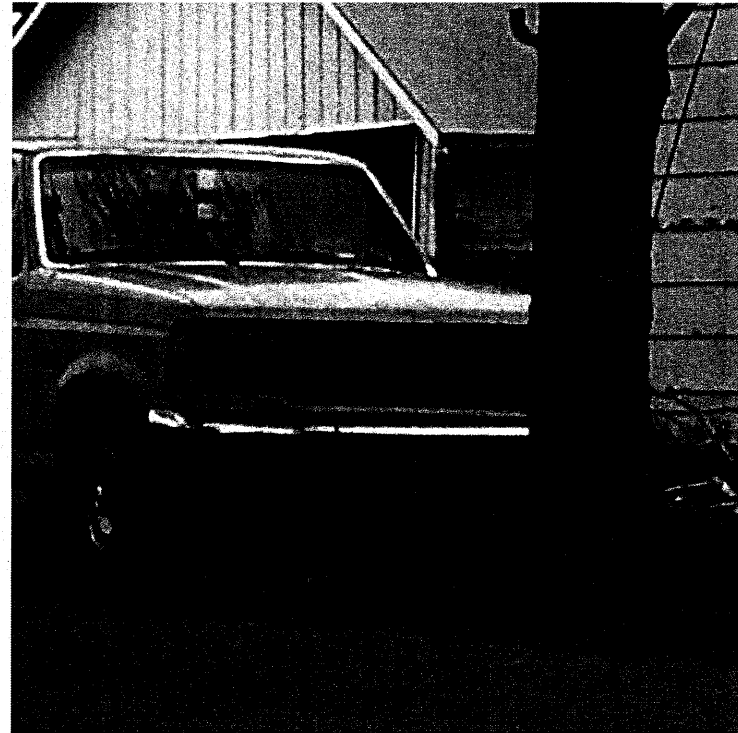
1814LST

0 0 20 THE WEST 85.10' OF THE EAST 215.10' OF THE SOUTH
1815120' OF BLK 1; GAGE'S ADD'N FRANKLIN/MARION

BEFORE

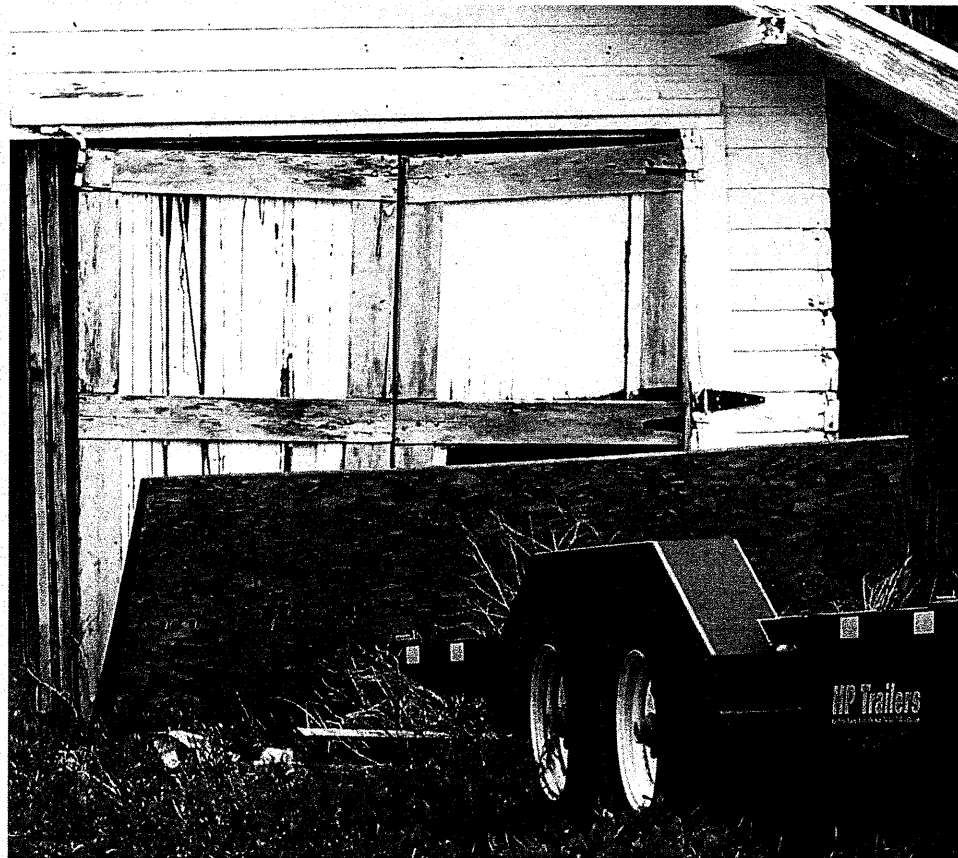
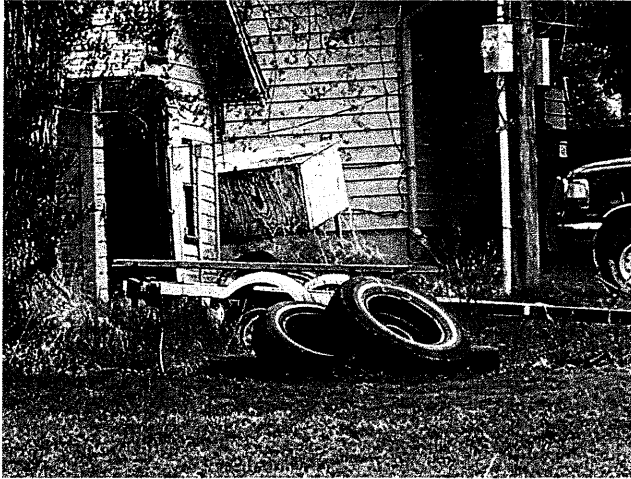


TODAY



2019-FRAN-4137

0 0 20 S 108' W 101'2 LOT 8, BLK. 4; BUCK'S ADD'N, FR. MR.



MAY 2020

Sent Courtesy Letter 2020-FRAN-5107; improved yard since April.

Property Review

1. 2018-FRAN-3009

2. 2018-FRAN-3045

3. 2018-FRAN-3061

4. 2019-FRAN-4016

5. 2019-FRAN-4055

6. 2019-FRAN-4102

7. 2019-FRAN-4137

RED denotes PENAL

Status	Number	% of Total
Assessed	105	100%
Courtesy	25	24%
Declared a Nuisance	8	8%
RECOMMEND Resolution to Rescind Declared Nuisance	<i>TBD May 12th</i>	
RECOMMEND Motion to Abate	<i>TBD May 12th</i>	
RECOMMEND Postponement of Abatement Action		

FRANKLIN 2016-2019 NUISANCE ABATEMENT PROGRAM REVIEW



	(1) 2016	(2) 2017	(3) 2018	(4) 2019	Totals	Percent
#	143	238	248	136	765	100%
#	50	63	44	35	192	25%
#	23	32	25	16	96	13%
#	0	0	0	0	0	0%
# PARCELS MAP DEMOLISHED	0	0	0	0	0	0%
# PARCELS UNRESOLVED	0	0	4	5	9	1%
# Postponed	0	0	1	1	2	0%
# ready to abate	0	0	1	1	2	0%
# turned over to City for follow up	0	0	2	3	5	1%

	1			3009 @ 318 15th St (Margaret VanDerWege) - City Attorney facilitating City purchase through Estate	4016 @ 1814 L St (Wisley) - ready to abate
	2			3045 @ 1308 O St (Christopher Jackson) - PP ends 12.31.19	4019 @ 1822 L St (Minnick) - City Attorney facilitating City purchase from owner
	3			3046: 5000447 @ 1305 P St (Raesha Cline) - ready to abate	4055 @ 808 17th Ave (Bernshausen) - referred to City Attorney for penal enforcement
	4			3051 @ 401 13th Ave (Alan Towne) - 6.18.19 referred to City Attorney for penal enforcement	4102 @ 1803 G St. (Cline) - referred to City Attorney for Penal enforcement
	5				4137 @ 1802 M St. (Garvin) - PP: monitor progress



City of Franklin

Nuisance Abatement Program

Sharon Hueftle, Executive Director
South Central Economic Development District, Inc.
401 East Avenue, 2nd Floor, PO Box 79
Holdrege, NE 68949
www.scedd.us



Rescind Declared Nuisances

2019-FRAN-4019

1822 L ST

0 0 20 S 190' OF E 60'; BLK. 1; GAGE'S ADD'N; FR. MR. -



BEFORE



TODAY