

City of Franklin
City of Franklin Regular Meeting
October 12, 2021 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
 - Big Iron sold the IH Case Tractor for \$8,850.00 with 15% commission we received a check for \$7,522.50. The person that purchased the tractor has come and picked it up at the end of September 2021.
 - Update on the building north of City Hall at 615 15th Ave
4. Public comments on agenda items
5. **Consent Agenda**
 - 5.a. Minutes of the previous meetings
 - 5.b. Treasurer's Report
 - 5.c. Budget Report as of September 30, 2021 year end
 - 5.d. **Bank Balances:**
 - Cornerstone Bank
 - South Central State Bank
 - Farmers State Bank
 - 5.e. Freedom Claims Monthly Claims Analysis Report
 - 5.f. Payroll
 - 5.g. Claims
6. **Discussion and Action Items**
 - 6.a. Discussion and action VSP (Vision Service Plan) new rates effective January 1, 2022
 - 6.b. Discussion and action on National Life Insurance for City Council Members
 - 6.c. Discussion and action on annual certification of program compliance to Nebraska Board of Public Roads Classifications and Standards 2021

- 6.d. Discussion and action Nuisance Abatement program - Rescind Declared Nuisances
 - 2020-FRAN-6004; 2020-FRAN-6005
- 6.e. Discussion, action, update on doing a LMI (Low to Moderate Income Survey) for City of Franklin
- 6.f. Discussion on the Lights on Ordinance sample
- 6.g. Discussion and action on updating compensatory time/overtime policy and vacation policy
- 6.h. Discussion and action on updating the camera system at City Hall
- 7. **Resolution**
 - 7.a. Resolution 2021- 08 Highway Allocation
 - 7.b. Resolution 2021-09 Parade of lights November 7th
- 8. Discussion and action on Resolution 2021-10
 - SDL (Special Designated License) SK Inc dba Rightway Grocery
 - Wine and Cheese Tasting December 15, 2021
 - 5 pm to 8 pm
- 9. Adjourn


BigIron
 PO Box 266 | 213 Beaver St
 St Edward, NE 68660-0266
 18009373558
 Fax: 402-678-2511

Invoice
 I1224094
 Thu, Sep 23, 2021

Wilson farm
 Donald Wilson
 2167 Road M
 Emporia, KS 66801-8104

Day: 620-794-3750
 don.wilson110@gmail.com
 Bidder Number: 373788

Sep 22, 2021

Lot	Description	Amount
GZ3026	 <p>1989 Case IH 485 2WD Tractor & International Loader 1989 Case IH 485 2WD Tractor & International Loader, 5498 hrs showing, 53 hp, 2.9L 3-Cylinder Diesel, Water Cooled Engine, 8-Speed Synchronesh, Power Shift Transmission, (16) Forward Speeds, (2) Reverse Speeds, 540 PTO, 7.50-16 Front Tires, 19.9-24 Rear Tires, Canopy, 3-Pt Hitch, 64" Wide Bucket, Grapple Fork, Drawbar Hitch, Rear Wheel Weights, NOTE: Serial Number taken from records not accessible on tractor, SN: 000B21792C10B48017</p> <p>Winning Bid Sales Tax: 6.5% (NE: 5.5%, Franklin: 1%) PAYMENT CODE: XFLDUJ6M *** ITEM PAID ***</p> <p>Item Location: 809 15th Avenue, Franklin, NE 68939, Day: 308-470-0309, brubendall@cityoffranklin.com Loading Assistance: Yes - Please Call At Least 24 Hours In Advance, Loading Dock: No Listing: City of Franklin Seller's Contact: Barry Rubendall, Franklin, NE, Day: 308-470-0309, brubendall@cityoffranklin.com Representative: Darrel Buschkoetter, Day: 402-469-3451, darrel.buschkoetter@bigiron.com</p>	\$8,850.00

Bids: \$8,850.00
Sales Tax: 6.5% (NE: 5.5%, Franklin: 1%) \$0.00
Total: \$8,850.00

9/23/21: LM - Donald Wilson (51083755 - WIRE) \$8,850.00
 Payments (Received): \$8,850.00

Balance Due: \$0.00

Payment Is Due Within 48 Hours Following the Auction:

Payments must be in US Funds via wire, credit card or company/personal check with a bank letter of good standing. Please make checks payable to: **BigIron**

*** International transactions can be paid via wire transfer or credit card only. International credit card payment will have 5% convenience fee added. ***

The buyer or the buyer's agent is responsible for arriving with a paid in full invoice and the appropriate equipment to safely transport the item purchased. If the transportation equipment to be used is viewed as unsafe, the buyer or the buyer's agent may be turned away without the item, at the buyer's expense.

[Click here for Wiring Instructions](#)

[Click here for Automatic Online Submission of Sales Tax Exemption Certificate](#)

[Click here for Sales Tax Exemption Forms, \(Mail with payment, email to bigiron_fax@certcapture.com or fax to 206-267-1752\)](#)

[Click here for Credit Card Payment Information](#)

Upon receipt of payment and any/all appropriate tax exemption forms, buyer will receive a Paid invoice to their BigIron account. Buyer must present Paid invoice to seller to take possession of items(s). Failure to submit payment or failure to remove all items will result in the bidder being blocked from participation in future auctions without notification. I have agreed that items not removed 14 days following the auction will accrue a \$25/day storage fee (to be collected by seller at removal). I also agree items remaining after 30 days of the auction will be placed on the next available BigIron Auction at the seller's discretion, with proceeds less storage and commission payable to me. Removal shall be at the expense, liability and risk of the buyer.

Thank you for using BigIron Online Auctions. If you have any questions, please contact our office at **1-800-937-3558**. [Click here to contact us](#). Or, email us at customer.service@bigiron.com.

Generated Thu, Sep 23, 2021 3:50 PM CDT, revision 3.56.

BigIron

PO Box 266 | 213 Beaver St
 St Edward, NE 68660-0266
 18009373558
 Fax: 402-678-2511

City of Franklin
 1619 15th Avenue
 Franklin, NE 68939

Settlement


S2050638
 Wed, Sep 22, 2021

Day: 308-470-0309
 brubendall@cityoffranklin.com
 Bidder Number: 108990

Each item on your settlement statement has a unique PAYMENT CODE for your protection. Before you release an item to a buyer, ensure that the buyer presents an invoice with the identical PAYMENT CODE. If a buyer is attempting to pick up an item without an invoice, or the invoice does not contain the PAYMENT CODE, please call BigIron Customer Service at 1-800-937-3558.

Sep 22, 2021

City of Franklin

Lot	Description	Amount
GZ3026	 <p>1989 Case IH 485 2WD Tractor & International Loader 1989 Case IH 485 2WD Tractor & International Loader, 5498 hrs showing, 53 hp, 2.9L 3-Cylinder Diesel, Water Cooled Engine, 8-Speed Synchronesh, Power Shift Transmission, (16) Forward Speeds, (2) Reverse Speeds, 540 PTO, 7.50-16 Front Tires, 19.9-24 Rear Tires, Canopy, 3-Pt Hitch, 64" Wide Bucket, Grapple Fork, Drawbar Hitch, Rear Wheel Weights, NOTE: Serial Number taken from records, not accessible on tractor, SN: 000B21792C10B48017 PAYMENT CODE: XFLDUJ6M</p>	
	*** ITEM NOT PAID ***	
	Proceeds	\$8,850.00
	Commission: 15%.	(\$1,327.50)
	Net Proceeds:	\$7,522.50
	Bidder: Donald Wilson - Wilson farm, Emporia, KS, Day: 620-794-3750, don.wilson110@gmail.com	
	Bidder Number: 373788	

Proceeds:	\$8,850.00
Commissions:	(\$1,327.50)
Total:	\$7,522.50
Balance Due:	\$7,522.50

Thank you for using BigIron Online Auctions. If you have any questions, please contact our office at 1-800-937-3558. Click here to [contact us](#). Or, email us at customer.service@bigiron.com.

Generated Wed, Sep 22, 2021 1:38 PM CDT, revision 3.55.

Franklin, Nebraska
September 14, 2021

A meeting of the Mayor and Council of the City of Franklin, Nebraska was held at City Hall in said City on September 14, 2021, at 7:00 PM

Upon roll call, the following Council members were in attendance: Margaret Siel, Tom Dreher, Kasey Loschen, Richard McNiff, **Absent:** Sandy Urbina.

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.

Mayor Siel opens the public hearing for the budget for Fiscal year 2021-2022 at 7:00 pm for support, opposition, suggestions regarding the proposed City budget.

Mayor Siel presented the budget for 2021-2022, there was no comments.

Mayor Siel closes the public hearing at 7:03 pm

Mayor Siel opened the regular meeting at 7:03 pm

Upon roll call, the following Council members were in attendance: Margaret Siel, Tom Dreher, Kasey Loschen, Richard McNiff, **Absent:** Sandy Urbina.

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

Mayor communications: Presentation of plaques to Christopher Devich and Charlie Kreider for helping a Franklin Citizen out of a burning house in August. Thank you from Cornerstone Bank for the trash can at the ATM lot.

Motion made by Richard McNiff, seconded by Kasey Loschen to approve and/or receive the items on the Consent Agenda and to waive the oral reading of the minutes. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Absent

Yea: 3, Nay: 0, Absent: 1

AFLAC	INS	892.58
ALLIED INS	INS	13654.88
BAKER & TAYLOR	SUPP	339.30
BLACK HILLS	GAS	530.63
BLADEN SAND	MAINT	56.85
BOB'S AUTO	REPAIRS	258.00

BOY'S SCOUTS	FEE	180.00
CARRAHER CONST	MAINT	32411.66
CASPIAN CREATES	FEE	945.00
CHRISTIE MALL	SERV	75.00
CHS AGRI	FUEL	146.81
CITY OF HOLDREGE	DISP.FEE	2571.20
CPI	FUEL	3646.16
DELTA DENTAL	INS	590.21
DETERDINGS	SUPP	37.98
DUTTON LAINSON	SUPP	597.62
EFTPS	PAYROLL	8077.25
EMC	INS	7116.17
EMILY CLEVELAND	FEE	500.00
ELECTRIC FUND	ELECTIRCITY	3916.78
FAST	FEE	100.00
FELZIEN, RAQUEL	REIMB	164.41
FRANKLIN AUTO PARTS	MAINT	104.72
FRANKLIN CO. MEMORIAL	FEE	88.00
FRANKLIN EMT	FEE	100.00
FRANKLIN SHERIFF	FEE	350.00
FREEDOM CLAIMS	FEE	2260.00
GLENWOOD TELE.	PHONE	549.86
GOLDSTAR PROD	SUPP	3288.95
GOMES, JOSE A.	REFUND	33.31
GRAND KUBOTA	MAINT	88.70
GTA INS	INS	84.00
HATTEN ELECTRIC	FEE	39.00
HOME TOWN LEASING	LEASE	328.71
HUBER & ASSOC	FEE	725.75
INGRAM FEED	SUPP	75.24
INTELLICOM	FEE	60.00
ISLAND SPRINKLER	REPAIRS	1.83
JIM'S OK TIRE	REPAIRS	62.00
KEARNEY WINELECTRIC	MAINT	95.58
LEAGUE OF MUNC.	DUES	1418.00
LEAGUE OF MUNC.	SCHOOLING	150.00
MADISON LIFE	INS	63.90
MAULER, RICHARD	REFUND	208.98
MEGAN SPARGO	FEE	1271.36
MG TRUST	PAYROLL	3741.20
MICHELLE KAHRS	REIMB	90.50
MUNICIPAL AUTOMATION	MAINT	940.80
MUNICIPAL SUPPLY	SUPP	4062.79

NDEQ SERVICES	FEE	750.00
NE DEPT OF REV	SALES TAX	10003.60
NE PUBLIC HEALTH	FEE	15.00
NE LAW ENFORCMENT	SCHOOLING	2030.00
PAULSEN INC	MAINT	1050.00
PAYROLL	PAYROLL	29415.30
PERSON MCQUAY	FEE	2600.00
PITSTOP	FUEL	747.47
PLANK'S HDWE	SUPP	138.28
PLATTE VALLEY	MAINT	1070.40
PORTER, ERIN	REFUND	149.68
QUADIENT FINANCE	FEE	286.00
QUADIENT LEASING	FEE	175.77
R & R SALES	REPAIRS	991.17
REPUBLICAN VALLEY	FEE	52.50
RIGHTWAY GROCERY	SUPP	263.41
S.E. SMITH & SONS	SUPP	494.69
SANITATION PRODUCTS	MAINT	354.98
SCHMIDT COMPUTER	FEE	1060.00
SHARE	SUPP	1257.99
SLOAT, PHILLIP	REFUND	2.06
SOUTHERN POWER	POWER	70669.73
STELLA JONES	SUPPL	5777.18
SUNSET SPA	SUPP	1514.38
TLC PEST	FEE	170.00
US BANK	SUPP	1508.48
VERIZON	PHONE	370.44
VSP	INS	202.36
WAPA	POWER	5546.06
WILSON FLOORING	SUPP	1286.36
		\$
TOTAL		237,044.96

Motion made by Richard McNiff, seconded by Kasey Loschen to 1% restricted funds authority.
Motion Passed.

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

Motion made by Tom Dreher, seconded by Richard McNiff to approve the 2021-2022 budget as presented. Motion Passed.

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

Motion made by Richard McNiff, seconded by Tom Dreher to approve option 1 with Caspian Creates proposal for updating the City of Franklin website. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Absent

Yea: 3, Nay: 0, Absent: 1

Motion made by Richard McNiff, seconded by Tom Dreher to approve sending letter to 2020-FRAN-6004 to bring property into compliance by 8 am, September 27, 2021 if not in compliance property owner will be charged a cleanup fee of \$325. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Absent

Yea: 3, Nay: 0, Absent: 1

No action on rescinds declared nuisances.

Motion made by Kasey Loschen, seconded by Tom Dreher to approve Fisher Roofing proposals for 50% down payment on City Hall Roof replacement \$23,530.00 and Power Plant Roof Repairs \$925.00. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Absent

Yea: 3, Nay: 0, Absent: 1

Motion made by Tom Dreher, seconded by Kasey Loschen to approve phone stipend of \$35.00 to all employees without a city issued phone. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Absent

Yea: 3, Nay: 0, Absent: 1

Motion made by Kasey Loschen, seconded by Tom Dreher to approve permits Cecil Sempek, water connection; Fredrick Beall, new structure; David Townsend, addition to existing structure; Albert Nelson, new structure; Ed Slocum, moving structure; Cory Davis, fence. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Absent

Yea: 3, Nay: 0, Absent: 1

Motion made by Richard McNiff, seconded by Tom Dreher to approve Resolution 2021-05 - Setting the Property Tax Request. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Absent

Yea: 3, Nay: 0, Absent: 1

Motion made by Richard McNiff, seconded by Kasey Loschen to approve Resolution 2021-06 - adopting Quad County Hazard Mitigation Plan. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Absent

Yea: 3, Nay: 0, Absent: 1

Motion made by Tom Dreher, seconded by Kasey Loschen to approve Resolution 2021-07 Wages for employees starting September 29, 2021 payroll. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Absent

Yea: 3, Nay: 0, Absent: 1

Richard McNiff introduced ordinance 896, Tom Dreher moves for final passage seconded by Kasey Loschen. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Absent

Yea: 3, Nay: 0, Absent: 1

AN ORDINANCE OF THE CITY OF FRANKLIN, NEBRASKA, PERTAINING TO RATES TO BE CHARGED FOR WATER SUPPLIED FROM THE MUNICIPAL WATER SYSTEM; TO AMEND SEC. 3-121 OF THE MUNICIPAL CODE; TO REPEAL THE ORIGINAL SECTION; TO PROVIDE FOR PUBLICATION IN PAMPHLET FORM; AND TO DECLARE AN EFFECTIVE DATE.

BE IT ORDAINED BY THE MAYOR AND COUNCIL OF THE CITY OF FRANKLIN, NEBRASKA:

Section 1. That Section 3-121 of the Municipal Code of the City of Franklin, Nebraska, is hereby amended to read as follows:

§3-121 MUNICIPAL WATER DEPARTMENT; RATES.

- (1) The rates for all customers (industrial, commercial, churches, and domestic) users of water from the Municipal water supply shall be **\$16.50 per month plus \$2.00 for each 1,000 gallons of water used.**
- (2) The customer charge of **\$16.50 per month** shall be assessed for each water meter held by each customer of the Municipal water distribution system.
- (3) The rates for all industrial, commercial, churches, and domestic users of water from the Municipal water supply obtained from the power plant shall be \$5.00 for the first 500 gallons of water used plus \$1.00 for each 100 gallons of water used thereafter.
- (4) The rates for all industrial, commercial, churches, and domestic users of water from the Municipal water supply obtained from fire hydrants shall be \$5.00 for the first 500 gallons of water used plus \$1.00 for each 100 gallons of water used thereafter.
- (5) Bills for use of water from the Municipal water system shall be rendered and collected as provided in Section 3-108 of the Municipal Code of the City of Franklin.
- (6) When water service to any meter has been disconnected for any reason, the customer shall pay a reconnection fee of \$25.00 for restoration of service.

Section 2. The original provisions of Section 3-121 of the Municipal Code are hereby repealed.

Section 3. This ordinance shall be published in pamphlet form as part of the Municipal Code of the City of Franklin, Nebraska, and the Municipal Clerk shall begin collection of the rates herein provided effective with the **October 15, 2021 billing.**

Section 4. This ordinance shall be in full force and effect from and after its passage, approval, and publication, according to law.

PASSED AND APPROVED 14, September, 2021

Richard McNiff introduced ordinance 897, Tom Dreher moves for final passage seconded by Kasey Loschen. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Absent

Yea: 3, Nay: 0, Absent: 1

AN ORDINANCE OF THE CITY OF FRANKLIN, NEBRASKA PERTAINING TO RATES TO BE CHARGED FOR SEWER USE; TO AMEND SEC. 3-222 OF THE MUNICIPAL

CODE; TO REPEAL THE ORIGINAL SECTION; TO PROVIDE FOR PUBLICATION IN PAMPHLET FORM; AND TO DECLARE AN EFFECTIVE DATE.

BE IT ORDAINED BY THE MAYOR AND COUNCIL OF THE CITY OF FRANKLIN, NEBRASKA:

Section 1. That Section 3-222 of the Municipal Code of the City of Franklin, Nebraska, is hereby amended to read as follows:

§3-222 MUNICIPAL SEWER DEPARTMENT; SEWER USE CHARGE.

- (1) The city has constructed and owns and operates a sanitary sewerage system, which system carries the liquid and solid waste sewage of such community and residents thereof. There is hereby established a sanitary sewer use charge against each lot, parcel of land, or premises served by said sanitary sewerage system or which may otherwise discharge sewage and industrial wastes, either directly or indirectly, into such sanitary sewerage system or any part thereof.
- (2) The word "consumer" as used in this Section includes any persons using the sanitary sewerage system of the city including all persons, firms, or corporations whose premises are served thereby and all owners and tenants of real estate and buildings connected with said sanitary sewerage system or served thereby, and all users of said system who in any way use the same or discharge sanitary sewage, industrial waste water, or other liquid, either directly or indirectly, into the sanitary sewerage system of the City of Franklin, Nebraska.
- (3) For the use of said sanitary sewerage system, each consumer shall pay a monthly sewer use charge of **\$20.00**
- (4) Where, in the judgment of the City Council by reason of special conditions, the application of the use charges hereinbefore set forth would be inequitable or unfair to either the city or the user, or in cases where the character of the sewerage from a consumer is such that an additional burden is placed upon the sewerage system greater than that imposed by the average sewage delivered to the sewage disposal plant, a special rate may be established by contract or by resolution duly passed and approved by the Mayor and Council of the City of Franklin, Nebraska.
- (5) All sewer uses charges prescribed by this Section shall be a lien upon the premises and real estate for which the sewer service is supplied and used, and if not paid when due such charge shall be certified to the City Treasurer and may be recovered by the city in an action at law from the owner or the person, firm, or corporation requesting the service or

it may be certified to the tax assessor and assessed against the premises served and collected or returned in the same manner as other Municipal taxes are certified, assessed, collected, and returned. Bills for the sewer use charges made by this Section shall be rendered monthly, at the same time that bills are rendered for electrical service of the City, and all sewer use charges levied by this Section which are not paid at or before electrical service charges of the City are required to be paid shall be delinquent and the water service of such consumer may be discontinued.

(6) All use charges provided for by this Section shall be billed and collected at the same time and in the same manner as electrical charges are billed and collected by the city.

(7) The sewer use charges shall be sufficient at all times to pay for the operation and maintenance of the sanitary sewerage system and disposal plant. All monies collected for such sewer use shall be set aside and placed in a separate fund designated as the "Sewer Revenue Fund" and shall be used only for the purpose of paying for the reasonable expense of operation and maintenance of the sanitary sewerage system and disposal plant, and for the purpose of creating reserves for any of the aforesaid purposes.

Section 2. The original provisions of Sec. 3-222 of the Municipal Code are hereby repealed.

Section 3. This ordinance shall be published in pamphlet form as part of the Municipal Code of the City of Franklin, Nebraska, and the Municipal Clerk shall begin collection of the rates herein provided effective with the **October 15, 2021, billing.**

Section 4. This ordinance shall be in full force and effect from and after its passage, approval, and publication according to law.

PASSED AND APPROVED this 14, September, 2021

Adjourn meeting at 8:07 pm

ATTEST:

APPROVED:

Raquel Felzien, City Clerk

Margaret Siel, Mayor

Franklin, Nebraska
September 14, 2021

City of Franklin Community Development Authority of the City of Franklin, Nebraska was held at City Hall in said City on September 14, 2021, at 8:08 PM

Upon roll call, the following members were in attendance: Margaret Siel, Tom Dreher, Kasey Loschen, Richard McNiff, **Absent:** Sandy Urbina.

Margaret 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.

Ronette Bush Heinrich discussion of interest in the building downtown at 615 15th Ave.

Megan Spargo discussed guidelines for potential programs with the board. Megan will work on these guidelines and bring back to the November 9, 2021 meeting.

Adjourn at 9:19 pm

ATTEST:

APPROVED:

Raquel Felzien, City Clerk

Margaret Siel, Mayor

Franklin, Nebraska
September 27, 2021

A meeting of the Mayor and Council of the City of Franklin, Nebraska was held at City Hall in said City on September 27, 2021, at 5:30 PM

Upon roll call, the following Council members were in attendance: Margaret Siel, Tom Dreher, Richard McNiff, Sandy Urbina, and 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 Kasey Loschen, seconded by Richard McNiff to give the mayor approval to negotiate on the building at 613 15th Ave. Motion Passed.

Dreher: Yea, Loschen: Yea, McNiff: Yea, Urbina: Yea

Yea: 4, Nay: 0

Raquel Felzien went to a session on how to use the American Rescue Plan funds. The City Council will have a town hall meeting at a later date to get community input for the plan.

Adjourn meeting at 6:11 pm

ATTEST:

APPROVED:

Raquel Felzien, City Clerk

Margaret Siel, Mayor

TREASURER'S REPORT
CALENDAR 9/2021, FISCAL 12/2021

FUND#	TITLE	LAST REPORT ON HAND	EXPENSES	REVENUE	CHANGE IN LIABILITIES	CASH RESERVES
01	ELECTRIC	2,099,840.11	624,324.06	130,625.39	718.85	2,132,694.36
02	WATER	492,218.98	58,700.78-	20,365.00	995.21	501,512.43
03	SEWER	452,032.79	94,341.29	6,757.91	1,015.68	449,196.59
04	SANITATION/WASTE REDUC	306,473.27	26,212.67	12,973.54	640.89-	309,298.16
05	GENERAL	676,303.66	52,242.58-	56,991.50	3,523.43	661,838.47
11	STREET EQUIP SINKING	24,000.00	.00	.00	.00	24,000.00
12	STREET	126,609.34	59,213.40-	16,445.65	989.77	128,424.24
13	DEBT SERVICE	.00	.00	.00	.00	.00
15	COMMUNITY BETTERMENT	2,739.28	1,017.14-	.00	.00	2,739.28
16	CDA	388,424.73	33,515.52-	2,971.95	.00	389,874.65
17	CDBG GRANTS	159,588.93-	159,579.03-	.00	.00	159,588.93-
99	SELF INSURANCE	44,473.07	.00	.00	.00	44,473.07
Report Total		4,453,526.30	380,609.57	247,130.94	6,602.05	4,484,462.32

TREASURER'S REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT TITLE	LAST REPORT ON HAND	RECEIVED	DISBURSED	BALANCE
CASH - ELECTRIC	232,678.44	141,423.43	108,569.18	265,532.69
CASH - WATER	24,223.43	21,387.34	12,093.89	33,516.88
CASH - SEWER	308,228.02	7,595.90	10,432.10	305,391.82
CASH - SANITATION	128,366.98	12,973.54	10,081.13	131,259.39
CASH - WASTE REDUCTION	42,811.76-	.00	67.52	42,879.28-
CASH - GENERAL	179,240.04	57,075.90	71,541.09	164,774.85
SUMMER RECREATION CASH	.00	.00	.00	.00
STREET EQUIP SINKING CASH	.00	.00	.00	.00
CASH - STREET	126,489.32	16,445.65	14,630.75	128,304.22
CASH	.00	.00	.00	.00
KENO CASH	.00	.00	.00	.00
CASH - CDA	388,424.73	2,971.95	1,522.03	389,874.65
TOTAL CHECKING FSB 755975	1,344,839.20	259,873.71	228,937.69	1,375,775.22

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
ADMIN DEPARTMENT						
05-00-4100	PROPERTY TAX	39,973.44	157,467.10	102.22	3,415.57-	154,051.53
05-00-4103	CITY SALES TAX	8,915.85	129,704.24	123.53	24,704.24-	105,000.00
05-00-4211	STATE EQUALIZATION PYMT		100,551.51	86.66	15,484.53	116,036.04
05-00-4305	MISC REVENUES	2,624.66	48,698.81	324.66	33,698.81-	15,000.00
05-00-4310	DOG LICENSE/IMPOUND FEES	10.00	1,392.00	55.68	1,108.00	2,500.00
05-00-4320	LIQUOR/TOBACCO LICENSE		2,590.00	74.00	910.00	3,500.00
05-00-4340	FINES & FEES	123.00	7,674.50	153.49	2,674.50-	5,000.00
05-00-4343	GRANT MONEY - CDBG		115,548.77		115,548.77-	
05-00-4348	MOSQUITO SPRAYING/BLOOMINGTON		166.19		166.19-	
05-00-4365	BLOOMINGTON AGREEMENT				300.00	300.00
05-00-4380	FRANCHISE FEES		3,511.75	70.24	1,488.25	5,000.00
	ADMIN TOTAL	51,646.95	567,304.87	139.60	160,917.30-	406,387.57
SUMMER RECREATION DEPARTMENT						
05-01-4010	BALL PARK REGISTRATIONS		1,108.00	110.80	108.00-	1,000.00
05-01-4014	BALL PARK ADMISSIONS		3,167.50	126.70	667.50-	2,500.00
05-01-4016	BALL PARK CONCESSIONS	478.26	733.76	73.38	266.24	1,000.00
05-01-4640	SUMMER REC DONATIONS		10,100.00	80.80	2,400.00	12,500.00
	SUMMER RECREATION TOTAL	478.26	15,109.26	88.88	1,890.74	17,000.00
POOL DEPARTMENT						
05-03-4014	POOL ADMISSIONS	82.63	6,278.12	125.56	1,278.12-	5,000.00
05-03-4016	POOL CANDY	58.49	2,497.88	166.53	997.88-	1,500.00
05-03-4017	SWIMMING LESSONS		1,117.00	74.47	383.00	1,500.00
05-03-4108	SWIM TEAM REVENUE		364.00	72.80	136.00	500.00
05-03-4303	POOL MISC REVENUE				500.00	500.00
05-03-4610	MISC POOL REV	275.00	275.00		275.00-	
	POOL TOTAL	416.12	10,532.00	117.02	1,532.00-	9,000.00
PARK DEPARTMENT						
05-04-4015	RV PARK INCOME	1,215.97	8,046.79	536.45	6,546.79-	1,500.00
	PARK TOTAL	1,215.97	8,046.79	536.45	6,546.79-	1,500.00
LIBRARY DEPARTMENT						
05-08-4018	LIBRARY INCOME	184.20	1,646.64	82.33	353.36	2,000.00
05-08-4305	MISC REVENUE - LIBRARY		6,059.00	220.33	3,309.00-	2,750.00
05-08-4346	INSURANCE PROCEEDS				13,000.00	13,000.00
05-08-4350	DONATIONS - LIBRARY		1,100.00		1,100.00-	
	LIBRARY TOTAL	184.20	8,805.64	49.61	8,944.36	17,750.00

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
CEMETERY DEPARTMENT						
05-11-4020	CEMETERY INCOME	3,050.00	16,350.00	163.50	6,350.00-	10,000.00
	CEMETERY TOTAL	3,050.00	16,350.00	163.50	6,350.00-	10,000.00
	GENERAL TOTAL	56,991.50	626,148.56	135.64	164,510.99-	461,637.57
ADMIN DEPARTMENT						
12-00-4230	HIGHWAY ALLOCATIONS - STR	13,641.62	167,395.97	131.21	39,821.97-	127,574.00
12-00-4231	MOTOR VEHICLE FEES - STR	1,472.89	17,737.25	126.69	3,737.25-	14,000.00
12-00-4304	INSURANCE PROCEEDS				14,000.00	14,000.00
12-00-4305	MISC REVENUES - STR		4,036.79		4,036.79-	
12-00-4321	ROAD TAX - STR	945.03	3,680.08	113.23	430.08-	3,250.00
12-00-4331	MOTOR VEHICLE SALESTAX RECEIPT	386.11	23,518.89	156.79	8,518.89-	15,000.00
	ADMIN TOTAL	16,445.65	216,368.98	124.48	42,544.98-	173,824.00
	STREET TOTAL	16,445.65	216,368.98	124.48	42,544.98-	173,824.00
16-00-4103	CDA CITY SALES TAX REVENUE	2,971.95	14,960.35		14,960.35-	
	ADMIN TOTAL	2,971.95	14,960.35	.00	14,960.35-	.00
	CDA TOTAL	2,971.95	14,960.35	.00	14,960.35-	.00
	TOTAL REVENUE	76,409.10	857,477.89	134.94	222,016.32-	635,461.57
SUMMER RECREATION DEPARTMENT						
05-01-5010	FUEL		128.44		128.44-	
05-01-5040	ELECTRICITY BALL PARK	70.19	283.43	283.43	183.43-	100.00
05-01-5110	SALARIES- SUMMER REC		2,500.00	100.00		2,500.00
05-01-5111	UMPIRE FEES		1,390.00	69.50	610.00	2,000.00
05-01-5120	FICA		191.25	63.75	108.75	300.00
05-01-5150	PLAYER INSURANCE		300.00	100.00		300.00
05-01-5280	UNIFORMS		28.60	5.72	471.40	500.00
05-01-5320	MATERIALS/SUPPLIES	85.98	980.27	65.35	519.73	1,500.00
05-01-5321	EQUIPMENT		742.73	148.55	242.73-	500.00

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
05-01-5350	PRINTING		97.30	60.81	62.70	160.00
05-01-5420	MAINT/REPAIRS		1,581.72	158.17	581.72-	1,000.00
05-01-5450	FEES/DUES		270.00	54.00	230.00	500.00
05-01-5610	SUMMER RECREATION MISC EXPENSE		150.00	30.00	350.00	500.00
05-01-5640	SUMMER RECREATION DONATIONS				12,500.00	12,500.00
05-01-5800	CAPITAL OUTLAY- SUM REC		76,959.33	171.02	31,959.33-	45,000.00
	SUMMER RECREATION TOTAL	156.17	85,603.07	127.08	18,243.07-	67,360.00
POOL DEPARTMENT						
05-03-5020	PHONE - POOL	74.19	699.40	139.88	199.40-	500.00
05-03-5030	NATURAL GAS - POOL	43.38	211.83	42.37	288.17	500.00
05-03-5040	ELECTRICITY - POOL	688.76	1,974.51	131.63	474.51-	1,500.00
05-03-5110	SALARIES - POOL	2,847.53	32,485.71	108.29	2,485.71-	30,000.00
05-03-5120	FICA EXPENSE - POOL	217.84	2,485.29	90.37	264.71	2,750.00
05-03-5140	PROFESSIONAL - POOL		1,037.09	69.14	462.91	1,500.00
05-03-5150	INSURANCE - POOL		3,225.50	107.52	225.50-	3,000.00
05-03-5310	CHEMICALS - POOL	1,552.36	7,434.92	165.22	2,934.92-	4,500.00
05-03-5320	MATERIAL/SUPPLIES - POOL	282.29	3,068.68	102.29	68.68-	3,000.00
05-03-5420	MAINTENANCE & REPAIRS - POOL	1,521.62	2,016.19	31.02	4,483.81	6,500.00
05-03-5440	SCHOOLING - POOL		500.00	142.86	150.00-	350.00
05-03-5450	FEES & DUES - POOL		540.00	90.00	60.00	600.00
05-03-5610	MISC EXPENSE - POOL		275.00	68.75	125.00	400.00
05-03-5611	SWIM TEAM EXPENSES		336.00	67.20	164.00	500.00
05-03-5830	CONTRACTS & AGREEMENTS - POOL	19.95	478.25	478.25	378.25-	100.00
05-03-5800	CAPITAL OUTLAY - POOL		914.81	91.48	85.19	1,000.00
	POOL TOTAL	7,247.92	57,683.18	101.73	983.18-	56,700.00
PARK DEPARTMENT						
05-04-5010	FUEL - PARK	120.86	1,132.07	75.47	367.93	1,500.00
05-04-5020	PHONE - PARK	20.53	246.62	49.32	253.38	500.00
05-04-5040	ELECTRICITY - PARK	314.21	3,472.48	126.27	722.48-	2,750.00
05-04-5070	PENSION PLAN - PARK	122.55	1,011.24	101.12	11.24-	1,000.00
05-04-5110	SALARIES - PARK	2,053.60	16,871.62	93.73	1,128.38	18,000.00
05-04-5120	SOCIAL SECURITY - PARK	153.60	1,251.21	50.05	1,248.79	2,500.00
05-04-5140	PROFESSIONAL - PARK		1,042.01	69.47	457.99	1,500.00
05-04-5150	INSURANCE - PARK		2,419.13	60.48	1,580.87	4,000.00
05-04-5151	LIFE INSURANCE - PARK	3.19	38.38	76.76	11.62	50.00
05-04-5160	UNEMPLOYMENT - PARK		39.79	53.05	35.21	75.00
05-04-5190	HEALTH INSURANCE - PARK	276.12	3,003.11	85.80	496.89	3,500.00
05-04-5192	DENTAL/VISION INS	24.33	233.03	46.61	266.97	500.00
05-04-5280	UNIFORMS - PARK		221.37	110.69	21.37-	200.00
05-04-5310	CHEMICALS - PARK	35.19	730.84	48.72	769.16	1,500.00
05-04-5320	MATERIALS/SUPPLIES - PARK	87.73	591.46	23.66	1,908.54	2,500.00
05-04-5340	OFFICE EXPENSES - PARK	135.00	210.77	210.77	110.77-	100.00
05-04-5420	MAINTENANCE/REPAIRS - PARK	10,840.85	13,427.76	268.56	8,427.76-	5,000.00
05-04-5610	MISCELLANEOUS - PARK				250.00	250.00
05-04-5830	CONTRACTS & AGREEMENTS -PARK	28.32	339.87	97.11	10.13	350.00

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
	PARK TOTAL	14,216.08	46,282.76	101.11	507.76-	45,775.00
GENERAL DEPARTMENT						
05-05-5010	FUEL - GEN	82.95	133.97	26.79	366.03	500.00
05-05-5020	PHONE - GEN	150.53	2,406.42	85.94	393.58	2,800.00
05-05-5040	ELECTRICITY - GEN	179.49	2,127.74	85.11	372.26	2,500.00
05-05-5070	PENSION PLAN - GEN	212.55	2,724.91	90.83	275.09	3,000.00
05-05-5110	SALARIES - GEN	3,649.98	53,590.43	71.45	21,409.57	75,000.00
05-05-5120	SOCIAL SECURITY - GEN	235.38	3,587.33	62.39	2,162.67	5,750.00
05-05-5140	PROFESSIONAL - GEN	2,410.00	20,549.34	102.75	549.34-	20,000.00
05-05-5150	INSURANCE - GEN		12,095.60	75.60	3,904.40	16,000.00
05-05-5151	LIFE INSURANCE - GEN	6.39	76.68	51.12	73.32	150.00
05-05-5160	UNEMPLOYMENT - GEN		39.79	53.05	35.21	75.00
05-05-5190	HEALTH INSURANCE - GEN	2,595.08	30,173.52	99.75	76.48	30,250.00
05-05-5192	VISION/DENTAL INS	37.13	476.98	47.70	523.02	1,000.00
05-05-5280	UNIFORM - GEN		15.00	3.75	385.00	400.00
05-05-5310	CHEMICALS - GEN		273.50	24.86	826.50	1,100.00
05-05-5320	MATERIALS/SUPPLIES - GEN	98.55	4,931.39	197.26	2,431.39-	2,500.00
05-05-5340	OFFICE EXPENSES - GEN	161.61	2,396.87	68.48	1,103.13	3,500.00
05-05-5360	POSTAGE - GENERAL		27.36	5.47	472.64	500.00
05-05-5420	MAINTENANCE/REPAIRS - GEN	13.27	1,408.98	7.62	17,091.02	18,500.00
05-05-5440	SCHOOLING - GEN	357.69	1,402.94	46.76	1,597.06	3,000.00
05-05-5450	FEES & DUES - GEN	3,163.00	45,313.87	348.57	32,313.87-	13,000.00
05-05-5459	ELECTION EXPENSES - GEN		132.10	26.42	367.90	500.00
05-05-5610	MISC - GENERAL		3,855.06	77.10	1,144.94	5,000.00
05-05-5630	CONTRACTS & AGREEMENTS- GEN	342.41	29,905.21	119.62	4,905.21-	25,000.00
05-05-5631	FIRE INTERLOCAL AGREEMENT		1,000.00		1,000.00-	
05-05-5800	CAPITAL OUTLAY - GEN	1,286.36	12,362.86	49.45	12,637.14	25,000.00
	GENERAL TOTAL	14,982.37	231,007.85	90.58	24,017.15	255,025.00
POLICE DEPARTMENT						
05-06-5010	FUEL - POL	205.16	1,854.86	20.61	7,145.14	9,000.00
05-06-5020	PHONE - POL	248.33	3,735.85	124.53	735.85-	3,000.00
05-06-5040	ELECTRICITY	161.99	1,732.05	86.60	267.95	2,000.00
05-06-5070	PENSION PLAN - POL	270.94	919.00	20.42	3,581.00	4,500.00
05-06-5110	SALARIES - POL	9,413.09	109,169.55	94.93	5,830.45	115,000.00
05-06-5120	SOCIAL SECURITY - POL	634.74	7,277.78	80.86	1,722.22	9,000.00
05-06-5140	PROFESSIONAL - POL		1,143.58	45.74	1,356.42	2,500.00
05-06-5150	INSURANCE - POL		8,063.76	67.20	3,936.24	12,000.00
05-06-5151	LIFE INSURANCE - POL	12.78	153.36	61.34	96.64	250.00
05-06-5160	UNEMPLOYMENT - POL		39.79	15.92	210.21	250.00
05-06-5190	HEALTH INSURANCE - POL	4,149.64	48,714.56	347.96	34,714.56-	14,000.00
05-06-5192	DENTAL/VISION INS	100.32	1,669.60	333.92	1,169.60-	500.00
05-06-5280	POLICE UNIFORMS		847.04	42.35	1,152.96	2,000.00
05-06-5320	MATERIALS/SUPPLIES - POL	34.97	360.76	24.05	1,139.24	1,500.00
05-06-5340	OFFICE EXPENSES - POL		452.59	90.52	47.41	500.00
05-06-5360	POSTAGE - POL		57.20	57.20	42.80	100.00
05-06-5420	MAINTENANCE/REPAIRS - POL	258.00	2,331.65	46.63	2,668.35	5,000.00

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
05-06-5440	SCHOOLING - POL	336.00	3,467.97	69.36	1,532.03	5,000.00
05-06-5450	FEES & DUES - POL		1,026.25	205.25	526.25-	500.00
05-06-5460	DOG BOARDING & EUTHANZING - PO	52.50	211.50	211.50	111.50-	100.00
05-06-5610	MISCELLANEOUS - POL				500.00	500.00
05-06-5630	CONTRACTS & AGREEMENTS - POL	1,075.75	5,507.75	78.68	1,492.25	7,000.00
05-06-5799	EQUIPMENT - POLICE	731.40	3,193.29	91.24	306.71	3,500.00
05-06-5800	CAPITAL OUTLAY - POL	1,070.40	9,516.21	95.16	483.79	10,000.00
	POLICE TOTAL	18,756.01	211,445.95	101.80	3,745.95-	207,700.00

LIBRARY DEPARTMENT

05-08-5020	PHONE - LIB	110.76	2,804.54	127.48	604.54-	2,200.00
05-08-5040	ELECTRICITY - LIB	269.94	3,803.97	69.16	1,696.03	5,500.00
05-08-5070	PENSION PLAN - LIB	121.86	1,566.01	156.60	566.01-	1,000.00
05-08-5110	SALARIES - LIB	2,731.39	35,943.97	93.12	2,656.03	38,600.00
05-08-5111	SALARIES- CLEANING	50.00	600.00		600.00-	
05-08-5120	SOCIAL SECURITY - LIB	208.61	2,741.55	91.39	258.45	3,000.00
05-08-5140	PROFESSIONAL - LIB		1,037.09	69.14	462.91	1,500.00
05-08-5150	INSURANCE - LIB		1,612.75	80.64	387.25	2,000.00
05-08-5151	LIFE INSURANCE - LIB	6.39	76.68	76.68	23.32	100.00
05-08-5160	UNEMPLOYMENT - LIB		39.79	39.79	60.21	100.00
05-08-5190	HEALTH INSURANCE - LIB	496.55	5,787.00	99.78	13.00	5,800.00
05-08-5192	DENTAL/VISION INS				450.00	450.00
05-08-5190	UNIFORMS - LIB		225.98	112.99	25.98-	200.00
05-08-5190	CHEMICALS - LIB				200.00	200.00
05-08-5320	MATERIALS/SUPPLIES - LIB		1,244.58	77.79	355.42	1,600.00
05-08-5331	MEMORIAL PURCHASES - LIB		100.00		100.00-	
05-08-5340	OFFICE EXPENSES - LIB	142.34	1,417.94	94.53	82.06	1,500.00
05-08-5420	MAINTENANCE/REPAIRS - LIB	12,415.87	17,244.07	98.54	255.93	17,500.00
05-08-5440	SCHOOLING - LIB		347.56	34.76	652.44	1,000.00
05-08-5450	FEES & DUES - LIB	160.00	210.00	16.80	1,040.00	1,250.00
05-08-5610	MISCELLANEOUS - LIB				100.00	100.00
05-08-5630	CONTRACTS & AGREEMENTS - LIB	76.26	2,914.93	166.57	1,164.93-	1,750.00
05-08-5662	SUMMER READING PROGRAM - LIB		1,035.93	103.59	35.93-	1,000.00
05-08-5800	CAPITAL OUTLAY - LIB		5,103.46	170.12	2,103.46-	3,000.00
05-08-5801	BOOKS/VIDEOS/MAG. LIB	399.21	5,974.96	103.91	224.96-	5,750.00
	LIBRARY TOTAL	17,189.18	91,832.76	96.56	3,267.24	95,100.00

CEMETERY DEPARTMENT

05-11-5010	FUEL - CEM	260.66	1,270.10	127.01	270.10-	1,000.00
05-11-5020	PHONE-CEMETERY	20.52	246.60	70.46	103.40	350.00
05-11-5070	PENSION PLAN - CEM	92.54	887.70	104.44	37.70-	850.00
05-11-5110	SALARIES - CEM	1,545.28	14,804.41	98.70	195.59	15,000.00
05-11-5120	SOCIAL SECURITY - CEM	113.11	1,091.58	89.11	133.42	1,225.00
05-11-5140	PROFESSIONAL - CEM		1,037.09	69.14	462.91	1,500.00
05-11-5150	INSURANCE - CEM		806.34	80.63	193.66	1,000.00
05-11-5151	LIFE INSURANCE - CEM	3.20	38.30	76.60	11.70	50.00
05-11-50	UNEMPLOYMENT - CEM		39.79	53.05	35.21	75.00

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
05-11-5190	HEALTH INSURANCE - CEM	269.16	2,974.80	99.16	25.20	3,000.00
05-11-5192	DENTAL/VISION INS	20.45	210.52	84.21	39.48	250.00
05-11-5310	CHEMICALS - CEM	35.19	173.19		173.19-	
05-11-5320	MATERIALS/SUPPLIES - CEM	35.00	212.43	28.32	537.57	750.00
05-11-5340	OFFICE EXPENSES - CEM		9.85	19.70	40.15	50.00
05-11-5420	MAINTENANCE/REPAIRS - CEM	37.28	5,513.15	183.77	2,513.15-	3,000.00
05-11-5450	FEES & DUES - CEM		122.50		122.50-	
05-11-5610	MISCELLANEOUS - CEM				500.00	500.00
05-11-5630	CONTRACTS & AGREEMENTS - CEM		77.34	7.73	922.66	1,000.00
	CEMETERY TOTAL	2,432.39	29,515.69	99.72	84.31	29,600.00
	GENERAL TOTAL	74,980.12	753,371.26	99.49	3,888.74	757,260.00

ADMIN DEPARTMENT

12-00-5010	FUEL - STR	749.61	7,864.21	104.86	364.21-	7,500.00
12-00-5020	PHONE - STR	41.05	1,481.74	134.70	381.74-	1,100.00
12-00-5040	ELECTRICITY - STR	1,554.19	22,131.46	79.04	5,868.54	28,000.00
12-00-5070	PENSION PLAN - STR	210.44	2,912.61	97.09	87.39	3,000.00
12-00-5110	SALARIES - STR	3,507.20	48,555.34	97.11	1,444.66	50,000.00
12-00-5120	SOCIAL SECURITY - STR	244.14	3,446.14	86.15	553.86	4,000.00
12-00-5140	PROFESSIONAL - STR		3,816.79	54.53	3,183.21	7,000.00
12-00-5150	INSURANCE - STR		12,095.60	86.40	1,904.40	14,000.00
12-00-5151	LIFE INSURANCE - STR	6.39	76.68	76.68	23.32	100.00
12-00-5160	UNEMPLOYMENT - STR		39.79	39.79	60.21	100.00
12-00-5190	HEALTH INSURANCE - STR	1,986.17	23,203.99	100.89	203.99-	23,000.00
12-00-5192	DENTAL/VISION INS	35.86	502.63	100.53	2.63-	500.00
12-00-5280	UNIFORMS - STR		271.20	135.60	71.20-	200.00
12-00-5310	CHEMICALS - STR		300.14	40.02	449.86	750.00
12-00-5320	MATERIALS/SUPPLIES - STR		1,282.74	25.65	3,717.26	5,000.00
12-00-5340	OFFICE EXPENSES - STR	135.00	296.73	296.73	196.73-	100.00
12-00-5380	SAND AND GRAVEL - STR		4,588.15	91.76	411.85	5,000.00
12-00-5381	JOINT SEAL - STR		16,365.00	81.83	3,635.00	20,000.00
12-00-5390	CEMENT - STR				7,500.00	7,500.00
12-00-5400	SIGNS - STR		523.24	52.32	476.76	1,000.00
12-00-5420	MAINTENANCE/REPAIRS - STR	6,105.07	51,237.38	128.09	11,237.38-	40,000.00
12-00-5421	ARMOR COATING - STR		38,646.60	96.62	1,353.40	40,000.00
12-00-5422	TAC COTE AND COLD MIX - STR		670.32	67.03	329.68	1,000.00
12-00-5423	ICE MELT - STR		1,176.00	23.52	3,824.00	5,000.00
12-00-5450	FEES & DUES - STR		1,000.00	1,333.33	925.00-	75.00
12-00-5630	CONTRACTS & AGREEMENTS -STREET	28.40	340.67	34.07	659.33	1,000.00
12-00-5800	CAPITAL OUTLAY - STR	1,017.00	48,377.75	83.41	9,622.25	58,000.00
	ADMIN TOTAL	15,620.52	291,202.90	90.18	31,722.10	322,925.00
	STREET TOTAL	15,620.52	291,202.90	90.18	31,722.10	322,925.00

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
15-00-5610	KENO MISC EXPENSE		50.00		50.00-	
15-00-5640	DONATIONS- COMMUNITY BETTERMNT		967.14	17.17	4,666.86	5,634.00
	ADMIN TOTAL	.00	1,017.14	18.05	4,616.86	5,634.00
	COMMUNITY BETTERMENT TOTAL	.00	1,017.14	18.05	4,616.86	5,634.00
16-00-5640	CDA EXPENDITURE	250.67	250.67		250.67-	
16-00-5700	REVOLVING LOAN		29,870.87	8.53	320,129.13	350,000.00
16-00-5705	PROFESSIONAL FEES	1,271.36	19,876.36	39.75	30,123.64	50,000.00
	ADMIN TOTAL	1,522.03	49,997.90	12.50	350,002.10	400,000.00
	CDA TOTAL	1,522.03	49,997.90	12.50	350,002.10	400,000.00
	TOTAL EXPENSES	92,122.67	1,095,589.20	73.74	390,229.80	1,485,819.00
	NET PROFIT/LOSS:	15,713.57-	238,111.31-	28.00	612,246.12-	850,357.43-

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
	ADMIN TOTAL	51,646.95	567,304.87	139.60	160,917.30-	406,387.57
	SUMMER RECREATION TOTAL	478.26	15,109.26	88.88	1,890.74	17,000.00
	POOL TOTAL	416.12	10,532.00	117.02	1,532.00-	9,000.00
	PARK TOTAL	1,215.97	8,046.79	536.45	6,546.79-	1,500.00
	LIBRARY TOTAL	184.20	8,805.64	49.61	8,944.36	17,750.00
	CEMETERY TOTAL	3,050.00	16,350.00	163.50	6,350.00-	10,000.00
	GENERAL TOTAL	56,991.50	626,148.56	135.64	164,510.99-	461,637.57
	ADMIN TOTAL	16,445.65	216,368.98	124.48	42,544.98-	173,824.00
	STREET TOTAL	16,445.65	216,368.98	124.48	42,544.98-	173,824.00
	TOTAL REVENUE	73,437.15	842,517.54	132.58	207,055.97-	635,461.57
	SUMMER RECREATION TOTAL	156.17	85,603.07	127.08	18,243.07-	67,360.00
	POOL TOTAL	7,247.92	57,683.18	101.73	983.18-	56,700.00
	PARK TOTAL	14,216.08	46,282.76	101.11	507.76-	45,775.00
	GENERAL TOTAL	14,982.37	231,007.85	90.58	24,017.15	255,025.00
	POLICE TOTAL	18,756.01	211,445.95	101.80	3,745.95-	207,700.00

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
	LIBRARY TOTAL	17,189.18	91,832.76	96.56	3,267.24	95,100.00
	CEMETERY TOTAL	2,432.39	29,515.69	99.72	84.31	29,600.00
	GENERAL TOTAL	74,980.12	753,371.26	99.49	3,888.74	757,260.00
	ADMIN TOTAL	15,620.52	291,202.90	90.18	31,722.10	322,925.00
	STREET TOTAL	15,620.52	291,202.90	90.18	31,722.10	322,925.00
	TOTAL EXPENSES	90,600.64	1,044,574.16	96.70	35,610.84	1,080,185.00
	NET PROFIT/LOSS:	17,163.49-	202,056.62-	45.43	242,666.81-	444,723.43-

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
ADMIN DEPARTMENT						
01-00-4010	CONSUMERS REVENUE - ELEC	128,841.52	1,307,635.41	93.40	92,364.59	1,400,000.00
01-00-4050	PENALTY REVENUE - ELEC	1,526.66	9,563.79	95.64	436.21	10,000.00
01-00-4300	INTEREST - ELEC		843.93	56.26	656.07	1,500.00
01-00-4340	FINES & FEES - ELEC				200.00	200.00
01-00-4500	METER DEPOSITS	225.00	4,725.00	157.50	1,725.00-	3,000.00
01-00-4610	MISC REVENUES - ELEC		5,867.02	146.68	1,867.02-	4,000.00
	ADMIN TOTAL	130,593.18	1,328,635.15	93.65	90,064.85	1,418,700.00
POWER PLANT DEPARTMENT						
01-10-4360	NPPD AGREEMENT REV - PP		129,888.00	91.67	11,808.00	141,696.00
01-10-4361	NPPD PLANT GENERATION - PP		6,239.91	4,159.94	6,089.91-	150.00
01-10-4362	NPPD REIMB NATURAL GAS - PP	32.21	1,142.65	38.09	1,857.35	3,000.00
01-10-4363	NPPD REIMB CELL PHONE - PP		220.00	91.67	20.00	240.00
	POWER PLANT TOTAL	32.21	137,490.56	94.76	7,595.44	145,086.00
	ELECTRIC TOTAL	130,625.39	1,466,125.71	93.75	97,660.29	1,563,786.00
ADMIN DEPARTMENT						
02-00-4010	CONSUMERS REVENUE - WTR	16,766.86	165,102.79	103.19	5,102.79-	160,000.00
02-00-4011	LRNRD WATER INCOME - WTR	3,466.12	27,769.90	92.57	2,230.10	30,000.00
02-00-4020	MISC WATER INCOME		26,357.69	878.59	23,357.69-	3,000.00
02-00-4050	PENALTY REVENUE - WTR	132.02	1,360.16	90.68	139.84	1,500.00
02-00-4300	INTEREST - WATER		843.93	56.26	656.07	1,500.00
	ADMIN TOTAL	20,365.00	221,434.47	112.98	25,434.47-	196,000.00
	WATER TOTAL	20,365.00	221,434.47	112.98	25,434.47-	196,000.00
ADMIN DEPARTMENT						
03-00-4010	CONSUMERS REVENUE - SWR	6,683.11	81,660.95	100.82	660.95-	81,000.00
03-00-4050	PENALTY REVENUE - SWR	74.80	735.18	105.03	35.18-	700.00
03-00-4300	INTEREST -SEWER		843.93	56.26	656.07	1,500.00
03-00-4305	MISC REVENUE - SWR		80,529.42		80,529.42-	
	ADMIN TOTAL	6,757.91	163,769.48	196.84	80,569.48-	83,200.00
	SEWER TOTAL	6,757.91	163,769.48	196.84	80,569.48-	83,200.00

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
SANITATION DEPARTMENT						
04-07-4010	CONSUMERS REVENUE - SAN	12,140.72	145,853.50	100.59	853.50-	145,000.00
04-07-4050	PENALTY REVENUE - SAN	160.52	1,176.87	78.46	323.13	1,500.00
04-07-4200	C & D REVENUE - SAN	672.30	10,989.50	439.58	8,489.50-	2,500.00
04-07-4300	INTEREST - SAN		843.81	56.25	656.19	1,500.00
		-----	-----	-----	-----	-----
	SANITATION TOTAL	12,973.54	158,863.68	105.56	8,363.68-	150,500.00
WASTE REDUCTION DEPARTMENT						
04-14-4012	RECYCLING REVENUE - WR		7,037.82	140.76	2,037.82-	5,000.00
04-14-4304	COUNTY REIMBURSEMENT/WAGES - W		11,087.39	92.39	912.61	12,000.00
04-14-4612	SCRAP IRON REVENUE		59.30		59.30-	
		-----	-----	-----	-----	-----
	WASTE REDUCTION TOTAL	.00	18,184.51	106.97	1,184.51-	17,000.00
		=====	=====	=====	=====	=====
	SANITATION/WASTE REDUCT TOTAL	12,973.54	177,048.19	105.70	9,548.19-	167,500.00
		=====	=====	=====	=====	=====
	TOTAL REVENUE	170,721.84	2,028,377.85	100.89	17,891.85-	2,010,486.00
		=====	=====	=====	=====	=====
ADMIN DEPARTMENT						
01-00-5010	FUEL - ELEC	211.05	1,984.64	113.41	234.64-	1,750.00
01-00-5020	PHONE - ELEC	150.53	1,271.93	101.75	21.93-	1,250.00
01-00-5030	NATURAL GAS - ELEC	32.21	906.68	113.34	106.68-	800.00
01-00-5041	POWER PURCHASED - ELEC	74,811.79	699,679.05	84.81	125,320.95	825,000.00
01-00-5070	PENSION PLAN - ELEC	404.33	5,570.04	92.83	429.96	6,000.00
01-00-5110	SALARIES - ELEC	6,783.05	90,765.54	95.54	4,234.46	95,000.00
01-00-5120	SOCIAL SECURITY - ELEC	466.43	6,305.92	90.08	694.08	7,000.00
01-00-5140	PROFESSIONAL - ELEC		1,212.09	60.60	787.91	2,000.00
01-00-5150	INSURANCE - ELEC		7,257.40	72.57	2,742.60	10,000.00
01-00-5151	LIFE INSURANCE - ELEC	19.17	230.04	92.02	19.96	250.00
01-00-5160	UNEMPLOYMENT - ELEC		39.79	39.79	60.21	100.00
01-00-5190	HEALTH INSURANCE - ELEC	5,013.01	58,546.00	97.58	1,454.00	60,000.00
01-00-5192	DENTAL/VISION INS	66.26	916.38	76.37	283.62	1,200.00
01-00-5240	DISTRIBUTION SUPPLIES - ELEC	5,780.46	11,788.68	65.49	6,211.32	18,000.00
01-00-5280	UNIFORM - ELEC	85.05	381.89		381.89-	
01-00-5310	CHEMICALS - ELEC		283.00	94.33	17.00	300.00
01-00-5320	MATERIALS/SUPPLIES - ELEC	29.05	783.69	52.25	716.31	1,500.00
01-00-5340	OFFICE EXPENSES - ELEC	135.00	1,009.79	100.98	9.79-	1,000.00
01-00-5360	POSTAGE - ELEC	71.50	779.25	77.93	220.75	1,000.00
01-00-5420	MAINTENANCE/REPAIRS - ELEC		3,063.67	51.06	2,936.33	6,000.00
01-00-5440	SCHOOLING - ELEC		53.89	5.39	946.11	1,000.00
01-00-5450	FEES & DUES - ELEC	709.00	2,857.08	142.85	857.08-	2,000.00
01-00-5610	MISCELLANEOUS - ELEC				500.00	500.00

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
01-00-5620	MISC REBATE REFUND		355.70	23.71	1,144.30	1,500.00
01-00-5630	CONTRACTS & AGREEMENTS - ELEC	948.69	5,491.82	119.39	891.82-	4,600.00
01-00-5800	CAPITAL OUTLAY - ELEC	1,060.00	1,620.75	10.81	13,379.25	15,000.00
01-00-5952	COMB BOND PRINCIPAL PYMT - ELE				70,000.00	70,000.00
01-00-5953	COMB BOND FUND INTEREST PYMNT		2,113.75	50.00	2,113.75	4,227.50
	ADMIN TOTAL	96,776.58	905,268.46	79.62	231,709.04	1,136,977.50

POWER PLANT DEPARTMENT

01-10-5030	NATURAL GAS - PP	32.21	1,117.14	31.92	2,382.86	3,500.00
01-10-5110	SALARIES - PP		2,799.28	93.31	200.72	3,000.00
01-10-5120	FICA EXPENSE - PP		219.69	87.88	30.31	250.00
01-10-5150	INSURANCE - PP		23,602.23	118.01	3,602.23-	20,000.00
01-10-5300	OIL - PP	1,613.88	1,613.88	107.59	113.88-	1,500.00
01-10-5310	CHEMICALS - PP				500.00	500.00
01-10-5320	MATERIALS/SUPPLIES - PP		130.09	26.02	369.91	500.00
01-10-5420	MAINTENANCE/REPAIRS - PP	39.00	3,221.01	80.53	778.99	4,000.00
01-10-5630	CONTRACTS & AGREEMENTS - PP	28.32	2,319.86	77.33	680.14	3,000.00
	POWER PLANT TOTAL	1,713.41	35,023.18	96.62	1,226.82	36,250.00
	ELECTRIC TOTAL	98,489.99	940,291.64	80.15	232,935.86	1,173,227.50

ADMIN DEPARTMENT

02-00-5010	FUEL - WTR	206.83	1,495.54	74.78	504.46	2,000.00
02-00-5020	PHONE - WTR	33.96	1,054.25	70.28	445.75	1,500.00
02-00-5040	ELECTRICITY - WTR	1,831.77	24,924.30	89.02	3,075.70	28,000.00
02-00-5070	PENSION PLAN - WTR	125.73	1,867.80	93.39	132.20	2,000.00
02-00-5110	SALARIES - WTR	2,113.65	31,353.49	78.38	8,646.51	40,000.00
02-00-5120	SOCIAL SECURITY - WTR	112.62	1,814.70	51.85	1,685.30	3,500.00
02-00-5140	PROFESSIONAL - WTR		1,037.09	41.48	1,462.91	2,500.00
02-00-5150	INSURANCE - WTR		4,838.25	80.64	1,161.75	6,000.00
02-00-5151	LIFE INSURANCE - WTR	3.19	38.38	38.38	61.62	100.00
02-00-5160	UNEMPLOYMENT - WTR		39.79	39.79	60.21	100.00
02-00-5190	HEALTH INSURANCE - WTR	1,472.14	17,166.90	104.04	666.90-	16,500.00
02-00-5192	DENTAL/VISION INS	27.29	409.06	81.81	90.94	500.00
02-00-5240	DISTRIBUTION SUPPLIES - WTR	543.79	12,493.73	249.87	7,493.73-	5,000.00
02-00-5280	UNIFORMS - WTR		215.00	107.50	15.00-	200.00
02-00-5320	MATERIALS/SUPPLIES - WTR	2.70	1,145.04	114.50	145.04-	1,000.00
02-00-5340	OFFICE EXPENSES - WTR	135.00	210.78	35.13	389.22	600.00
02-00-5360	POSTAGE - WTR	71.50	947.85	94.79	52.15	1,000.00
02-00-5420	MAINTENANCE/REPAIRS - WTR	4,443.90	113,049.19	565.25	93,049.19-	20,000.00
02-00-5440	SCHOOLING - WTR		963.93	64.26	536.07	1,500.00
02-00-5450	FEES & DUES - WTR		531.59	106.32	31.59-	500.00
02-00-5520	LABORATORY TESTING/MONITORING	15.00	3,658.99	121.97	658.99-	3,000.00
02- 10	MISCELLANEOUS - WTR		250.00		250.00-	

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
02-00-5630	CONTRACTS & AGREEMENTS - WATER	927.69	72,135.61	136.10	19,135.61-	53,000.00
02-00-5800	CAPITAL OUTLAY - WTR		560.75	12.46	3,939.25	4,500.00
	ADMIN TOTAL	12,066.76	292,202.01	151.40	99,202.01-	193,000.00
	WATER TOTAL	12,066.76	292,202.01	151.40	99,202.01-	193,000.00
03-00-5010	FUEL - SWR	85.15	1,067.49	213.50	567.49-	500.00
03-00-5040	ELECTRICITY - SWR	182.72	3,997.95	114.23	497.95-	3,500.00
03-00-5070	PENSION PLAN - SWR	119.83	1,573.70	89.93	176.30	1,750.00
03-00-5110	SALARIES - SWR	2,013.61	26,441.15	91.18	2,558.85	29,000.00
03-00-5120	SOCIAL SECURITY - SWR	106.50	1,447.13	65.04	777.87	2,225.00
03-00-5140	PROFESSIONAL - SWR		1,037.09	69.14	462.91	1,500.00
03-00-5150	INSURANCE - SWR		806.34	80.63	193.66	1,000.00
03-00-5151	LIFE INSURANCE	3.20	38.30	38.30	61.70	100.00
03-00-5160	UNEMPLOYMENT		39.79	39.79	60.21	100.00
03-00-5190	HEALTH INSURANCE - SWR	1,453.85	17,061.84	103.41	561.84-	16,500.00
03-00-5192	DENTAL/VISION INS	26.34	352.01	70.40	147.99	500.00
03-00-5310	CHEMICALS - SWR	4,546.94	6,198.94	619.89	5,198.94-	1,000.00
03-00-5320	MATERIALS/SUPPLIES - SWR		270.65	270.65	170.65-	100.00
03-00-5340	OFFICE EXPENSES - SWR		41.45	41.45	58.55	100.00
03-00-5360	POSTAGE - SWR	71.50	771.50	771.50	671.50-	100.00
03-00-5420	MAINTENANCE/REPAIRS - SEWER	1,072.46	15,587.79	207.84	8,087.79-	7,500.00
03-00-5425	ENGINEERING - SWR				200.00	200.00
03-00-5610	MISCELLANEOUS - SWR		250.00		250.00-	
03-00-5630	CONTRACTS & AGREEMENTS -SEWER	927.69	3,054.86	20.37	11,945.14	15,000.00
	ADMIN TOTAL	10,609.79	80,037.98	99.21	637.02	80,675.00
	SEWER TOTAL	10,609.79	80,037.98	99.21	637.02	80,675.00

SANITATION DEPARTMENT

04-07-5010	FUEL - SAN	848.91	9,407.53	99.03	92.47	9,500.00
04-07-5020	PHONE - SANITATION	69.90	306.66	61.33	193.34	500.00
04-07-5070	PENSION PLAN - SAN	66.20	767.58	39.36	1,182.42	1,950.00
04-07-5110	SALARIES - SAN	4,107.98	51,372.60	111.68	5,372.60-	46,000.00
04-07-5120	SOCIAL SECURITY - SAN	284.64	3,596.39	68.50	1,653.61	5,250.00
04-07-5140	PROFESSIONAL - SAN		11,032.09	95.93	467.91	11,500.00
04-07-5150	INSURANCE - SAN		4,031.88	80.64	968.12	5,000.00
04-07-5160	UNEMPLOYMENT		39.79	26.53	110.21	150.00
04-07-5190	HEALTH INSURANCE - SAN	241.78	2,518.68	100.75	18.68-	2,500.00
04-07-5192	DENTAL/VISION INS	48.30	617.77	123.55	117.77-	500.00
04-07-5280	UNIFORMS				200.00	200.00
04-07-5320	MATERIALS/SUPPLIES - SAN		2,084.73	138.98	584.73-	1,500.00

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
04-07-5340	OFFICE EXPENSES - SAN	135.00	212.41	30.34	487.59	700.00
04-07-5360	POSTAGE - SAN	71.50	771.50	77.15	228.50	1,000.00
04-07-5420	MAINTENANCE/REPAIRS - SAN	414.40	12,904.99	62.95	7,595.01	20,500.00
04-07-5450	FEES & DUES - SAN	750.00	6,575.46	146.12	2,075.46-	4,500.00
04-07-5451	DISPOSAL FEES - SAN	2,571.20	27,646.05	92.15	2,353.95	30,000.00
04-07-5475	C & D TICKET FEE	85.00	790.00	79.00	210.00	1,000.00
04-07-5630	CONTRACTS & AGREEMENTS -SAN	927.70	2,987.59	119.50	487.59-	2,500.00
04-07-5800	CAPITAL OUTLAY - SAN		5,150.75	68.68	2,349.25	7,500.00
04-07-5850	C&D CLOSURE/POST-CLOSURE EXP		9,820.00	327.33	6,820.00-	3,000.00
04-07-5953	INTEREST EXPENSE	1,182.27-	1,182.27-		1,182.27	
	SANITATION TOTAL	9,440.24	151,452.18	97.55	3,797.82	155,250.00
WASTE REDUCTION DEPARTMENT						
04-14-5010	FUEL - WR		68.97		68.97-	
04-14-5020	PHONE - WR		428.36	85.67	71.64	500.00
04-14-5040	ELECTRICITY - WR	67.52	1,672.26	83.61	327.74	2,000.00
04-14-5140	PROFESSIONAL - WR		1,037.09	103.71	37.09-	1,000.00
04-14-5150	INSURANCE - WR		5,644.59	94.08	355.41	6,000.00
04-14-5160	UNEMPLOYMENT		39.83	79.66	10.17	50.00
	WASTE REDUCTION TOTAL	67.52	8,891.10	93.10	658.90	9,550.00
	SANITATION/WASTE REDUCT TOTAL	9,507.76	160,343.28	97.30	4,456.72	164,800.00
	TOTAL EXPENSES	130,674.30	1,472,874.91	91.39	138,827.59	1,611,702.50
	NET PROFIT/LOSS:	40,047.54	555,502.94	139.30	156,719.44-	398,783.50

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
	ADMIN TOTAL	130,593.18	1,328,635.15	93.65	90,064.85	1,418,700.00
	POWER PLANT TOTAL	32.21	137,490.56	94.76	7,595.44	145,086.00
	ELECTRIC TOTAL	130,625.39	1,466,125.71	93.75	97,660.29	1,563,786.00
	ADMIN TOTAL	20,365.00	221,434.47	112.98	25,434.47-	196,000.00
	WATER TOTAL	20,365.00	221,434.47	112.98	25,434.47-	196,000.00
	ADMIN TOTAL	6,757.91	163,769.48	196.84	80,569.48-	83,200.00
	SEWER TOTAL	6,757.91	163,769.48	196.84	80,569.48-	83,200.00
	SANITATION TOTAL	12,973.54	158,863.68	105.56	8,363.68-	150,500.00
	WASTE REDUCTION TOTAL	.00	18,184.51	106.97	1,184.51-	17,000.00
	SANITATION/WASTE REDUCT TOTAL	12,973.54	177,048.19	105.70	9,548.19-	167,500.00
	TOTAL REVENUE	170,721.84	2,028,377.85	100.89	17,891.85-	2,010,486.00
	ADMIN TOTAL	96,776.58	905,268.46	79.62	231,709.04	1,136,977.50
	POWER PLANT TOTAL	1,713.41	35,023.18	96.62	1,226.82	36,250.00
	ELECTRIC TOTAL	98,489.99	940,291.64	80.15	232,935.86	1,173,227.50

BUDGET REPORT
CALENDAR 9/2021, FISCAL 12/2021

ACCOUNT NUMBER	ACCOUNT TITLE	MONTH BALANCE	YTD BALANCE	PERCENT OF BUDGET	REMAINING BUDGET	TOTAL BUDGET
	ADMIN TOTAL	12,066.76	292,202.01	151.40	99,202.01-	193,000.00
	WATER TOTAL	12,066.76	292,202.01	151.40	99,202.01-	193,000.00
	ADMIN TOTAL	10,609.79	80,037.98	99.21	637.02	80,675.00
	SEWER TOTAL	10,609.79	80,037.98	99.21	637.02	80,675.00
	SANITATION TOTAL	9,440.24	151,452.18	97.55	3,797.82	155,250.00
	WASTE REDUCTION TOTAL	67.52	8,891.10	93.10	658.90	9,550.00
	SANITATION/WASTE REDUCT TOTAL	9,507.76	160,343.28	97.30	4,456.72	164,800.00
	TOTAL EXPENSES	130,674.30	1,472,874.91	91.39	138,827.59	1,611,702.50
	NET PROFIT/LOSS:	40,047.54	555,502.94	139.30	156,719.44-	398,783.50

Checking Account Balance

September-21

Cornerstone Bank & SCSB

Beginning Balance	\$	1,348,284.84
Debit Transactions	\$	287,862.95
Credit Transactions	\$	296,934.77
ending bank balance	\$	1,339,213.02

KENO CHECKING	\$	2,639.28
CDBG checking account	\$	-
C & D Enterprise Fund	\$	26,570.57
Ball Park Savings	closed out 8/13/21	
Farmers State Bank Trust/ Health Acct	\$	40,720.45

CD BALANCES BANK (CBS) BANK (SCSB)	CORNERSTONE SOUTH CENTRAL STATE	CERTIFICATE VALUE	RATE	MATURITY DATE	ACCOUNT TERM
CSB CD#4910		\$139,129.32	0.35%	3/19/2022	12 MONTH
CSB CD#92247		\$140,359.21	0.55%	11/19/2021	13 MONTH 14 MONTHS
CSB CD#92872		\$246,805.63	0.40%	3/12/2022	STEP UP 14 MONTHS
CSB CD#92944		\$315,551.54	0.40%	3/19/2022	STEP UP
CSB CD#5238		\$50,995.95	0.35%	3/10/2022	12 MONTH
CSB CD#5239		\$51,446.02	1.90%	9/10/2021	18 MONTH
Total CBS:		\$944,287.67			
SCSB CD#4530		\$266,810.34	0.45%	11/2/2021	12 MONTH
SCSB CD#4885		\$106,640.16	0.35%	7/24/2022	15 MONTH
SCSB CD#405160		\$127,645.64	1.40%	7/30/2021	18 MONTHS
SCSB CD#405161		\$128,122.95	1.65%	1/30/2022	24 MONTHS
SCSB CD# 405172		\$48,570.16	1.70%	9/7/2022	30 MONTHS
Total SCSB:		\$677,789.25			
Total CD's Investments:		\$1,622,076.92			
GRAND TOTAL CHECKING & CD'S:		\$3,031,220.24			

City of Franklin
911143
Monthly Claims Analysis for Freedom Choice
June 1, 2021 through May 31, 2022

	# 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-21	10	\$ 17,944.81	\$ 13,654.88	\$ 260.00	\$ 5,575.22	\$ -	\$ (309.06)	\$ (1,545.29)	\$ (1,236.23)
July-21	10	\$ 17,944.81	\$ 13,654.88	\$ 260.00	\$ 2,751.77	\$ -	\$ 255.63	\$ 1,278.16	\$ 1,022.53
August-21	10	\$ 17,944.81	\$ 13,654.88	\$ 260.00	\$ 319.55	\$ -	\$ 742.08	\$ 3,710.38	\$ 2,968.30
September-21	10	\$ 17,944.81	\$ 13,654.88	\$ 260.00	\$ 382.25	\$ -	\$ 729.54	\$ 3,647.68	\$ 2,918.14
October-21	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
November-21	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
December-21	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
January-22	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
February-22	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
March-22	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
April-22	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
May-22	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ 71,779.24	\$ 54,619.52	\$ 1,040.00	\$ 9,028.79	\$ -	\$ 1,418.19	\$ 7,090.93	\$ 5,672.74



FreedomChoice
Group Health Plan
Freedom Claims Management, Inc
P.O. Box 1365
Great Bend, KS 67530
620-792-9151 - Telephone
620-792-3389 - Fax

City of Franklin
911143
Monthly Claims Analysis for FreedomChoice
September, 2021

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	\$ 932.20	\$ 2,796.60	\$ 496.55	\$ 1,489.65	\$ 78.00					
Employee/Spouse	1	\$ 1,864.41	\$ 1,864.41	\$ 1,489.63	\$ 1,489.63	\$ 26.00					
Employee/Child	1	\$ 1,631.35	\$ 1,631.35	\$ 1,241.35	\$ 1,241.35	\$ 26.00					
Family	5	\$ 2,330.49	\$ 11,652.45	\$ 1,886.85	\$ 9,434.25	\$ 130.00					
	10		\$ 17,944.81		\$ 13,654.88	\$ 260.00	\$ 382.25	\$ -	\$ 729.54	\$ 3,647.68	\$ 2,918.14



FreedomChoice
Group Health Plan
Freedom Claims Management, Inc
P.O. Box 1365
Great Bend, KS 67530
620-792-9151 - Telephone
620-792-3389 - Fax

June, 2021 through May, 2022

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	144.38	4.63	27.25	2.00	184.64	2907.31	141.97	640.65	28.82	3834.97	638.36
12010 STREET	78.75	1.00	.00	.00	81.00	1726.20	.00	.00	.00	1753.60	368.43
20010 WATER	50.01	.13	.00	8.88	60.15	805.97	.00	.00	145.63	967.81	.00
30010 SEWER	50.00	.13	.00	8.87	60.13	805.96	.00	.00	145.62	967.79	.00
40710 SANITATION	95.36	.11	1.50	2.00	100.08	1695.42	.00	27.75	28.82	1768.21	.00
50310 POOL	88.00	.00	.00	.00	88.00	869.39	.00	.00	.00	869.39	.00
50410 PARK	38.25	4.75	.00	1.75	44.75	581.02	108.23	.00	26.59	715.84	.00
50510 GENERAL	79.25	3.25	3.75	.00	86.25	1541.28	96.62	74.33	.00	1712.23	484.53
50610 POLICE	41.00	.00	.00	.00	41.00	4817.51	.00	.00	.00	4817.51	941.02
50810 LIBRARY	90.75	.00	24.50	2.25	117.50	1070.53	.00	267.79	27.56	1365.88	103.98
51110 CEMETERY	38.25	4.75	.00	1.75	44.75	581.02	108.23	.00	26.58	715.83	.00
99999 SPLIT PAY	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1262.39
TOTAL	794.00	18.75	57.00	27.50	908.25	17401.61	455.05	1010.52	429.62	19489.06	3798.71

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	126.69	1.75	24.94	8.88	181.76	2662.08	61.71	573.21	165.01	3833.49	653.11
12010 STREET	.50	.00	.00	.00	80.00	10.96	.00	.00	.00	1753.60	368.43
20010 WATER	57.69	6.38	1.44	.88	66.39	960.73	191.81	20.72	12.61	1185.87	.00
30010 SEWER	57.69	3.37	1.44	.88	63.38	960.73	86.01	20.72	12.61	1080.07	.00
40710 SANITATION	94.68	15.00	1.43	.86	114.97	1723.12	141.06	20.70	12.61	1952.99	.00
50410 PARK	29.50	.00	9.38	.32	40.01	448.11	.00	142.41	4.86	607.61	.00
50510 GENERAL	77.25	2.00	2.75	.00	82.00	1566.10	59.46	54.51	.00	1680.07	482.30
50610 POLICE	18.75	.00	.00	.00	18.75	4123.08	.00	.00	.00	4123.08	919.77
50810 LIBRARY	114.25	1.50	.00	.00	115.75	1367.43	27.56	.00	.00	1394.99	109.23
50811 LIB- CLEANING	.00	.00	.00	.00	.00	50.00	.00	.00	.00	50.00	.00
51110 CEMETERY	29.50	.00	9.37	.32	39.99	448.10	.00	142.40	4.86	607.59	.00
99999 SPLIT PAY	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1260.94
TOTAL	606.50	30.00	50.75	12.14	803.00	14320.44	567.61	974.67	212.56	18269.36	3793.78

Reviewed and Approved September 2021

Date	Vendor	Amount	Item
9/17/21	Aflac	\$ 892.58	Insurance
9/1/21	Allied Insurance	\$ 13,654.88	Health Insurance
9/22/21	American Patchwork	\$ 21.97	Magazine subscription
9/16/21	Black Hills Energy	\$ 107.80	Power Plant gas bill
9/27/21	Byway 136	\$ 35.00	Advertising
9/22/21	Caspain Creates	\$ 1,050.00	Website
9/27/21	Custom Rental	\$ 1,017.00	weights for new tractor
9/10/21	Chase Bank	\$ 50,000.00	bond payment
9/10/21	chase bank	\$ 20,000.00	bond payment
9/20/21	Chase Bank	\$ 2,113.75	bond interest payment
9/13/21	Delta Dental	\$ 590.21	Insurance
9/17/21	EFTPS	\$ 3,719.38	Payroll taxes
10/1/21	EFTPS	\$ 3,433.09	Payroll taxes
9/27/21	EMC	\$ 7,130.56	Insurance
9/1/21	Freedom Claims	\$ 2,260.00	Insurance
10/13/21	Megan Spargo	\$ 1,271.36	CDA Expense
9/24/21	MG Trust	\$ 1,858.30	Payroll retirement
10/5/21	MG Trust	\$ 1,849.87	Payroll retirement
8/20/21	NE Dept of Rev	\$ 9,193.39	Sales Tax
9/29/21	NE Dept of Rev	\$ 995.24	payroll
10/7/21	Ne workforce	\$ 64.13	payroll
9/17/2021	Payroll	\$ 12,805.35	Payroll
10/1/2021	Payroll	\$ 11,788.74	Payroll
10/1/2021	Sara L Asay	\$ 1.00	Building
9/2/21	VSP	\$ 202.36	Insurance

TOTAL CLAIMS REPORT: \$146,055.96

Mayor Marg Siel

Council Dreher

Council McNiff

Coucil Loschen

Council Urbina

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST	GL ACCOUNT	CK SQ
				CORNERSTONE CHECK ACCT BK#1				
				243 AMGL				
10122021	1	10/12/21	10/12/21	BUDGET PREP WORK	424.83	01	01-00-5140	1
	2			BUDGET PREP WORK	424.83	02	02-00-5140	1
	3			BUDGET PREP WORK	424.83	03	03-00-5140	1
	4			BUDGET PREP WORK	424.83	04	04-07-5140	1
	5			BUDGET PREP WORK	424.83	14	04-14-5140	1
	6			BUDGET PREP WORK	424.83	05	05-05-5140	1
	7			BUDGET PREP WORK	424.83	05	05-06-5140	1
	8			BUDGET PREP WORK	424.83	05	05-08-5140	1
	9			BUDGET PREP WORK	424.83	05	05-11-5140	1
	10			BUDGET PREP WORK	424.83	12	12-00-5140	1
	11			BUDGET PREP WORK	424.83	05	05-03-5140	1
	12			BUDGET PREP WORK	426.87	05	05-04-5140	1
				INVOICE TOTAL	5,100.00			
				VENDOR TOTAL	5,100.00			
				755 BAKER & TAYLOR				
10122021	1	10/12/21	10/12/21	BOOKS/LIBRARY	456.65	05	05-08-5801	1
				INVOICE TOTAL	456.65			
				VENDOR TOTAL	456.65			
				11 ROBERT E. PLATT				
10122021	1	10/12/21	10/12/21	MAINT/REPAIRS/POLICE TAHOE	923.94	05	05-06-5420	1
	2			MAINT/REPAIRS/PARK	61.32	05	05-04-5420	1
	3			MAINT/REPAIRS/CEMETERY	61.31	05	05-11-5420	1
				INVOICE TOTAL	1,046.57			
				VENDOR TOTAL	1,046.57			
				117 CHEMQUEST, INC				
10122021	1	10/12/21	10/12/21	3RD QTR TESTING	495.00	01	01-10-5630	1
				INVOICE TOTAL	495.00			
				VENDOR TOTAL	495.00			
				691 CHRISTIE MALL				
10122021	1	10/12/21	10/12/21	CLEANING	75.00	05	05-05-5450	1
				INVOICE TOTAL	75.00			
				VENDOR TOTAL	75.00			
				15 CITY OF HOLDREGE				
10122021	1	10/12/21	10/12/21	DISPOSAL FEES	2,263.32	04	04-07-5451	1
				INVOICE TOTAL	2,263.32			
				VENDOR TOTAL	2,263.32			
				20 COOPERATIVE PRODUCERS INC				
10122021	1	10/12/21	10/12/21	FUEL/ELECTRIC	152.30	01	01-00-5010	1
	2			FUEL/WATER	96.89	02	02-00-5010	1
	3			FUEL/SEWER	92.89	03	03-00-5010	1

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST	GL ACCOUNT	CK SQ
	4			FUEL/SAN	193.18	04	04-07-5010	1
	5			FUEL/GEN	54.01	05	05-05-5010	1
	6			FUEL/STREET	366.05	12	12-00-5010	1
	7			FUEL/CEMETERY	173.51	05	05-11-5010	1
	8			C & D TICKETS/TWO MONTHS	215.00	04	04-07-5475	1
	9			CHEMICALS/STREET	105.46	12	12-00-5310	1
	10			FUEL/POLICE	263.00	05	05-06-5010	1
	11			FUEL/PARK	86.16	05	05-04-5010	1
	12			FUEL/POOL	32.04	05	05-03-5010	1
	13			CHEMICALS/PARK	53.95	05	05-04-5310	1
				INVOICE TOTAL	1,884.44			
				VENDOR TOTAL	1,884.44			
				546 DAVIS, CORY				
10122021	1	10/12/21	10/12/21	UNIFORM/BOOTS/PARK/CEM	152.24	05	05-04-5280	1
				INVOICE TOTAL	152.24			
				VENDOR TOTAL	152.24			
				33 DUTTON-LAINSON COMPANY				
10122021	1	10/12/21	10/12/21	DIST SUPPLIES/ELECTRIC	816.24	01	01-00-5240	1
				INVOICE TOTAL	816.24			
				VENDOR TOTAL	816.24			
				36 CITY OF FRANKLIN-ELECTRIC FUND				
10122021	1	10/12/21	10/12/21	ELECTRICITY	471.38	02	02-00-5040	1
	2			ELECTRICITY	182.69	03	03-00-5040	1
	3			ELECTRICITY	212.20	05	05-04-5040	1
	4			ELECTRICITY	169.88	05	05-05-5040	1
	5			ELECTRICITY	224.09	05	05-08-5040	1
	6			ELECTRICITY	1,580.98	12	12-00-5040	1
	7			ELECTRICITY	152.38	05	05-06-5040	1
	8			ELECTRICITY	69.22	14	04-14-5040	1
	9			ELECTRICITY	451.04	05	05-03-5040	1
	10			ELECTRICITY	24.41	05	05-01-5040	1
				INVOICE TOTAL	3,538.27			
				VENDOR TOTAL	3,538.27			
				172 RAQUEL FELZIEN				
10122021	1	10/12/21	10/12/21	MILEAGE/LINCOLN MEETING	180.32	05	05-05-5440	1
				INVOICE TOTAL	180.32			
				VENDOR TOTAL	180.32			
				267 FLOWERS N MORE				
10122021	1	10/12/21	10/12/21	SUPPLIES/GEN	55.36	05	05-05-5320	1
				INVOICE TOTAL	55.36			
				VENDOR TOTAL	55.36			

65 FRANKLIN AUTO PARTS

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST	GL ACCOUNT	CK SQ
				65 FRANKLIN AUTO PARTS				
10122021	1	10/12/21	10/12/21	MAINT/REPAIRS/SAN	150.96	04	04-07-5420	1
	2			SUPPLIES/STREET	5.43	12	12-00-5320	1
	3			MAINT/REPAIRS/STREET	67.04	12	12-00-5420	1
	4			OIL/STREET	64.56	12	12-00-5420	1
	5			MAINT/REPAIRS/WATER	27.96	02	02-00-5420	1
	6			OIL/ELECTRIC	48.13	01	01-00-5420	1
				INVOICE TOTAL	364.08			
				VENDOR TOTAL	364.08			
				421 FRANKLIN COUNTY MEMORIAL HOSP				
10122021	1	10/12/21	10/12/21	FEE/POLICE	270.00	05	05-06-5450	1
				INVOICE TOTAL	270.00			
				VENDOR TOTAL	270.00			
				39 FRANKLIN COUNTY SHERIFF				
10122021	1	10/12/21	10/12/21	COMMUNICATIONS FEE	200.00	05	05-06-5630	1
	2			LAW ENFORCEMENT FEE	30.00	05	05-06-5630	1
				INVOICE TOTAL	230.00			
				VENDOR TOTAL	230.00			
				67 FRANKLIN PUBLIC SCHOOL				
10122021	1	10/12/21	10/12/21	ADS FOR YEARBOOK	40.00	05	05-08-5630	1
	2			YEARBOOK 2021-2022	35.00	05	05-08-5630	1
	3			YEARBOOKS 2017-2021	140.00	05	05-08-5630	1
	4			ADS FOR YEARBOOK	40.00	05	05-05-5630	1
				INVOICE TOTAL	255.00			
				VENDOR TOTAL	255.00			
				393 GLENWOOD TELECOMMUNICATIONS				
10122021	1	10/12/21	10/12/21	PHONE/INTERNET/GEN	155.16	05	05-05-5020	1
	2			PHONE/INTERNET/WATER WELLS	34.09	02	02-00-5020	1
	3			INTERNET/ELECTRIC	24.96	01	01-00-5020	1
	4			PHONE/INTERNET/LIBRARY	110.89	05	05-08-5020	1
	5			INTERNET/SAN/RECYCLING	69.90	04	04-07-5020	1
	6			PHONE/POOL	27.04	05	05-03-5020	1
	7			INTERNET/STREET 3 MONTHS	69.15	12	12-00-5020	1
	8			INTERNET/STREET 3 MONTHS	69.15	05	05-04-5020	1
	9			INTERNET/STREET 3 MONTHS	69.15	02	02-00-5020	1
	10			INTERNET/POLICE	24.97	05	05-06-5020	1
				INVOICE TOTAL	600.38			
				VENDOR TOTAL	600.38			
				742 GTA INSURANCE GROUP				
10122021	1	10/12/21	10/12/21	BOND FEE/RAQUEL	175.00	05	05-05-5450	1
				INVOICE TOTAL	175.00			
				VENDOR TOTAL	175.00			

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST GL	ACCOUNT	CK SQ
500 HOMETOWN LEASING								
10122021	1	10/12/21	10/12/21	LEASE CO. FOR COPIER	89.00	05	05-08-5630	1
	2			LEASE CO. FOR COPIER	47.94	01	01-00-5630	1
	3			LEASE CO. FOR COPIER	47.94	02	02-00-5630	1
	4			LEASE CO. FOR COPIER	47.94	03	03-00-5630	1
	5			LEASE CO. FOR COPIER	47.94	04	04-07-5630	1
	6			LEASE CO. FOR COPIER	47.95	05	05-05-5630	1
				INVOICE TOTAL	328.71			
				VENDOR TOTAL	328.71			
631 INTELICOM								
10122021	1	10/12/21	10/12/21	WEBSITE	60.00	05	05-05-5140	1
				INVOICE TOTAL	60.00			
				VENDOR TOTAL	60.00			
535 MADISON NATIONAL LIFE								
10122021	1	10/12/21	10/12/21	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			
79 MUNICIPAL SUPPLY, INC								
10122021	1	10/12/21	10/12/21	DIST. SUPPLIES/WATER	1,294.35	02	02-00-5240	1
				INVOICE TOTAL	1,294.35			
				VENDOR TOTAL	1,294.35			
56 MURPHY TRACTOR & EQUIPMENT CO								
10122021	1	10/12/21	10/12/21	MAINT/REPAIRS/STREET	574.92	12	12-00-5420	1
				INVOICE TOTAL	574.92			
				VENDOR TOTAL	574.92			
58 NE PUBLIC HEALTH ENVIRONMENTAL								
10122021	1	10/12/21	10/12/21	WATER TESTING	57.00	02	02-00-5520	1
				INVOICE TOTAL	57.00			
				VENDOR TOTAL	57.00			
395 NEBRASKA LIBRARY COMMISSION								
10122021	1	10/12/21	10/12/21	OVERDRIVE ANNUAL FEE	500.00	05	05-08-5450	1
				INVOICE TOTAL	500.00			
				VENDOR TOTAL	500.00			

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST	GL ACCOUNT	CK SQ
44 ONE CALL CONCEPTS								
10122021	1	10/12/21	10/12/21	LOCATE FEES	58.02	02	02-00-5450	1
				INVOICE TOTAL	58.02			
				VENDOR TOTAL	58.02			
569 PAULSEN INC								
10122021	1	10/12/21	10/12/21	MAINT/REPAIRS/WATER	472.00	02	02-00-5420	1
				INVOICE TOTAL	472.00			
				VENDOR TOTAL	472.00			
655 PERSON & MCQUAY LAW								
10122021	1	10/12/21	10/12/21	PROFESSIONAL FEE	1,300.00	05	05-05-5140	1
				INVOICE TOTAL	1,300.00			
				VENDOR TOTAL	1,300.00			
99 PITSTOP & SHOP								
10122021	1	10/12/21	10/12/21	FUEL/CEMETERY	84.70	05	05-11-5010	1
	2			FUEL/PARK	45.32	05	05-04-5010	1
	3			FUEL/SAN	721.69	04	04-07-5010	1
				INVOICE TOTAL	851.71			
				VENDOR TOTAL	851.71			
52 PLANKS LUMBER & HARDWARE								
10122021	1	10/12/21	10/12/21	SUPPLIES/ELECTRIC	13.29	01	01-00-5320	1
	2			SUPPLIES/GENERAL	11.29	05	05-05-5320	1
	3			MAINT/REPAIR/PARK	30.23	05	05-04-5420	1
	4			MAINT/REPAIR/SAN	19.87	04	04-07-5420	1
	5			MAINT/REPAIR/SEWER	5.99	03	03-00-5420	1
	6			MAINT/REPAIR/STREET	32.57	12	12-00-5420	1
	7			MAINT/REPAIR/WATER	32.57	02	02-00-5420	1
	8			MAINT/REPAIR/PARK	32.57	05	05-04-5420	1
	9			MAINT/REPAIR/STREET	4.58	12	12-00-5420	1
	10			MAINT/REPAIR/WATER	30.85	02	02-00-5420	1
	11			SUPPLIE/LIBRARY	9.29	05	05-08-5320	1
				INVOICE TOTAL	223.10			
				VENDOR TOTAL	223.10			
63 RIGHTWAY GROCERY								
10122021	1	10/12/21	10/12/21	SUPPLIES/LIB/ACCT #245	35.34	05	05-08-5320	1
	2			SUPPLIES/ELECT/ACCT #212	23.07	01	01-00-5320	1
	3			SUPPLIES/WA/ACCT #212	45.48	02	02-00-5320	1
	4			SUPPLIES/GEN/ACCT #134	22.17	05	05-05-5320	1
	5			SUPPLIES/ST/ACCT #134	20.45	12	12-00-5320	1
	6			EQUIPMENT/POLICE ACCT#134	28.96	05	05-06-5320	1
	7			SUPPLIES/PARK ACCT #134	8.29	05	05-04-5320	1
	8			SUPPLIES/POOL/ACCT #901	15.30	05	05-03-5320	1
				INVOICE TOTAL	199.06			
				VENDOR TOTAL	199.06			

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST	GL ACCOUNT	CK SQ
62 S.E. SMITH & SONS								
10122021	1	10/12/21	10/12/21	SUPPLIES/WATER	65.34	02	02-00-5320	1
	2			MAINT/REPAIRS/CITY HALL	65.33	05	05-05-5420	1
	3			MAINT/REPAIRS/STREET	21.80	12	12-00-5420	1
				INVOICE TOTAL	152.47			
				VENDOR TOTAL	152.47			
735 SANITATION PRODUCTS								
10122021	1	10/12/21	10/12/21	MAINT/REPAIRS/SAN	229.46	04	04-07-5420	1
				INVOICE TOTAL	229.46			
				VENDOR TOTAL	229.46			
233 SARGENT DRILLING								
10122021	1	10/12/21	10/12/21	WATER WELL NEW SYSTEM	70,115.48	02	02-00-5800	1
				INVOICE TOTAL	70,115.48			
				VENDOR TOTAL	70,115.48			
46 SOUTHERN PUBLIC POWER DIST.								
10122021	1	10/12/21	10/12/21	POWER	70,445.23	01	01-00-5041	1
	2			POWER	1,137.00	02	02-00-5040	1
				INVOICE TOTAL	71,582.23			
				VENDOR TOTAL	71,582.23			
384 TERRY L. CARPENTER, JR.								
10122021	1	10/12/21	10/12/21	PEST CONTROL	28.32	01	01-10-5630	1
	2			PEST CONTROL	28.32	05	05-08-5630	1
	3			PEST CONTROL	28.32	05	05-04-5630	1
	4			PEST CONTROL	28.32	05	05-05-5630	1
	5			PEST CONTROL	28.32	05	05-05-5630	1
	6			PEST CONTROL	28.40	12	12-00-5630	1
				INVOICE TOTAL	170.00			
				VENDOR TOTAL	170.00			
329 U.S. BANK								
10122021	1	10/12/21	10/12/21	MAINT/REPAIRS/PARK	798.66	05	05-04-5420	1
	2			MAINT/REPAIRS/CEMETERY	798.65	05	05-11-5420	1
	3			GOOGLE CONTRACT	21.00	01	01-00-5630	1
	4			GOOGLE CONTRACT	21.00	05	05-05-5630	1
	5			OFFICE EXP/GENERAL	255.97	05	05-05-5340	1
	6			SCHOOLING/GENERAL	174.76	05	05-05-5440	1
	7			OFFICE EXP/GEN	14.44	05	05-05-5340	1
	8			OFFICE EXP/ELECT	14.44	01	01-00-5340	1
	9			OFFICE EXP/LIBRARY	53.38	05	05-08-5340	1
	10			TIMESTATION/POOL	19.95	05	05-03-5630	1
	11			SUPPLIES/LIBRARY	725.91	05	05-08-5320	1
	12			BOOKS/LIBRARY	282.33	05	05-08-5801	1
	13			SCHOOLING/POLICE	592.11	05	05-06-5440	1
	14			SUPPLIES/POLICE	532.18	05	05-06-5320	1
				INVOICE TOTAL	4,304.78			

SCHEDULED CLAIMS LIST

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST GL ACCOUNT	CK SQ
				VENDOR TOTAL	4,304.78		
				617 UTILITY SERVICE COMPANY INC			
10122021	1	10/12/21	10/12/21	QTR MAINT. FEE/WATER TOWER	2,477.50	02 02-00-5630	1
				INVOICE TOTAL	2,477.50		
				VENDOR TOTAL	2,477.50		
				90 US DEPARTMENT OF ENERGY			
10122021	1	10/12/21	10/12/21	POWER	4,606.53	01 01-00-5041	1
				INVOICE TOTAL	4,606.53		
				VENDOR TOTAL	4,606.53		
				625 WILSON FLOORING			
10122021	1	10/12/21	10/12/21	INSTALLMENT OF FLOORING	577.97	05 05-05-5800	1
				INVOICE TOTAL	577.97		
				VENDOR TOTAL	577.97		
				CORNERSTONE CHECK ACCT TOTAL	178,157.06		
				TOTAL MANUAL CHECKS	.00		
				TOTAL E-PAYMENTS	.00		
				TOTAL PURCH CARDS	.00		
				TOTAL ACH PAYMENTS	.00		
				TOTAL OPEN PAYMENTS	178,157.06		
				GRAND TOTALS	178,157.06		



September 1, 2021

CITY OF FRANKLIN, NE
619 15TH AVE
FRANKLIN, NE 68939-1509

DEAR

Thank you for choosing VSP® Vision Care — and for your continued business. Putting your employees first and guaranteeing their satisfaction is easy, when we have partners like you.

As the only national not-for-profit vision company, we're committed to giving your employees:

- **Lowest employee out-of-pocket costs** — employees' #1 priority in a vision plan.
- **Exclusive Member Extras**, offers you won't find anywhere else — only VSP members can save more than \$2,500 on vision, hearing, medical, and lifestyle services.
- **World class service** — the highest customer satisfaction in the industry, 15 years in a row.

Your VSP plan automatically renews on **January 1, 2022** and **no action is required** to continue to receive consumers' #1 choice in vision care.

Group Name/Number: CITY OF FRANKLIN, NE / 30061800
 Renewal Period: January 1, 2022 - December 31, 2023
 Current Plan Frequency: 12 / 12 / 12
 Current Copay: \$10 Exam / \$25 Materials
 Current Allowance: \$130.00 Retail Frame / \$130.00 Elective Contact Lenses
 Current Rates: \$10.78 / 17.25 / 17.61 / 28.40
 Renewal Rates: \$11.11 / 17.77 / 18.14 / 29.25

Rates include all applicable taxes and health assessment fees known as of the date of your renewal.

Enhanced Offering

Have you considered **upgrading your Plan Frequency** or **increasing your Retail Frame Allowance** to maximize the lowest out-of-pocket for your employees? We recommend these enhancements when you renew your current plan to deliver greater value:

Plan Frequency: 12 / 12 / 12
 Copay: \$10.00 Exam / \$25.00 Materials
 Allowance: \$150.00 Retail Frame / \$130.00 Elective Contact Lenses
 Renewal Rates: \$12.08 / 19.33 / 19.74 / 31.82

Updating your plan is simple! Give me a call to enhance your benefits or to lower your premium and keep delivering the lowest out-of-pocket costs.

Thank you,

Jamie Elliott (800) 216-6248

cc: ALICIA STROTHER
 STROTHER INSURANCE SERVICES
 PO BOX 386
 SMITH CENTER, KS 66967-0386

Central Team

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

A Stock Insurance Company
1241 John Q. Hammons Drive ▪ Madison, WI 53717

**AMENDMENT
TO THE GROUP LONG TERM DISABILITY INSURANCE
CERTIFICATE OF COVERAGE**

Employer: City of Franklin

Plan Number: 1500

Eligible Class: 01) All Eligible Employees

This Amendment effective on **July 1, 2019** amends certain provisions of the Group Long Term Disability Insurance Certificate of Coverage as specified below. Provisions under this Amendment are subject to all the terms and conditions, limitations and exclusions of the Group Policy, unless otherwise stated herein.

1. On the Schedule of Benefits, the line items entitled 'Maximum Monthly Covered Salary'; 'LTD Benefit Percentage'; 'Maximum Monthly Benefit'; 'Guarantee Issue'; and 'Minimum Monthly Benefit' are hereby deleted in their entirety and replaced with:

'Maximum Monthly Covered Salary:	\$2,500
LTD Benefit Percentage:	60%
Maximum Monthly Benefit:	\$1,500
Guarantee Issue:	\$1,500
Minimum Monthly Benefit:	Greater of \$100 or 10% of Gross Monthly Benefit'

All other terms, provisions and conditions of the Certificate of Coverage remain unchanged except as stated above.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

By




Larry R. Graber
President

CERTIFICATE OF INSURANCE

GROUP LONG TERM DISABILITY INSURANCE

City of Franklin
Franklin, Nebraska
All Eligible Employees

Administered by:
NATIONAL  INSURANCE
SERVICES
of Missouri, Inc.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

1241 John Q. Hammons Drive · Madison, WI 53717

**GROUP LONG TERM DISABILITY INSURANCE
CERTIFICATE OF COVERAGE**

The Group Policy has been issued to the Policyowner. No coverage under the Group Policy is in effect until approved in writing by Madison National Life Insurance Company, Inc.

The Employer must apply for group long term disability insurance coverage under the Group Policy and join the Policyowner by submitting a completed Joinder Agreement and agreeing to pay premiums. The Group Policy contains numerous optional and variable provisions. The options and variables we have approved for the Employer's coverage under the Group Policy are contained in the Joinder Agreement and the Certificate(s) of Coverage. Only those provisions of the Group Policy which appear in the Joinder Agreement and the Certificate(s) of Coverage will apply to the Employer's coverage under the Group Policy. All provisions on this and the following pages are part of the Certificate of Coverage.

The Group Policy is on file and available for review at the main office of the Policyholder. The Certificate summarizes and explains the parts of the Group Policy that apply to you. This certificate is not an insurance policy. In the event of any conflict between the Group Policy and the Certificate, the Group Policy will control.

This Certificate replaces any other Certificates previously provided to you under the Group Policy.

Unless defined differently within a particular provision, the terms "you" and "your" mean the Eligible Person. "We", "us" and "our" mean Madison National Life Insurance Company. Other defined terms appear with their initial letters capitalized. References to section headings appear in quotation marks.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

By



Larry R. Graber
President

TABLE OF CONTENTS

SCHEDULE OF BENEFITS.....	3
DEFINITIONS	5
I. INSURING CLAUSE.....	9
II. ELIGIBILITY FOR INSURANCE.....	9
III. BECOMING INSURED.....	9
IV. WAIVER OF PREMIUM.....	11
V. WHEN YOUR INSURANCE ENDS	11
VI. RULES FOR TRANSFER OF EMPLOYEES FROM PRIOR PLAN	13
VII. REINSTATEMENT OF COVERAGE	14
VIII. DEFINITION OF DISABILITY.....	14
IX. CUMULATIVE ELIMINATION PERIOD.....	15
X. RECURRENT DISABILITY.....	15
XI. WHEN LTD BENEFITS END	16
XII. PREDISABILITY EARNINGS.....	16
XIII. LTD BENEFIT CALCULATION	17
XIV. DEDUCTIBLE INCOME.....	17
XV. BENEFITS AFTER INSURANCE ENDS OR IS CHANGED	20
XVI. EFFECT OF NEW DISABILITY.....	20
XVII. EXCLUSIONS.....	20
XVIII. LIMITATIONS.....	21
XIX. RESPONSIBILITIES OF DISABLED INSURED PERSONS.....	21
XX. CLAIMS	23
XXI. RIGHT TO REIMBURSEMENT	25
XXII. SUBROGATION.....	25
XXIII. ALLOCATION OF AUTHORITY	25
XXIV. TIME LIMITS ON LEGAL ACTIONS.....	26
XXV. INCONTESTABILITY PROVISIONS	26
XXVI. CLERICAL ERROR AND MISSTATEMENT.....	27
XXVII. FRAUD.....	27
XXVIII. TERMINATION OR AMENDMENT OF THE GROUP POLICY AND EMPLOYER COVERAGE	27
XXIX. REHABILITATION BENEFIT.....	28
XXX. CONFORMITY WITH STATE AND FEDERAL LAW	28

SCHEDULE OF BENEFITS

Employer(s):	City of Franklin
Plan Number:	1500
Original Plan Effective Date:	July 1, 2014
Class Revision Date:	December 1, 2015
Eligible Class:	Class 01: All Eligible Employees
Employer Premium Contribution:	100%
Elimination Period:	Greater of 120 consecutive calendar days or end of accumulated sick pay
Minimum Hourly Work Requirement:	30 hours per week and actively at work at least 15 of the last 20 working days immediately preceding the Employee's Eligibility date of coverage.
Waiting Period:	None
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
Employee Eligibility Date:	Upon completion of the Waiting Period
Minimum Participation Requirement:	100%
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment for up to 12 months while on Paid or Unpaid Leave or Layoff
Definition of Disability:	Zero Day
Own Occupation Period:	24 months following the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	30 calendar days - first 7 days don't extend Elimination Period
Recurrent Disability:	6 months
Predisability Earnings:	Base pay only

Maximum Monthly Covered Salary: \$1,667
 LTD Benefit Percentage: 50%
 Maximum Monthly Benefit: \$833
 Guarantee Issue: \$833
 Minimum Monthly Benefit: \$100
 Maximum Benefit Period:

Age at Disablement	Benefit Duration
61 or younger	To Age 65, or 3 years and 6 months, if longer
62	3-1/2 years
63	3 years
64	2-1/2 years
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 and over	1 year

Work Incentive Period: First 12 months of Disability with Work Earnings
 Social Security Integration: Full Family
 Freeze Type: No Freeze
 Pre-existing Condition Exclusion: 3 months/12 months
 Mental Disorder Limitation: 24 Months unless hospital confined
 Substance Abuse Limitation: 24 Months unless hospital confined
 Claim Payment Method: Monthly
 Rehabilitation Benefit: Included

DEFINITIONS

Active Work and **Actively at Work** are defined in Section II.

Any Occupation means any job for which you are qualified by education, training, or experience regardless of whether you are working in that or another occupation.

Contributory means that you pay all or a portion of the premium for insurance.

CPI-W means the Consumer Price Index for Urban Wage Earners and Clerical Workers published by the United States Department of Labor. If the CPI-W is discontinued or changed, we may use a comparable index. Where required, we will obtain prior state approval of the new index.

Deductible Income is defined in Section XIV.

Disability and **Disabled** are defined in Section VIII.

Eligible Class means an employment classification defined by the Employer and specified in the "Schedule of Benefits". You must be a member of an Eligible Class in order to be eligible for insurance under the Group Policy.

Eligible Person is defined in Section II.

Elimination Period means the period of time that you must be continuously Disabled before LTD Benefits become payable. No LTD Benefits are payable during the Elimination Period. Your Elimination Period is specified in the "Schedule of Benefits".

Employee is defined in Section II.

Employer means an employer (including approved affiliates and subsidiaries) participating in the National Insurance Services Insurance Trust and to which we have assigned a Plan Number and issued a Joinder Agreement.

Evidence of Insurability is defined in Section III.

Group Policy with respect to the Policyowner means the group LTD insurance policy issued by us to the Policyowner. Group Policy with respect to an Employer means only those provisions of the Group Policy, including the options and variables requested by the Employer, that we have approved for that Employer with respect to its eligible employees. The Employer's coverage under the Group Policy is described in the Joinder Agreement provided by us to the Employer and identified by the Plan Number.

Gross LTD Benefit is defined in Section XIII.

Guarantee Issue is the amount of coverage provided, up to the Maximum Monthly Benefit, which is not subject to Evidence of Insurability.

Hospital means a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed physicians. Rest homes, nursing homes, convalescent homes, homes for the aged and facilities primarily affording custodial, educational, or rehabilitative care are not Hospitals.

Indexed Predisability Earnings means your Predisability Earnings adjusted annually by the rate of increase in the CPI-W. During the first year of Disability, Indexed Predisability Earnings are the same as the Predisability Earnings. Thereafter, your Indexed Predisability Earnings are determined on each anniversary of your Disability using the above method. The maximum adjustment in any year is 10%. Your Indexed Predisability Earnings may increase or remain the same, but will never decrease, even if the CPI-W decreases.

Injury means a bodily injury that is the direct result of an accident, that is not related to any other cause, and which in and of itself results in your Disability within 90 days. Benefits will be payable to you only if the Injury occurs while you are insured under the Group Policy.

Insured Person means an Eligible Person whose coverage has become effective under the Group Policy.

Joinder Agreement means the document entered into between the Policyowner, the Employer and us describing the coverage requested by the Employer with respect to its Employees, which has been approved by us and assigned a Plan Number.

Late Enrollee means an Employee who applies for coverage under the Group Policy more than 31 days after becoming an Eligible Person.

LTD means long term disability.

LTD Benefit means the net benefit payment due to you after deductions are applied to your Gross LTD Benefit as provided for under the Group Policy. Your LTD Benefit is calculated under Section XIII.

Material Duties is defined in Section II.

Maximum Benefit Period means the longest period for which LTD Benefits are payable for any one period of continuous Disability, whether from one or more causes. It begins at the end of the Elimination Period. No LTD Benefits are payable after the end of the Maximum Benefit Period, even if you are still Disabled. Your Maximum Benefit Period is specified in the "Schedule of Benefits".

Mental Disorder means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome listed in the latest edition of American Psychiatric Association Diagnostic and Statistical Manual or the International Classification of Disease.

Noncontributory means the Employer pays the entire premium for insurance.

Own Occupation means the regular job you held just before your Disability began.

Physical Disease means a physical disease entity or process that produces structural or functional changes in the body as diagnosed by a Physician. Physical Disease includes Pregnancy.

Physician means a licensed medical professional under the laws of a state of the United States of America, acting within the scope of such license, who is permitted by law to prescribe medications and practice independent of supervision.

For the purpose of this Group Policy, Physician will not include you or your Spouse, or the brother, sister, parent or child of either an Insured Person or an Insured Person's Spouse.

Plan Effective Date means the date on which the Group Policy (with respect to the Employer) becomes effective.

Plan Number means the number used by us to reference an Employer and the terms of coverage specified under that Employer's Joinder Agreement.

Policyowner means National Insurance Services Insurance Trust.

Predisability Earnings is defined in Section XII.

Pre-existing Condition is defined in Section XVII.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means an Employer's group long term disability insurance plan in effect on the day immediately preceding the Plan Effective Date under this Group Policy.

Proof of Loss is defined in Section XX.

Regular Care of a Physician means:

1. that you personally visit a Physician as frequently as is medically required according to standard medical practice, but in no event less than annually, to effectively manage and treat your disabling condition(s);
2. that your Physician is rendering appropriate treatment and care for the disabling condition(s) which conform(s) with standard medical practice and is the most appropriate for the disabling condition(s), according to standard medical practice; and
3. that you are complying with all aspects of the treatment plan prescribed by the Physician.

Retirement Date means the earlier of:

1. the date you retire as defined by your Employer;
2. the date you become eligible to receive retirement benefits under any pension plan to which the Employer contributes, or
3. the date you become eligible to receive retirement benefits under any state or federal retirement plan or under social security law.

Spouse means a person to whom you are legally married and from whom you are not legally separated.

Substance Abuse means a condition listed in the latest edition of American Psychiatric Association Diagnostic and Statistical Manual or the International Classification of Disease within a classification category or code including but not limited to 291, 292, 303, 304 or 305.

Waiting Period is defined in Section II and the "Schedule of Benefits".

Work Earnings means your gross monthly earnings from work performed while Disabled.

Work Earnings include earnings from your Employer, any other employer, or self-employment and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.

If you are paid in a lump sum or on a basis other than monthly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.

In determining your Work Earnings, we:

1. will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis;
2. will not be limited to the taxable income you report to the Internal Revenue Service;
3. may ignore expenses under section 179 of the IRC as a deduction from your gross earnings;
4. may ignore depreciation as a deduction from your gross earnings;
5. may adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from month to month, we may determine Work Earnings by averaging your earnings over the most recent 3 month period. During the Own Occupation Period, you will no longer be Disabled when your average Work Earnings over the last 3 month period equal or exceed 80% of your Indexed Predisability Earnings, or when you are capable of earning 80% or more of your Indexed Predisability Earnings. During the Any Occupation Period, you will no longer be Disabled when your average Work Earnings over the last 3 month period equal or exceed 80% of your Indexed Predisability Earnings, or when you are capable of earning 80% or more of your Indexed Predisability Earnings.

GLDI-C200-(12/06)-NE

I. INSURING CLAUSE

- A. If you become Disabled while insured under the Group Policy, we will pay LTD Benefits according to the terms of your Employer's coverage under the Group Policy, after we receive satisfactory Proof of Loss.

GLDI-C200-(12/06)-NE

II. ELIGIBILITY FOR INSURANCE

- A. To be eligible for insurance under the Group Policy, you must be an Eligible Person. An **Eligible Person** is an Employee who has met the following requirements:
1. You must be an Employee. **Employee** means an individual who works for the Employer as a member of an Eligible Class who is reported on the Employer's records for Social Security and tax withholding purposes.
 2. You must be a citizen or legal resident of the United States or Canada, and you must reside in the United States or Canada;
 3. You must be Actively at Work and capable of sustained Active Work on the effective date of your coverage.
 - a) **Active Work** and **Actively at Work** mean performing all the Material Duties of your Own Occupation at your Employer's usual place of business, and satisfying the Minimum Hourly Work Requirement. Actively at Work will include regularly scheduled days off, holidays, or vacation days, so long as you are capable of Active Work on those days.
 - b) **Minimum Hourly Work Requirement** means the work hours over a given time period that are required of you by your Employer in order to be eligible for coverage. Your Minimum Hourly Work Requirement is specified in the Schedule of Benefits.
 - c) **Material Duties** means the duties generally required by employers in the national economy of those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will working an average of more than 40 hours per week be considered a Material Duty.
 4. You cannot be a part-time employee, temporary or seasonal employee, full-time member of the armed forces of any country, leased employee or independent contractor.
 5. You must satisfy your Waiting Period. **Waiting Period** means the period of time that you must be Actively at Work as an Employee before your coverage may become effective. Your Waiting Period is specified in the "Schedule of Benefits".

GLDI-C200-(12/06)-NE

III. BECOMING INSURED

- A. To become an Insured Person under the Group Policy, you must be an Eligible Person and meet the following requirements as each may apply:
1. If Evidence of Insurability is required, you must provide such Evidence of Insurability and be approved for coverage by us. The Schedule of Benefits specifies when Evidence of Insurability is required.
 2. Evidence of Insurability.
 - a) Providing **Evidence of Insurability** means that an applicant must:

- (1) complete and sign our Evidence of Insurability application and return the original application to us no later than 60 days from the date of signing; and
 - (2) authorize us to obtain information about the applicant's health; and
 - (3) undergo a physical examination, if required by us, which may include diagnostic testing; and
 - (4) provide any additional information about the applicant's insurability that we may reasonably require.
- b) If you, your Spouse or your dependents are required to provide Evidence of Insurability, you will be responsible for all costs associated with providing Evidence of Insurability.
- c) In each case where Evidence of Insurability is required, we base our decision whether to approve coverage on the information provided during the underwriting process. If we learn that the information relied on to approve coverage was incorrect, or that relevant information was omitted, we may retroactively rescind coverage and deny claims.
3. If the insurance you wish to obtain is Contributory insurance, you must apply in writing and remit the required premiums.

B. Effective Date of Your Insurance

1. Initial Enrollment

- a) Noncontributory insurance not subject to Evidence of Insurability, or which is subject to Evidence of Insurability and has been approved by us, becomes effective on the date you become an Eligible Person. If, however, you initially waive participation in such coverage and then later wish to participate, you will be treated as a Late Enrollee, subject to Evidence of Insurability.
- b) Contributory insurance subject to Evidence of Insurability becomes effective on the first day of the month immediately following the month in which your Evidence of Insurability is approved by us, except that if such approval occurs on the first day of a month, such coverage becomes effective on that day.
- c) Contributory insurance not subject to Evidence of Insurability. Provided that you apply prior to, or within 31 days of becoming an Eligible Person, Contributory insurance not subject to Evidence of Insurability becomes effective on the date you become an Eligible Person. If you do not apply for such coverage prior to, or within 31 days of becoming an Eligible Person and subsequently wish to obtain coverage, you will be a Late Enrollee, subject to Evidence of Insurability.

2. Increases in Existing Coverage and Late Enrollee Applications

- a) Where Evidence of Insurability is required, increases of existing coverage and Late Enrollee applications become effective on the first day of the month immediately following the month in which your Evidence of Insurability is approved by us, except that if such approval occurs on the first day of a month, such coverage becomes effective on that day.
- b) Where Evidence of Insurability is not required, an increase of existing coverage becomes effective on the date that you become eligible for such coverage.

3. If you are incapable of sustained Active Work due to a Disability on the day before the scheduled effective date of your insurance, such insurance will not become effective until the day after you are capable of sustained Active Work and complete one day of Active Work as an Eligible Person.

IV. WAIVER OF PREMIUM

- A. Premium payments are required during the Elimination Period. However, payment of premium is waived while LTD Benefits are payable. Upon your return to Active Work, premium payments will again be payable.

GLDI-C200-(12/06)-NE

V. WHEN YOUR INSURANCE ENDS

This provision applies to you if you are not Disabled.

- A. Except as otherwise provided for under this section, your coverage will cease on the earliest of the following dates:
1. the date your Employer's coverage under the Group Policy terminates;
 2. the date you cease to be an Eligible Person;
 3. the date that your premium payment is not paid when required;
 4. the date you become eligible for coverage under another group long-term disability policy;
 5. if you are a contract employee not returning to work as an Eligible Person the next contract year, the earlier of the following:
 - a) the date you become employed with another employer;
 - b) your Retirement Date;
 - c) expiration of the current contract year;
 6. your Retirement Date.
- B. Approved FMLA Leave of Absence - Contributory or Noncontributory Coverage
1. If you are on a FMLA leave, coverage will continue until the later of the leave period required by the Federal Family and Medical Leave Act of 1993, as amended, or the leave period required by applicable state law, provided that:
 - a) the FMLA leave is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your leave must be available to Us at Our request
 - b) FMLA leaves of absence and the right to continue coverage during FMLA leaves are available to all Employees in the same Eligible Class under the Group Policy; and
 - c) the Employer remits the required premium for coverage.
 2. The Elimination Period can be satisfied and benefits may be payable during a FMLA leave subject to all other contract provisions. The benefit will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the leave, or the salary for which premium was paid.
- C. Paid Leave of Absence. If you are on a paid leave of absence, coverage will continue subject to the following:
1. Noncontributory coverage
 - a) Coverage will continue provided that:
 - (1) the paid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your paid leave of absence must be made available to Us at Our request; and
 - (2) paid leaves of absence and the right to continue coverage during paid leaves are available to all Employees in the same Eligible Class under the Group Policy; and
 - (3) the Employer remits the required premium for coverage.
 - b) The Elimination Period can be satisfied during a paid leave of absence, but benefits will not begin until the later of the end of the Elimination Period or the date the paid leave was scheduled to end. In

the event a benefit is payable, it will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the paid leave of absence, or the salary for which premium was paid.

- c) Unless you return to active, eligible status on or before the date the paid leave of absence is scheduled to end, coverage extended during a paid leave of absence will terminate on the earlier of the date the paid leave of absence is scheduled to end or 12 months from the date the paid leave of absence began.

2. Contributory Coverage

- a) Coverage will continue provided that:

- (1) the paid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your paid leave of absence must be made available to Us at Our request; and
- (2) paid leaves of absence and the right to continue coverage during paid leaves of absence are available to all Employees in the same Eligible Class under the Group Policy; and
- (3) you continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to us on your behalf.

- b) The Elimination Period can be satisfied during a paid leave of absence, but benefits will not begin until the later of the end of the Elimination Period or the date the paid leave was scheduled to end. In the event a benefit is payable, it will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the paid leave of absence, or the salary for which premium was paid.

- c) Unless you return to active, eligible status on or before the date the paid leave of absence is scheduled to end, coverage extended during a paid leave of absence will terminate on the earlier of the date the paid leave of absence is scheduled to end, or 12 months from the date the paid leave of absence began or the date you fail to pay premium as required.

- d) If you choose not to continue coverage or your coverage terminates during a paid leave of absence and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.

D. Unpaid Leave of Absence - If you are on an unpaid leave of absence, coverage will continue subject to the following:

1. Noncontributory Coverage

- a) Coverage will continue provided that:

- (1) the unpaid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount of your covered salary. Such documentation about your unpaid leave of absence must be made available to Us at Our request; and
- (2) unpaid leaves of absence and the right to continue coverage during unpaid leaves of absence are available to all Employees in the same Eligible Class under the Group Policy; and
- (3) the Employer remits the required premium for coverage.

- b) No benefits are payable during an unpaid leave of absence. If you become Disabled during such leave, the Elimination Period will begin on the date the unpaid leave of absence was scheduled to end. The benefit will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid leave of absence, or the salary for which premium was paid.

- c) Unless you return to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of

the date the unpaid leave of absence is scheduled to end, or 12 months from the date the unpaid leave of absence began.

2. Contributory Coverage

a) Coverage will continue provided that:

- (1) the unpaid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the leave and the amount your covered salary. Such documentation about your unpaid leave of absence must be made available to Us at Our request; and
- (2) unpaid leaves of absence and the right to continue coverage during unpaid leave of absence are available to all Employees in the same Eligible Class under the Group Policy; and
- (3) you continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to us on your behalf.

b) No benefits are payable during an unpaid leave of absence. If you become Disabled during such leave, the Elimination Period will begin on the date the unpaid leave of absence was scheduled to end. The benefit will be based on the lesser of your earnings in effect on your last full day of Active Work prior to the unpaid leave of absence, or the salary for which premium was paid.

c) Unless you return to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of the date the unpaid leave of absence is scheduled to end, or 12 months from the date the unpaid leave of absence began or the date you fail to pay premium as required.

d) If you choose not to continue coverage or your coverage terminates during an unpaid leave of absence and you subsequently wish to obtain coverage, you will be treated as a Late Enrollee and be required to provide Evidence of Insurability.

E. Layoffs - Contributory or Noncontributory Coverage

1. If you are on a leave of absence due to a lay-off, coverage will continue for up to 12 months following the date you last worked prior to the layoff provided that any premium for you is paid for that period.

GLDI-C200-(12/06)-NE

VI. RULES FOR TRANSFER OF EMPLOYEES FROM PRIOR PLAN

- A. If you were eligible for insurance and insured under the Prior Plan on the day before the Plan Effective Date, you can become insured on the Plan Effective Date without meeting the Active Work requirement under Section II.A.3.
- B. The LTD Benefit will be the lesser of the monthly benefit that would have been payable under the terms of the Prior Plan if it had remained in force, or the LTD Benefit as determined under the other provisions of this Group Policy. However, no benefits will be payable to you under the Group Policy if any benefits are payable to you under the Prior Plan.
- C. If you were eligible for insurance under the Prior Plan for more than 31 days but were not insured under the Prior Plan, you must provide Evidence of Insurability and be approved by us to become insured.

D. Continuation of Coverage and Pre-existing Conditions. In calculating the coverage period for determining whether the Pre-existing Condition Exclusion applies, we will include any period of continuous coverage under the Prior Plan immediately preceding the date you became insured under the Group Policy.

GLDI-C200-(12/06)-NE

VII. REINSTATEMENT OF COVERAGE

A. If your coverage ends, you may become covered again as an Insured Person, subject to the following:

1. If you cease to be an Eligible Person and coverage ends, and then you return to Active Work with the Employer again within 3 months, the Waiting Period will be waived on the first day of your return to Active Work and you will not have to provide Evidence of Insurability. If you become covered again under this paragraph, the Pre-existing Condition Exclusion will be applied as if there had been no gap in coverage.
2. If your coverage ends because you fail to make the required contribution while on an approved Family Medical Leave Act (FMLA) leave of absence, and then you return to Active Work and enroll for coverage within 31 days of the earlier of:
 - a) the end of the period of leave you and your Employer agreed upon; or
 - b) the end of the 12 week period following the date your leave began,then the Waiting Period will be waived and you will not have to provide Evidence of Insurability. If you become covered again under this paragraph and a Pre-existing Condition Exclusion applies, such Exclusion will be applied as if there had been no gap in coverage.
3. In all other cases, if your coverage ends because you fail to make the required contribution, you must provide Evidence of Insurability to become covered again.
4. In no event will insurance coverage be retroactive.

GLDI-C200-(12/06)-NE

VIII. DEFINITION OF DISABILITY

A. **Disability or Disabled** means that during the Elimination Period and your Own Occupation Period you are, as a result of Physical Disease, Injury, Mental Disorder, Substance Abuse or Pregnancy, unable to perform one or more of the Material Duties of your Own Occupation, and, due to such inability, your Work Earnings are less than 80% of your Indexed Predisability Earnings, and you are incapable of earning 80% or more of your Indexed Predisability Earnings.

Your Work Earnings may be Deductible Income. See the "LTD Benefit Calculation" and "Deductible Income" sections.

B. After your Own Occupation Period ends, **Disability and Disabled** mean you are, as a result of Physical Disease, Injury, Mental Disorder, Substance Abuse or Pregnancy, unable to perform one or more of the Material Duties of Any Occupation, and, due to such inability, your Work Earnings are less than 80% of your Indexed Predisability Earnings, and you are incapable of earning 80% or more of your Indexed Predisability Earnings.

Your Work Earnings may be Deductible Income. See the "LTD Benefit Calculation" and "Deductible Income" sections.

- C. Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.
- D. Preventive Measures. Your inability to perform any of your Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.
- E. Your Own Occupation Period and Any Occupation Period are specified in the Schedule of Benefits.

GLDI-C200-(12/06)-NE

IX. CUMULATIVE ELIMINATION PERIOD

- A. If you are Disabled for at least 30 calendar days in a row, and then return to Active Work and again become Disabled from the same or a related cause while the Group Policy is in force, the Elimination Period will be affected as follows:
 - 1. If your return to Active Work is for a total of 7 work days or less, we will count the Elimination Period from the first day of the original period of Disability. The Elimination Period will not be increased by the number of days of return to Active Work.
 - 2. If your return to Active Work is for a total of at least 8 work days but not more than a total of 30 calendar days, we will count the Elimination Period from the first day of the original period of Disability. The Elimination Period will be increased by the number of days of return to Active Work.
 - 3. If your return to Active Work is for a total of 31 or more calendar days, the Elimination Period will start over and apply to the new period of Disability.
- B. Any part of a calendar day on which there has been a return to Active Work will count as a whole day. Fractions of days will not be added together for credit under this provision.

GLDI-C200-(12/06)-NE

X. RECURRENT DISABILITY

- A. If you return to work for your Employer from a Disability for which benefits were payable under the Group Policy and then become Disabled again due to the same or related cause, we will treat the separate periods of Disability as one period of continuous Disability, provided you are continuously insured under the Group Policy during the period of recovery and the period of recovery does not exceed 6 months. Benefits resume on the date your Disability recurs.
- B. If you return to work for your Employer from a Disability covered under the Group Policy and then become Disabled again due to an unrelated cause, we will treat the subsequent Disability as a new claim, subject to all of the terms of the Group Policy.
- C. If you return to work for your Employer from a Disability covered under the Group Policy and then become Disabled again more than 6 months after you return to work, the subsequent Disability will be treated as a new claim, subject to all of the terms of the Group Policy.
- D. For the purposes of this provision, if your occupation with the Employer does not allow you to be Actively at Work for the entire calendar year due to a seasonal or regularly scheduled employment break, we will consider you to have returned to work if you would have been able to return to work had work been regularly scheduled.

GLDI-C200-(12/06)-NE

XI. WHEN LTD BENEFITS END

- A. Your LTD Benefits end automatically on the earliest of the following:
1. The date you are no longer Disabled;
 2. The date your Maximum Benefit Period ends;
 3. The date you die;
 4. The date you become eligible for coverage under any other group LTD plan under which you become insured through employment;
 5. The date you fail to provide satisfactory objective medical evidence of continued Disability;
 6. The date you fail to comply with our request to be examined by a Physician, other medical practitioner and/or a vocational or rehabilitation expert of our choice;
 7. The date you refuse to accept an accommodated position, offered by your Employer, which you are able to perform, whether it is in your Own Occupation or Any Occupation;
 8. The date at which you have resided outside of the United States or Canada for 6 months;
 9. The date you fail to comply with any requirements set forth in Section XIX, Responsibilities of Disabled Insureds;
 10. The date you are able to work and earn 80% of your Indexed Predisability Earnings but choose not to.

GLDI-C200-(12/06)-NE

XII. PREDISABILITY EARNINGS

- A. Predisability Earnings means your earnings in effect on your last full day of Active Work prior to becoming Disabled. Unless otherwise specifically provided for under the Group Policy, any subsequent change in your earnings will not affect your Predisability Earnings.
- B. Methods of Calculating Predisability Earnings
1. Salaried Employees. Your monthly Predisability Earnings are equal to your annual Predisability Earnings divided by twelve.
 2. Hourly Employees. If you are paid hourly, your monthly Predisability Earnings will be based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month, not to exceed 173.33 hours. If you do not have regular work hours, your monthly Predisability Earnings are based on the average number of hours you worked per month during the preceding 12 calendar months (or during your period of employment if less than 12 months), not to exceed 173.33 hours.
- C. Predisability Earnings includes the following:
1. your base rate of pay.
- D. Predisability Earnings does not include the following:
1. commissions;
 2. bonuses;
 3. overtime pay;
 4. pay for extracurricular activities;
 5. longevity pay;
 6. extra duty pay;
 7. supplemental pay;
 8. shift differential;
 9. your Employer's contributions to your health insurance premium;
 10. your Employer's contributions to a Tax Sheltered Annuity (TSA);

11. your Employer's contributions on your behalf to any deferred compensation arrangement, pension plan, or other fringe benefits;
12. any other extra compensation.

E. Notwithstanding Section A above, in no event will your monthly Predisability Earnings exceed either the monthly salary for which premiums have been paid or the Maximum Monthly Covered Salary.

GLDI-C200-(12/06)-NE

XIII. LTD BENEFIT CALCULATION

- A. Your monthly **Gross LTD Benefit** is equal to the lesser of your monthly Predisability Earnings times the LTD Benefit Percentage, or the Maximum Monthly Benefit.
- B. Your monthly **LTD Benefit** is equal to your monthly Gross LTD Benefit minus monthly Deductible Income (subject to the Minimum Monthly Benefit).

GLDI-C200-(12/06)-NE

XIV. DEDUCTIBLE INCOME

- A. Your Gross LTD Benefit will always be reduced by Deductible Income which is available to you or which you are eligible to receive as a result of your Disability, whether or not you apply for and receive such payments or benefits. The Deductible Income that we will subtract from your Gross LTD Benefit is listed below.
- B. To receive the full measure of income under the Group Policy, you must apply for all Deductible Income for which you may be eligible as soon as you are entitled to such benefits. If you do not apply for and actively pursue in good faith all Deductible Income for which you may be eligible, we may make our own conclusion as to whether you are entitled to those benefits. If we reasonably and in good faith determine that you are entitled to Deductible Income, we will estimate the amount of those benefits and reduce the Gross LTD Benefit by that estimated amount as of the date on which we deem you were eligible to receive Deductible Income. Integration of the estimated amount of Deductible Income that we have determined is available to you will continue until you provide us with proof that you have filed the appropriate application(s) and continue to actively pursue Deductible Income.

Each month we will determine your LTD Benefit using the Deductible Income for the same monthly period, even if you receive the Deductible Income in another month.

- C. If you are paid Deductible Income in a lump sum, we will use the period of time to which the Deductible Income applies. If no period of time is stated, we will make a reasonable estimate.
- D. We will not estimate the amount of Deductible Income nor reduce your Gross LTD Benefit by any amounts for which applications or administrative appeals for Deductible Income are pending, provided that you:
 1. apply for in good faith and pursue to our satisfaction all Deductible Income for which we determine you might be eligible;
 2. designate, at our request, an agent endorsed by us as your representative in the application process and cooperate with that representative at all stages of the application process;
 3. keep us informed on a timely basis of the status of all applications for Deductible Income;

4. sign a Reimbursement Agreement; and
5. pursue administrative appeals of Deductible Income denials.

E. **Deductible Income** includes the following:

1. Sick pay (including donated amounts and paid time off);
2. Annual or personal leave pay, severance pay, or other salary continuation payable to you by your Employer;
3. Work Earnings as follows:
 - a) During the First 12 months of Disability with Work Earnings (the "Work Incentive Period"), if the total amount of your Gross LTD Benefit plus the amount you receive from Work Earnings exceeds 100% of your Predisability Earnings, the amount in excess of 100% of your Predisability Earnings will be included in Deductible Income;
 - b) Upon expiration of the Work Incentive Period, 50% of your Work Earnings will be included in Deductible Income.
4. Any amount you receive or are eligible to receive because of your Disability under any of the following:
 - a) a Workers' Compensation Law to the extent we, at our discretion, determine that these amounts are of the general character as payments provided under the Group Policy for Disability;
 - b) the Jones Act;
 - c) Maritime Doctrine of Maintenance, Wages or Cure;
 - d) Longshoremen's and Harbor Worker's Act;
 - e) any similar act or law;
5. The amount that you, your Spouse and children receive or are eligible to receive because of your disability or retirement benefits under:
 - a) the United States Social Security Act;
 - b) the Canada Pension Plan;
 - c) the Quebec Pension Plan;
 - d) the Railroad Retirement Act; or
 - e) any similar Plan or Act;

Benefits your Spouse or a child receive or are eligible to receive because of your Disability are Deductible Income regardless of the marital status, custody, or place of residence;

6. Any amount you receive or are eligible to receive because of your Disability under any state disability income benefit law or similar law;
7. Retirement plans
 - a) Any disability or retirement benefits you receive or are eligible to receive because of your Disability under your Employer's retirement plan, including a public employee retirement system, a state teacher retirement system, or a plan arranged and maintained by a union or employee association for the benefit of its members;
 - b) If any of these plans has two or more payment options, the option which comes closest to providing you a monthly income to age 65 with no survivor benefit will be used to determine Deductible Income;

- c) Your and your Employer's contributions will be considered as distributed simultaneously throughout your lifetime, regardless of how funds are distributed from the retirement plan;
- 8. Any amount you receive or are eligible to receive under any unemployment compensation law or similar act or law;
- 9. Any amount you receive or are eligible to receive from or on behalf of a third party because of your Disability, whether by judgment, settlement or other method. However, we will only offset Deductible Income received from a third party after you have been fully indemnified. If you notify us before filing suit or settling your claim against such third party, the amount used as Deductible Income will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees;
- 10. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed. However, we will only offset Deductible Income received from a compromise, settlement, or other claim after you have been fully indemnified;
- 11. Any amount you receive under any "no fault" motor vehicle plan
- 12. Any amount you receive or are eligible to receive because of your Disability under any group insurance coverage.

F. **Deductible Income** does not include the following:

- 1. Reimbursement for hospital, medical or surgical expense;
- 2. Reasonable attorneys' fees incurred in connection with a claim for Deductible Income;
- 3. Benefits from any individual disability insurance policy;
- 4. Early retirement benefits under the Federal Social Security Act which are not received;
- 5. Group credit or mortgage disability insurance benefits;
- 6. Accelerated benefits paid under a life insurance policy;
- 7. Under your Employer's retirement plan, any amount you could have received upon termination of employment without being disabled or retired;
- 8. Benefits from the following:
 - a) Profit sharing plan;
 - b) Thrift or savings plan;
 - c) Deferred compensation plan;
 - d) Plan under IRC Section 401(k), 408(k), or 457;
 - e) Individual Retirement Account (IRA);
 - f) Tax Sheltered Annuity (TSA) under IRC Section 403(b);
 - g) Stock ownership plan;
 - h) Keogh (HR-10) plan;
 - i) Retirement plan under a professional service corporation with respect to principals.

XV. BENEFITS AFTER INSURANCE ENDS OR IS CHANGED

- A. During each period of continuous Disability, we will pay LTD Benefits according to the terms of your Employer's coverage under the Group Policy in effect on the date you become Disabled. Your right to receive LTD Benefits will not be affected by:
1. any amendment to the Group Policy or your Employer's coverage under the Group Policy that is effective after you become Disabled.
 2. termination of the Group Policy or your Employer's coverage under the Group Policy after you become Disabled.

GLDI-C200-(12/06)-NE

XVI. EFFECT OF NEW DISABILITY

- A. If a period of Disability is extended by a new cause while LTD Benefits are payable, LTD Benefits will continue while you remain Disabled, subject to the following:
1. LTD Benefits will not continue beyond the end of the original Maximum Benefit Period;
 2. The "Exclusions" and "Limitations" sections will apply to the new cause of Disability.

GLDI-C200-(12/06)-NE

XVII. EXCLUSIONS

- A. War. You are not covered for a Disability caused or contributed to by War or any act of War. War means a state or period of declared or undeclared war whether civil or international, any substantial armed conflict with organized forces of a military nature between nations, states or parties, or acts of terrorism.
- B. Criminal Conduct. You are not covered for a Disability caused or contributed to by your committing or attempting to commit a felony. You are not covered for a Disability caused as a result of your engaging in an illegal occupation.
- C. Military Leave. You are not covered for a Disability that occurs during any military leave for active duty, including training duty, the National Guard and Coast Guard, or any active or reserve component of the military forces of any state or country.
- D. Intentionally Self-Inflicted Injury-Suicide. You are not covered for a Disability caused or contributed to by an intentionally self-inflicted injury or attempted suicide, while sane or insane.
- E. Pre-existing Conditions
1. Your current LTD coverage. You are not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless you have been continuously insured under the Group Policy for at least 12 months and have been Actively at Work for at least one full day after the end of that 12 months.
 2. If you are not covered for a Disability because of the Pre-existing Condition exclusion for Your current LTD coverage, you are not covered for that same Disability for any LTD coverage increase because of an Eligible Class or Group Policy change.

3. **Pre-existing Condition** means a mental or physical condition whether or not diagnosed or misdiagnosed for which you have consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the 3 month period just before the effective date of your insurance under the Group Policy.

GLDI-C200-(12/06)-NE

XVIII. LIMITATIONS

A. Mental Disorders and Substance Abuse

1. LTD Benefit payments based on a Mental Disorder or Substance Abuse are limited to 24 months for each period of continuous Disability. This is not a separate maximum for each such condition, but a combined maximum for Mental Disorders or Substance Abuse, either separate or combined.
2. If your Disability is caused by Substance Abuse, you must be participating in an available rehabilitative program recommended by a Physician. An available rehabilitative program is a Substance Abuse program available to you through either: (i) another group plan of your employer (such as an Employee Assistance Program or Medical Plan); or (ii) services generally available to the public through local community services at no or minimal cost to you. Except as otherwise provided for below, LTD benefits will not be made beyond the earlier of the following:
 - a) the date on which LTD Benefits have been paid for the maximum duration specified in subsections A1 and A3 or under the Maximum Benefit Period;
 - b) the date you are no longer participating in the rehabilitative program;
 - c) the date you refuse to participate in an available rehabilitative program; or
 - d) the date you complete the rehabilitative program.
3. Exception to 24 month limitation. If at the end of that 24 month period, you are confined in a Hospital, or other facility qualified to provide necessary care and treatment for Mental Disorders or Substance Abuse, for at least 1 day immediately following that 24 month period, LTD Benefits will continue during such confinement, not to exceed the Maximum Benefit Period.

B. Foreign Residency. Payment of LTD Benefits is limited to 6 months for each period of continuous Disability while you reside outside of the United States or Canada.

C. Payment Limit. In no event will the LTD Benefit plus Deductible Income plus Work Earnings exceed 100% of Predisability Earnings. In the event your LTD Benefit plus Deductible Income plus Work Earnings exceeds 100% of Predisability Earnings, the LTD Benefit will be reduced by the amount in excess of 100% of Predisability Earnings.

GLDI-C200-(12/06)-NE

XIX. RESPONSIBILITIES OF DISABLED INSURED PERSONS

A. Your Obligations During A Period Of Disability

1. You must make a good faith effort to recover from, or reduce the severity of, your Disability and the resulting loss of income, or you will forfeit benefits. The Group Policy requires you to take a variety of actions in this regard, including, but not limited to, the following:
 - a) You must accept any position within a broad definition of Own Occupation that you can perform and which your Employer or another employer makes available during the Own Occupation Period regardless of whether the compensation for such work is less than your Predisability Earnings. The income earned will be treated as Work Earnings.

- b) You must arrange for and use the Regular Care of a Physician. In addition, you must pursue any reasonable medical procedure or treatment that would likely improve your condition or end your Disability, and that does not pose unreasonable risks.
- c) You must submit periodic evidence from your Physician that substantiates, to our satisfaction, that you remain Disabled. This required evidence includes, but is not limited to, objective medical and/or psychiatric evidence from a Physician that confirms your Disability. Subjective complaints alone will not be considered conclusive evidence of a Disability. The attending Physician must be able to provide objective medical evidence to support his/her opinion as to why you are not able to perform the Material Duties of your Own Occupation or Any Occupation. You must obtain and provide this information at your own expense.
- d) Where they exist, you must engage in appropriate medical and/or occupational rehabilitation programs that are reasonably expected to enable you to return to work. You must notify us when you participate in such a program.
- e) You must appeal denials of Deductible Income and actively pursue such appeals in good faith.
- f) You must promptly provide us with all information that we reasonably decide is necessary to verify and administer your claim for benefits.

2. Return to Work Responsibility

- a) During the Own Occupation Period, no LTD Benefits will be paid for any period of Disability when you are able to work in your Own Occupation and able to earn at least 80% of your Indexed Predisability Earnings, but you elect not to work.
- b) During the Any Occupation Period, no LTD Benefits will be paid for any period of Disability when you are able to work in Any Occupation and are able to earn at least 80% of your Indexed Predisability Earnings, but elect not to work.
- c) Any earnings you receive from work you perform, or that you could receive if you worked as much as you are able to considering your Disability, that are less than 100% of your Indexed Predisability Earnings will be treated as Work Earnings.

3. Duty to Furnish Information. To receive benefits under the Group Policy, you must authorize and direct medical care providers and sources of earnings or Deductible Income to provide us with all information and records that we reasonably determine to be relevant to the determination of benefits or eligibility for benefits. We do not pay fees charged for submitting this information to us. Any such costs will be your responsibility.

B. Our Right to Examine. We may require you to be examined by a Physician, other medical practitioner and/or vocational expert of our choice, in addition to your obligation to be under the Regular Care of a Physician as specified above. In such case, we will pay for the additional examination. You must cooperate fully with the Physician, medical practitioner or vocational expert and give full effort to such examinations. We can require an examination as often as it is reasonable to do so. We may also require you to be interviewed by an authorized Company representative.

C. Insured Person's Failure to Comply

- 1. We have the right to suspend benefits during any portion of a Disability in which you fail to comply with any of the requirements set forth in this Certificate.

2. We have the further right to terminate irrevocably all further benefits under the Group Policy when benefits have been suspended for a period of 6 consecutive months due to your failure to comply with any of the requirements of the Group Policy.

GLDI-C200-(12/06)-NE

XX. CLAIMS

A. Notice of Claim

1. Written notice of claim should be given to us within 30 days of the date the Elimination Period ends, if that is possible. If that is not possible, you must notify us as soon as it is reasonably possible to do so.
2. When we receive a written notice of claim, we will send you our claim forms for filing Proof of Loss within 15 days after written notice of claim is sent. You can also send us written Proof of Loss without waiting for the forms.

B. Proof of Loss

1. Proof of Loss means all the information necessary to determine that a loss occurred:
 - a) for which the Group Policy provides benefits; and
 - b) which is not subject to any exclusions; and
 - c) which meets all other conditions for benefits.
2. Written Proof of Loss must be furnished to us at our home office no later than 90 days after the end of the Elimination Period. If it is not possible to give proof within this time limit, it must be given as soon as reasonably possible, but not later than one year following the end of the 90 day period. These limits will not apply while an Insured Person lacks legal capacity.
3. Any items we may reasonably require in support of a claim, such as completed claims statements and a signed authorization for us to obtain information including tax information, must be submitted at your expense. If the required documentation is not provided within 60 days after we mail our request, your claim may be denied. No benefits will be paid until we receive Proof of Loss satisfactory to us.

C. Investigation of Claim

1. We shall acknowledge and respond to any written communication relating to a claim and all other pertinent communications from a claimant, which reasonably suggest that a response is expected, within fifteen (15) days of receipt of such communication.
2. Within fifteen (15) days of receipt of Proof of Loss from a claimant we shall initiate investigation of the claim.

D. Payment of Claims

1. We will determine LTD Benefits within 30 days after we receive satisfactory Proof of Loss, but not before satisfaction of the Elimination Period.
2. We will send payment of the claim or a written notice of denial within fifteen (15) days of rendering a claim decision.
3. If a claim remains unresolved for fifteen (15) days from the date Proof of Loss is received, we will provide you a reasonable written explanation of the delay. If the investigation remains incomplete thirty (30) days from the date of the initial notification the claim is unresolved, we will, and every thirty (30) days thereafter, send to you a reasonable written explanation setting forth the reasons additional time is needed for the investigation.

4. Claim Payment Method. LTD Benefit payments that you qualify for will be paid to you as specified in the "Schedule of Benefits". Payments for partial weekly benefits will be pro-rated based on a 7 day week. Payments for partial monthly benefits will be pro-rated based on a 30 day month.
5. LTD Benefits payable at the time of your death will be paid to the person(s) receiving the "Survivor Benefit" if applicable. If no "Survivor Benefit" is paid, the unpaid LTD Benefits will be paid to your estate.

E. Notice of Adverse Decision on Claim

1. We will notify you of an adverse benefit determination within a reasonable period of time, but not later than 45 days after we receive satisfactory Proof of Loss. This period may be extended by us for up to 30 days, provided that we determine that such an extension is necessary due to matters beyond our control, and provided that we notify you prior to the end of the initial 45 day period, of the circumstances requiring the extension of time and the date by which we expect to render a decision.
2. If, prior to the end of the first 30 day extension period, we determine that, due to matters beyond our control, a decision cannot be rendered within that extension period, the period for making the determination may be extended for up to an additional 30 days, provided that we notify you prior to the expiration of the first 30 day extension period, of the circumstances requiring the extension and the date as of which we expect to render a decision.
3. In the case of any extension, the notice of extension will specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim and the additional information needed to resolve those issues. You will be given at least 45 days within which to provide the specified information.
4. If we deny any part of your claim, you will receive a written notice of denial containing the following:
 - a) the reasons for our decision;
 - b) reference to the provisions of the Group Policy on which our decision is based;
 - c) a description of any additional information needed to support your claim;
 - d) information concerning your right to a review of our decision.

F. Review Procedure

1. If all or part of a claim is denied, you may request a review. A request for a review must be in writing and received by us within 180 days after you receive notice of the denial.
2. You may send us written comments or other items to support the claim and may review any non-privileged information that relates to the request for review.
3. We will review the claim promptly after we receive the request. We will send you a notice of our decision within 45 days after we receive the request, unless special circumstances require an extension. If we determine that an extension of time for processing is required, written notice of the extension will be furnished to you prior to the expiration of the initial 45 day period. In no event will such extension exceed a period of 60 days from the end of the initial period.

G. Subsequent Investigations

1. We may investigate a claim at any time.
2. At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend benefits if you fail to attend an examination, give full effort or cooperate with the examiner.

H. Assignment. The rights and benefits under the Group Policy are not assignable.

XXI. RIGHT TO REIMBURSEMENT

- A. If we make benefit payments to you in excess of the amounts required by the provisions of this Group Policy or, if you receive retroactive benefits from any Deductible Income source for periods of time during which we paid benefits to you, you must reimburse us for any such excess, duplicate, or erroneous payments.
- B. Before any LTD Benefits are paid to you, you must execute and deliver to us a Reimbursement Agreement, provided by us, setting forth specific terms of reimbursement.
- C. Upon request, you must execute and deliver to us such documents as may be required, and do whatever else may be necessary, to secure our rights to recover any excess, duplicate, or erroneous payments.
- D. You must reimburse us in a satisfactory and timely manner for any payments made to which you were not entitled under the terms of this Policy. Such reimbursement will be due and payable immediately upon our notification to you. At our option, subsequent payment of benefits or the refund of any premium owed to you by us may be reduced or applied by us directly toward such reimbursement obligation.
- E. Our acceptance of premium or other fees, or our providing or paying of benefits, does not constitute a waiver of our rights to enforce the provisions of this section in the future. The provisions of this section are in addition to, and not in lieu of, any other rights or remedies available to us at law or in equity.
- F. The Minimum Monthly Benefit may be applied to recover an outstanding overpayment.

GLDI-C200-(12/06)-NE

XXII. SUBROGATION

- A. If LTD Benefits are paid or payable to you under the Group Policy as the result of any act or omission of a third party, we will be subrogated to all rights of recovery you may have in respect to such act or omission. However, we will only be entitled to subrogation after you have been fully indemnified. You must execute and deliver to us such instruments and papers as may be required and do whatever else is needed to secure such rights. You must avoid doing anything that would prejudice our rights of subrogation.
- B. If you notify us before filing suit or settling your claim against such third party, the amount to which we are subrogated will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees. If suit or action is filed, we may record a notice of payments of LTD Benefits and such notice will constitute a lien on any judgment recovered.
- C. If you or your legal representatives fail to bring suit or action promptly against such third party, we may institute such suit or action in our name or in your name. We are entitled to retain from any judgment recovered the amount of LTD Benefits paid or to be paid to you or on your behalf, together with our costs of recovery, including attorney fees. The remainder of such recovery, if any, will be paid to you or as the court may direct.

GLDI-C200-(12/06)-NE

XXIII. ALLOCATION OF AUTHORITY

- A. Except for those functions which the Group Policy specifically reserves to the Policyowner or Employer, we have full and exclusive authority to control and manage the Group Policy, to administer claims and to interpret the Group Policy and resolve all questions arising in the administration, interpretation and application of the Group Policy.

- B. Our authority includes, but is not limited to the following:
1. the right to resolve all matters when a review has been requested;
 2. the right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
 3. the right to determine the following:
 - a) eligibility for insurance;
 - b) entitlement to benefits;
 - c) the amount of benefits payable;
 - d) the sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.
- C. Subject to the review procedures of the Group Policy, any decision we make in the exercise of our authority is conclusive and binding.

GLDI-C200-(12/06)-NE

XXIV. TIME LIMITS ON LEGAL ACTIONS

- A. No action at law or in equity may be brought until 60 days after we have received Proof of Loss. No such action may be brought more than three years after the earlier of the following:
1. the date we receive Proof of Loss;
 2. the time within which Proof of Loss is required to be given.

GLDI-C200-(12/06)-NE

XXV. INCONTESTABILITY PROVISIONS

- A. Incontestability of Insurance
1. Any statement made to obtain or to increase insurance is a representation and not a warranty.
 2. No misrepresentation will be used as a basis for reducing or denying a claim or contesting the validity of insurance unless:
 - a) the insurance would not have been approved if we had known the truth; and
 - b) we have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.
 3. After insurance has been in effect for two years during the lifetime of the Insured Person, we will not use a misrepresentation as a basis for reducing or denying a claim, unless it was a fraudulent misrepresentation.
- B. Incontestability of the Group Policy or Employer Coverage under the Group Policy
1. Any statements made by the Policyowner to obtain the Group Policy or made by an Employer to obtain coverage under the Group Policy is a representation and not a warranty.
 2. No misrepresentation by the Policyowner or your Employer will be used as a basis for denying a claim, or for denying the validity of the Group Policy or your Employer's coverage under the Group Policy unless:
 - a) the Group Policy would not have been issued or your Employer's coverage under the Group Policy would not have been approved if we had known the truth; and
 - b) we have given the Policyowner or Employer a copy of a written instrument signed by the Policyowner or Employer which contains the misrepresentation.
 3. The validity of the Group Policy or your Employer's coverage under the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums or fraudulent misrepresentations.

GLDI-C200-(12/06)-NE

XXVI. CLERICAL ERROR AND MISSTATEMENT

A. Clerical Error

1. Clerical error by us, the Policyowner, your Employer, or their respective employees or representatives will not:
 - a) cause a person to become insured under the Group Policy or a provision of it.
 - b) invalidate insurance otherwise validly in force.
 - c) continue insurance otherwise validly terminated.
 - d) cause an Employer to obtain coverage under the Group Policy or a provision of it.
2. In the event that a clerical error results in an incorrect rate, we reserve the right to adjust the rate accordingly.

B. The payment of premium, by itself, will not obligate us to provide benefits to anyone who is not eligible for coverage under the Group Policy.

C. Your Employer acts on its own behalf as your agent, and not as our agent. Your Employer has no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy.

D. Misstatement of Age or Gender

1. If the age or gender, or both, of a person has been misstated, we will make an equitable adjustment of premiums, benefits or both. The adjustment will be based on:
 - a) the amount of insurance based on the correct age and gender; and
 - b) the difference between the premiums paid and the premiums which would have been paid if the age and gender had been correctly stated.

GLDI-C200-(12/06)-NE

XXVII.FRAUD

A. It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the Group Policy and recovery of any amounts we have paid.

GLDI-C200-(12/06)-NE

XXVIII. TERMINATION OR AMENDMENT OF THE GROUP POLICY AND EMPLOYER COVERAGE

A. The Group Policy may be terminated, changed or amended in whole or in part by us or the Policyowner according to the terms of the Group Policy. Any such change or amendment may apply to current or future Employers and Eligible Persons covered under the Group Policy or to any separate classes or categories thereof. An Employer's coverage under the Group Policy may be terminated, changed or amended in whole or in part by us or the Employer according to the terms of the Group Policy.

B. We may change the Group Policy and any Employer's coverage under the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyowner's or Employer's consent.

- C. We may terminate an Employer's coverage on any premium due date by giving the Employer not less than 60 days advance notice. An Employer may terminate coverage under the Group Policy in whole, and may terminate insurance for any class or group of Eligible Persons, at any time by giving us advanced written notice at least 60 days prior to such termination. Insurance will terminate automatically for nonpayment of premium.
- D. Benefits are limited to the terms of your Employer's coverage under the Group Policy, including any valid amendments. No change or amendment of your Employer's coverage will be valid unless it is approved in writing by one of our executive officers and delivered to your Employer. The Policyowner, your Employer and their respective employees or representatives have no right or authority to change or amend the Group Policy or your Employer's coverage under the Group Policy or to waive any terms or provisions thereof without our signed, written approval.

GLDI-C200-(12/06)-NE

XXIX. REHABILITATION BENEFIT

- A. While you are Disabled, you may qualify to participate in a Rehabilitation Plan. **Rehabilitation Plan** means a written plan, program or course of medical treatment or vocational training or education that is intended to prepare you to return to work full time.
- B. To participate in a Rehabilitation Plan, you must apply in a letter to us. The terms, conditions and objectives of the plan must be accepted by you and approved by us in advance. We have the sole discretion to evaluate, approve and/or terminate your Rehabilitation Plan at any time..
- C. While you are participating in an approved Rehabilitation Plan, your LTD Benefit will be reduced by 50% of any income earned by you for work done under the Rehabilitation Plan. If the sum of your Gross LTD Benefit and Work Earnings exceeds 100% of Predisability Earnings, the excess will be included in Deductible Income. At no time will LTD Benefits be paid beyond the Maximum Benefit Period or be less than the Minimum Monthly Benefit.

GLDI-C200-(12/06)-NE

XXX. CONFORMITY WITH STATE AND FEDERAL LAW

Any provision of this group LTD plan, which, on its effective date, is in conflict with the law of federal government or the state in which the group is located on such date is amended to conform to the minimum requirements of such law.

GLDI-C201-(05-11)-NE

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

AMENDMENT TO GROUP TERM LIFE INSURANCE ISSUED TO CITY OF FRANKLIN PLAN NUMBER 4317

Class Description: All Eligible Active Employees

This Amendment is made a part of the Group Term Life Certificate of Insurance (“Certificate”) to which it is attached. The provisions of this Amendment are effective on **July 1, 2019** and will expire concurrently with the Contract.

In consideration of issuance, the Certificate is hereby amended and modified, as follows:

1. Under section ‘**IV. WHEN COVERAGE ENDS**’, under part ‘A.’, the following is hereby deleted in its entirety:

‘2. The date You cease to be an Eligible Employee;’

and is replaced with:

‘2. The end of the month following the date you cease to be an Eligible Employee;’

All other terms, provisions and conditions of the Certificate remain unchanged. Provisions under this Amendment are subject to all the terms and conditions, limitations and exclusions of the Certificate.

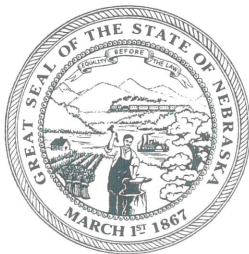
Do not recreate or revise the pages of this document, as revisions and recreations will not be accepted. Failure to **return both pages of the original document** by the filing deadline (October 31) may result in the suspension of Highway Allocation funds until the documents are filed.

**MUNICIPAL
ANNUAL CERTIFICATION OF PROGRAM COMPLIANCE
TO
NEBRASKA BOARD OF PUBLIC ROADS CLASSIFICATIONS
AND STANDARDS
2021**

In compliance with the provisions of the State of Nebraska Statutes, sections 39-2115, 39-2119, 39-2120, 39-2121, and 39-2520(2), requiring annual certification of program compliance to the Board of Public Roads Classifications and Standards, the City Village of Franklin
(Check one box) (Print name of municipality)

hereby certifies that it:

- ✓ has developed, adopted, and included in its public records the plans, programs, or standards required by sections 39-2115 and 39-2119;
- ✓ meets the plans, programs, or standards of design, construction, and maintenance for its highways, roads, or streets;
- ✓ expends all tax revenue for highway, road, or street purposes in accordance with approved plans, programs, or standards, including county and municipal tax revenue as well as highway-user revenue allocations;
- ✓ uses a system of revenue and costs accounting which clearly includes a comparison of receipts and expenditures for approved budgets, plans, programs, and standards;
- ✓ uses a system of budgeting which reflects uses and sources of funds in terms of plans, programs, or standards and accomplishments;
- ✓ uses an accounting system including an inventory of machinery, equipment, and supplies;
- ✓ uses an accounting system that tracks equipment operation costs;
- ✓ has included in its public records the information required under subsection (2) of section 39-2520; and
- ✓ **has included in its public records a copy of this certification and the resolution of the governing body authorizing the signing of this certification by the Mayor or Village Board Chairperson.**



Signature of Mayor Village Board Chairperson (Required) _____ (Date)

Signature of City Street Superintendent (Optional) _____ (Date)

Return the completed original signing resolution and annual certification of program compliance by October 31, 2021 to:

Nebraska Board of Public Roads Classifications and Standards
PO Box 94759
Lincoln NE 68509

**Resolution No. 2021_6004 Rescinding Prior
Resolution No. 2020_6004 Declared Nuisance**

WHEREAS, the City of Franklin is engaged in a Nuisance Abatement process; and

WHEREAS, the City appointed the South Central Economic Development District as Nuisance Officer; and

WHEREAS, South Central Economic Development District identified and confirmed that in its opinion a nuisance existed as defined by Federal, State, or City law; and City Council, at a regular meeting, identified a nuisance property, supported by evidence; and

WHEREAS, South Central Economic Development District now has evidence that the nuisance violation declared in Resolution No. 2020_6004 is abated and the property cleared of nuisances.

NOW THEREFORE, BE IT RESOLVED, that the City of Franklin rescinds Resolution No. 2020_6004 on the following property:

2020-FRAN-6004	0 0 20 S 108' W 101'2 LOT 8; BLK. 4; BUCK'S ADD'N; FR. MR.
----------------	--

PASSED THIS 12th day of October, 2021.

Margaret M. Siel, Mayor

Attest: _____
Raquel Felzien, City Clerk

**Resolution No. 2021_6005 Rescinding Prior
Resolution No. 2020_6005 Declared Nuisance**

WHEREAS, the City of Franklin is engaged in a Nuisance Abatement process; and

WHEREAS, the City appointed the South Central Economic Development District as Nuisance Officer; and

WHEREAS, South Central Economic Development District identified and confirmed that in its opinion a nuisance existed as defined by Federal, State, or City law; and City Council, at a regular meeting, identified a nuisance property, supported by evidence; and

WHEREAS, South Central Economic Development District now has evidence that the nuisance violation declared in Resolution No. 2020_6005 is abated and the property cleared of nuisances.

NOW THEREFORE, BE IT RESOLVED, that the City of Franklin rescinds Resolution No. 2020_6005 on the following property:

2020-FRAN-6005	0 0 20 LOTS 30-31; S 23.5' LOT 32; BLK. 3 ORIGINAL TOWN; FR. BLOOMINGTON
----------------	--

PASSED THIS 12th day of October, 2021.

Margaret M. Siel, Mayor

Attest: _____
Raquel Felzien, City Clerk

ORDINANCE NO. 2021 - 827

AN ORDINANCE TO ADOPT AN ADDITIONAL SECTION PERMITTING EXEMPTIONS AS PART OF THE VACANT PROPERTY REGISTRATION PROVISIONS OF CHAPTER 93 OF TITLE IX OF THE CITY OF BENKELMAN CODE OF ORDINANCES; TO REPEAL ANY CONFLICTING ORDINANCES; TO PROVIDE FOR AN EFFECTIVE DATE AND TO ORDER PUBLICATION IN PAMPHLET FORM.

BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF BENKELMAN, NEBRASKA:

Section 1. That Title IX, Chapter 93 of the City of Benkelman Code of Ordinances be amended to read as follows:

SECTION 93.090: FINDINGS

The City of Benkelman finds and declares that:

1. Vacant properties have the potential to create a host of problems for the City, including a propensity to foster criminal activity, create public health problems, and otherwise diminish quality of life;
2. Vacant properties have the potential to reduce the value of area properties, increase the risk of property damage through arson and vandalism, and discourage neighborhood stability;
3. Vacant properties represent unrealized economic growth in the City;
4. A vacant property registration ordinance will allow the City to discourage property vacancy, maintain unoccupied buildings, provide a data base of vacant properties and their owners, and assess fees for the increased public costs associated with vacant properties;
5. Fees imposed under a vacant property registration ordinance have the potential to benefit the owners of vacant properties by helping to finance additional government services to protect the value and security of such properties; and
6. Enactment of this vacant property registration ordinance is a proper exercise of the City's authority to protect the public health, safety, and welfare of community residents and a valid regulatory scheme.

SECTION 93.091: PURPOSES

The purposes of this Article are to promote the health, safety, and welfare of the City of Benkelman residents by providing authority for enacting vacant

property registration requirements. This Article will allow the City of Benkelman to identify and register vacant properties, collect fees to compensate for the public costs of vacant properties, plan for the rehabilitation of vacant properties, and encourage the occupancy of vacant properties.

SECTION 93.092: DEFINITIONS

For purposes of this Vacant Property Registration Ordinance:

1. “Commercial Building” means any building or structure located on a property that is not a Residential Building;

2. “Evidence of Vacancy” means any condition or circumstance that on its own or in combination with other conditions or circumstances would lead a reasonable person to believe that a residential building or commercial building is vacant. Such conditions or circumstances may include, but are not limited to:

a. Any unoccupied or empty building or structure on the property;

b. Lack of active utility service accounts;

c. Overgrown or dead vegetation, including grass, shrubbery, and other plantings;

d. Visible deterioration or lack of maintenance of any building or structure on the property;

e. Graffiti or other defacement of any building or structure on the property; or

f. Any other condition or circumstance reasonably indicating that the property is not occupied for residential purposes or being used for the operation of a lawful business;

3. “Owner” means the person or persons shown to be the owner or owners of record in the records of the County Register of Deeds;

4. “Residential Building” means a house, a condominium, a townhouse, an apartment unit or building, or a trailer house;

5. “Vacant” means that a Residential Building or Commercial Building exhibits evidence of vacancy.

SECTION 93.093: APPLICATIONS

The City hereby adopts this Article which applies to any type of either residential or commercial buildings, located within the corporate limits of the City, except that this Article shall not apply to property owned by the federal government, the State of Nebraska, or any political subdivision thereof. This Article shall create a city-wide vacant property registration data base which shall be administered by a Program Administrator appointed by the City Council.

SECTION 93.094: REQUIREMENTS

1. Owners of vacant property subject to this Article shall be required to register such property with the program administrator on forms provided by the Program Administrator if the property has been vacant for one hundred eighty days or longer. If the program administrator is aware of a property that has been vacant for one hundred eighty days or longer which has not been registered by the Owner, the program administrator shall notify the Owner by first class United States mail of the Owner's obligation to register the property within fifteen days. If after fifteen days, the Owner has failed to register the vacant property, the program administrator is authorized to register the vacant property for the Owner by completing the registration form on behalf of the Owner.

2. A vacant property registration form shall be in either paper or electronic form, and the following information shall be required:

a. The name, street address, mailing address, telephone number, and, if applicable, the facsimile number and email address of the property owner and his or her agent;

b. The street address and parcel identification number of the vacant property;

c. The transfer date of the instrument conveying the property to the owner; and

d. The date on which the property became vacant.

3. The property owner, one hundred eighty days after initial registration of the vacant property pursuant to subsection (1) of this section or three hundred sixty days after the property becomes vacant, whichever is sooner, shall be required to pay an initial registration fee. The property owner shall also be required to pay supplemental registration fees at intervals every six months thereafter for as long as the property remains on the vacant property registration data base.

a. The initial registration fee for a residential property shall be \$250.00 and \$1,000.00 for a commercial property.

b. The supplemental registration fee shall be double the previous fee amount, with a maximum supplemental registration fee of ten times the initial registration fee amount.

SECTION 93.095: EXEMPTIONS

The City Council may exempt a vacant property from this Article when the vacant property is advertised in good faith for sale or lease. A vacant property is advertised in good faith for sale or lease when the vacant property is being listed for sale and actively marketed at a price no more than 125% of the assessed value as determined by the County Assessor.

SECTION 93.096: ADDITIONAL REQUIREMENTS; PROGRAM ADMINISTRATOR POWERS

1. A subsequent owner or owners of property subject to the ordinance will assume the obligations of the previous owner or owners.

2. Property shall be removed from the vacant property registration database when the property is no longer vacant.

3. Owners of registered property shall submit a plan for occupancy of the property.

4. Owners have the right to prior notice and to appeal adverse decisions of the program administrator. Such notice shall be sent by certified mail to the registered owner at the address maintained in the County Assessor's office at least ten days prior to such adverse decision.

5. The program administrator or his or her designee may inspect the interior and exterior of the vacant property upon registration and at one-year intervals thereafter for so long as the property remains on the vacant property registration data base.

SECTION 93.097: ENFORCEMENT

Failure of a property owner to comply with the requirement of this Article may be enforced by municipal fines of up to \$100.00 per day of violation. In addition, the City may enforce the collection of vacant property registration fees by civil action in any court of competent jurisdiction. Unpaid vacant property registration fees and unpaid fines for any violation of a vacant property registration ordinance shall become a lien on the applicable property upon the recording of a notice of such lien in the office of the Register of Deeds of the county.

SECTION 93.098: APPLICABILITY

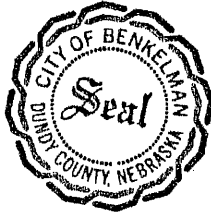
The provisions of Article shall be supplemental to and in addition to the Vacant Property Registration Act (Neb. Rev. Stat. §19-5401 *et seq.*) and any other laws of the State of Nebraska relating to vacant property.

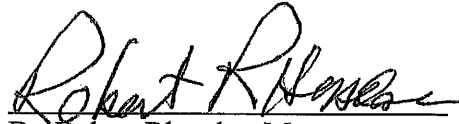
Section 2. Any other ordinance or section passed and approved prior to passage, approval, and publication of this Ordinance and in conflict with its provisions is repealed.

Section 3. This Ordinance shall take effect and be in full force from and after its passage, approval, and publication as required by law.

Section 4. This Ordinance shall be published in pamphlet form and take effect as provided by law.

PASSED AND APPROVED this 19th day of July, 2021.




Dr. Robert Rhoades, Mayor

Attest:


Diane Rosenfelt, City Clerk

1.06 OVERTIME/COMPENSATORY TIME (COMP TIME)

Because of emergency and other unusual circumstances, full-time employees may work more than forty (40) hours in one work week or more than eight (8) hours in one day. The terms "emergency" and "unusual circumstance" will be given their plain meaning definition and shall not include work that an employee could feasibly perform during the next working day without significant risk of injury or loss as a result of the work not being completed until that next working day. Employees shall not work over forty (40) hours in one work week, unless an Employee is called out to work after normal working hours, except in the case of an emergency or other unusual circumstance and with the prior approval of the employee's supervising Department Head and in the case of a Department Head, the Mayor, or in the case of scheduled overtime. Employees called out to work after normal working hours, with the exception of sworn police personnel, shall be paid a minimum of one (1) hour of pay for each call. As allowed by the Fair Labor Standards Act, with the exception of sworn police personnel, for every hour actually worked over forty (40) hours in one work week by a non-exempt employee, the employee will be compensated at 1.5 times their regular hourly rate in monetary compensation. Employees who work on a day which is observed as a paid holiday by the city will be compensated at 1.5 times their regular hourly rate in addition to the employee's compensation for the paid holiday. Employees who are on call in a week including a paid Holiday shall be allowed to use the eight (8) hours of Holiday pay in determining overtime. At their option, employees may choose to receive one hour and a half of compensatory time in lieu of each hour of overtime. In order to receive comp time and/or overtime during a pay period, an employee must work 40 regular hours per pay period (not counting vacation or sick leave or comp time) before comp time and/or overtime is earned. **In the event that your comp time exceeds 160 hours, the overage will be paid out as wages. As of September 30, of each year, no more than 80 hours of earned comp time may be banked (or carried over) by any employee.** The overtime, holiday pay, and option of comp time do not apply to sworn police.

Upon termination of employment, an employee shall be paid for unused compensatory time at a rate of compensation not less than (1) the average regular rate received by such employee during the last 3 years of the employee's employment, or (2) the final regular rate received by such employee, whichever is higher.

1.12 VACATION LEAVE

All full-time and regular part-time employees will receive vacation leave with pay based on their number of years of employment with the City after their first year of employment with the City. Regular part-time employees will receive vacation leave with pay at a prorated rate based on their full-time equivalency. Vacation leave will be awarded on the anniversary date of employment of each employee.

Vacation leave shall be accrued, earned, and received on an annual basis as follows:

- 5 days after 1 year of employment
- 10 days after 2 years of employment
- 15 days after 10 years of employment

In the case an employee quits, resigns, terminated, or is otherwise separated from his/her employment with the City, vacation leave not yet awarded for the year will be prorated to the employee's final date of employment.

Vacation leave may:

- be taken at any time during the year, after earned, provided that the particular time does not have an adverse effect on the overall operation of the department
- be taken in increments of no less than one (1) hour, nor more than ten (10) working days unless prior approval has been granted by the Mayor and Council
- accumulate up to two (2) weeks and be carried over to the next year

All vacation leave must have prior approval of the employee's supervising Department Head (Mayor in the case of a Department Head) to allow for scheduling of work. Vacation leave must be reported to the City Clerk and the employee's supervising Department Head (Mayor in the case of a Department Head) as provided in Article 1.11 of this Manual prior to vacation leave being taken.

Vacation leave due an employee at the time of termination of employment will be paid by the City of Franklin at the current rate of the employee's wage.

Unused vacation leave may be donated to other employees where needed at the discretion of the Mayor and City Council.

MIDWEST SECURITY SYSTEMS, INC.

P.O. BOX 6410
 OMAHA, NE 68106

Estimate

Date	Estimate #
10/11/21	16546

Name / Address
CITY OF FRANKLIN ATTN: RAQUEL 619 15TH AVE FRANKLIN, NE 68939

			Project
Description	Qty	Rate	Total
WISENET WAVE 8 CHANNEL NVR / 4TB / 4 LICENSES INCLUDED	1	1,999.00	1,999.00T
WISENET WAVE VMS SINGLE CHANNEL LICENSE	1	119.00	119.00T
LABOR RATE	6	95.00	570.00T
TRAVEL TIME	3	75.00	225.00T
UPGRADE RECORDER TO NEW WISENET WAVE RECORDER RE-USE ALL CAMERAS			
		Subtotal	\$2,913.00
		Sales Tax (0.0%)	\$0.00
		Total	\$2,913.00

Do not recreate or revise the pages of this document, as revisions and recreations will not be accepted. Failure to **return both pages of the original document** by the filing deadline (October 31) may result in the suspension of Highway Allocation funds until the documents are filed.

RESOLUTION

**SIGNING OF THE
MUNICIPAL ANNUAL CERTIFICATION OF PROGRAM COMPLIANCE
2021**

Resolution No. 2021-08

Whereas: State of Nebraska Statutes, sections 39-2115, 39-2119, 39-2120, 39-2121, and 39-2520(2), requires an annual certification of program compliance to the Nebraska Board of Public Roads Classifications and Standards; and

Whereas: State of Nebraska Statute, section 39-2120 also requires that the annual certification of program compliance by each municipality shall be signed by the Mayor or Village Board Chairperson and shall include the resolution of the governing body of the municipality authorizing the signing of the certification.

Be it resolved that the Mayor Village Board Chairperson of Franklin
(Check one box) (Print name of municipality)
is hereby authorized to sign the Municipal Annual Certification of Program Compliance.

Adopted this _____ day of _____, 20____ at _____ Nebraska.
(Month)

City Council/Village Board Members

Tom Daehner
Kasey Loschen
Sandy Urbina
Rich McNiff

City Council/Village Board Member _____
Moved the adoption of said resolution
Member _____ Seconded the Motion
Roll Call: _____ Yes _____ No _____ Abstained _____ Absent
Resolution adopted, signed and billed as adopted.

Attest:

(Signature of Clerk)

RESOLUTION #2021-09
A RESOLUTION ACKNOWLEDGING NEBRASKA DEPARTMENT OF TRANSPORTATION
REQUIREMENTS FOR THE TEMPORARY USE OF THE STATE HIGHWAY
SYSTEM FOR SPECIAL EVENTS

_____ introduced the following resolution and moved its adoption:

WHEREAS, the City of Franklin will allow the Franklin County 4-H to sponsor and organize a Parade of Lights parade/event. We, the City of Franklin, appoint the Franklin County 4-H to organize, on the City of Franklin's behalf, a Parade of Lights parade/event; and

WHEREAS, the City of Franklin accepts control of the highway for the Parade of Lights, which will be held from 1001 M Street east to Main Street (Hwy 136), then south to J Street (beginning and ending locations for closure of the highway) on Sunday November 07, 2021 from 6:00 p.m. to approximately 7:30 p.m. or immediately after the parade, at which time the city will relinquish control of this section of Highway 136 back to the Nebraska Department of Roads. The highway traffic will be re-routed from 10th and M to 16th & M Streets north to 16th and P Streets then west on P Street to 10th Street then south on 10th Street back to Highway 136; and

WHEREAS, during the above time period of this event, the City of Franklin acknowledges all duties set out in subsection (2) of LB589/N.R.S. Section 39-1359.

NOW, THEREFORE, BE IT RESOLVED, that during the above time period of this event, the City of Franklin, Nebraska, accepts and will carry out all duties set out in subsection (2) of LB589/N.R.S. Section 39-1359.

BE IT FURTHER RESOLVED, by the Mayor and City Council of Franklin, Nebraska, that if a claim is made against the State, it shall indemnify, defend, and hold harmless the State from all claims, demands, actions, damages, and liability, including reasonable attorney's fees, that may arise as a result of the special event.

PASSED AND APPROVED this 12 day of October, 2021

ATTEST:

Raquel Felzien, City Clerk

Margaret M. Siel, Mayor

(SEAL)

**Special Designated License
Local Recommendation (Form 200)**
Applications must be entered on the portal after local approval – no exceptions
Late applications are non-refundable and will be rejected

SK Inc dba Rightway Grocery

Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)

72259 Road 435 Oxord, NE 68967

Retail Liquor License Address or Non-Profit Business Address

123280

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only 12/15/21

Event Date(s): _____

Event Start Time(s): 5:00 pm _____

Event End Time(s): 8:00pm _____

Alternate Date: No Alternate

Alternate Location Building & Address: _____

Event Building Name: Rightway Grocery

Event Street Address/City: 601 15th ave, Franklin, NE 68939

Indoor area to be licensed in length & width: 129 x 102

Outdoor area to be licensed in length & width: _____ x _____ (Diagram Form #109 must be attached)

Type of Event: Wine and Cheese Tasting Estimate # of attendees: 250

Type of alcohol to be served: Beer Wine Distilled Spirits
(If not marked, you will not be able to serve this type of alcohol)

Event Contact Name: Sabrina Nielsen **Event Contact Phone Number:** 308-425-3233

Event Contact Email: franklinrightway@gmail.com

***Signature Authorized Representative:** Sabrina Nielsen **Printed Name** Sabrina Nielsen

I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

***Retail licensee – Must be signed by a member listed on permanent license**
***Non-Profit Organization – Must be signed by a Corporate Officer**

Local Governing Body completes below:
The local governing body for the City/Village of _____ **OR** County of _____ approves the issuance of a Special Designated License as requested above. (Only one should be written above)

Local Governing Body Authorized Signature _____
Date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER INSPRO Insurance 2501 Westown Parkway, Suite 1104 West Des Moines, IA 50266 515 226-9565	CONTACT NAME: Amy Hunerdosse
	PHONE (A/C, No, Ext): 515-226-9565 FAX (A/C, No): E-MAIL ADDRESS: ahunerdosse@insproins.com
INSURED Cambridge Supermarket dba Rightway Grocery 601 15th Ave Franklin, NE 68939	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : The IMT Group
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WOP1995	09/28/2020	09/28/2021	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			CVP1995	09/28/2020	09/28/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000			UCP1995	09/28/2020	09/28/2021	EACH OCCURRENCE	\$2,000,000
							AGGREGATE	\$2,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCP1995	09/28/2020	09/28/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

CERTIFICATE HOLDER City of Franklin 619 15th Avenue Franklin, NE 68939	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

**RESOLUTION #2021-10
CITY OF FRANKLIN, NEBRASKA**

WHEREAS, that the Mayor and City Council of the City of Franklin, Nebraska grant their approval for the issuance by the Nebraska Liquor Control Commission of a Special Designated License to the SK Inc dba Rightway Grocery to serve alcoholic liquors at the 601 15th Ave, Franklin Nebraska on December 15, 2021 between the hours of 5:00 o'clock p.m. and 8:00 o'clock p.m. We will have the business follow the current direct health measure from Two River Public Health Department.

I, Raquel Felzien, do hereby certify that I am the duly appointed City Clerk of the City of Franklin, Nebraska and am keeper of the minutes and records of the Mayor and City Council of said City. I further certify that the attached is a true and accurate copy of a resolution adopted by said board at a meeting held on the 12 day of October, 2021 as the same appears in the minutes of said meeting.

Adopted this 12 day of October, 2021 at Franklin, Nebraska.

ATTEST:

City Council,
Franklin, Nebraska

Raquel Felzien, City Clerk

Margaret M. Siel, Mayor

Council member:

Moved the adoption of said Resolution;

Roll Call: _____ YES _____ NO

Resolution adopted, signed and billed as adopted.