NOTICE OF OPEN MEETING

Posted August 12, 2022 at 5 p.m. outside the Council Chambers and inside the Water Department
Notice is hereby given that the Neosho City Council will meet in regular session on
Tuesday, August 12, 2022 at 7:00 p.m., in the Council Chambers at City Hall 203 East Main Street, Neosho, Missouri.

AGENDA
REGULAR SESSION
NEOSHO CITY COUNCIL

The agenda of this meeting includes:

OPENING PRAYER & PLEDGE OF ALLEGIANCE

CALL TO ORDER

ROLL CALL

APPROVAL OF AGENDA

CONSENT AGENDA

1. AUGUST 2, 2022 BUDGET WORK SESSION MINUTES
2. AUGUST 2, 2022 COUNCIL MEETING MINUTES
3. JULY 19, 2022 CLOSED SESSION COUNCIL MINUTES
4. BILL NO. 2022-57: ADCOMP AGREEMENT FOR PAYMENT KIOSK

PROCLAMATION

1. PROCLAMATION FOR K&S WIRE PRODUCTS INC.

VISITOR'S BUSINESS

1. BEVERLY GRANGER - WATER LEAK COMPENSATION

BIDS

1. BENTON DOG PARK

NEW BUSINESS

1. **PUBLIC HEARING FOR BILL NO. 2022-61 FY23 PROPERTY TAX**
2. BILL NO. 2022-61: FY23 PROPERTY TAX, **UNDER EMERGENCY MEASURE 1ST, 2ND & 3RD READINGS**
3. BILL NO. 2022-56: CONFLICT OF INTEREST FOR MUNICIPAL OFFICIALS
4. BILL NO. 2022-58: SURPLUS CITY PROPERTY
5. BILL NO. 2022-60: MAJOR ENTERPRISES, INC. BILLBOARD MARKETING AGREEMENT
6. BILL NO. 2022-62: ANTHEM BCBS FOR HEALTH, DENTAL, AND VISION

INSURANCE

7. BILL NO. 2022-63: MUTUAL OF OMAHA FOR LIFE AND DISABILITY INSURANCE
8. BILL NO. 2022-64: ALLSTATE FOR ACCIDENT, CANCER, AND CRITICAL ILLNESS INSURANCE
9. CITY BOARDS AND COMMISSIONS
10. BICYCLE TRAIL DEVELOPMENT PHASE 2
11. FIRST COMMUNITY BANK - NEW ACCOUNT
12. PARKS DIRECTOR POSITION
13. BUDGET WORKSHOP HOTEL/MOTEL FUNDING APPROVALS

APPOINTMENTS AND VACANCIES

1. LETTER OF REAPPOINTMENT FROM DAN TICE FOR GOLF COURSE BOARD
2. LETTER OF REAPPOINTMENT FROM ANTHONY MILLER FOR PARKS AND RECREATION BOARD
3. LETTER OF INTEREST FROM ARLA SCOTT FOR THE PARKS AND RECREATION BOARD
4. LETTER OF REAPPOINTMENT FROM DUDLEY ZERBEL FOR PLANNING AND ZONING COMMISSION

REPORT OF CITY OFFICERS

1. FINANCE DEPARTMENT - JULY FINANCIALS

ADJOURN

Representatives of the news media may obtain copies of this notice by contacting Cheyenne Wright, City Clerk, 203 E. Main, Neosho, Missouri (417-451-8050). Meeting agenda posted in the Water Department located at 203 East Main Street, Neosho, MO and outside the City Council Chambers entrance also located at 203 East Main Street, Neosho, MO.

MINUTES
NEOSHO CITY COUNCIL
BUDGET WORK SESSION
August 2, 2022 - 6:00 PM
Neosho Council Chambers
203 E. Main St., Neosho, MO

CALL TO ORDER

Mayor DeWitt called the meeting to order at 6:00 p.m.

ROLL CALL

COUNCIL PRESENT:
Tyler DeWitt, Carl Cobb, Angela Thomas, Charles Collinsworth, Julie Humphrey, Ashton Robinson

COUNCIL ABSENT:
Richard Davidson

CITY OFFICERS PRESENT:
City Attorney, Jordan Paul; City Manager, David Kenney; City Clerk, Cheyenne Wright - Minutes taken by the clerk.

APPROVAL OF AGENDA

Councilwoman Robinson made a motion to Approve the agenda; Councilman Collinsworth seconded.

Roll call vote:
Yes: Carl Cobb, Angela Thomas, Charles Collinsworth, Julie Humphrey, Ashton Robinson, Tyler DeWitt
No: None
Abstain: None
Passed.

NEW BUSINESS

FY23 Budget Review

City Manager Kennedy addressed the Council updating the Council on the MIRMA questions asked at the past Council Meeting.
The Recycle Center was discussed amongst the City Council, City Manager and Assistant Public Works Director Barratt.
Councilwoman Robinson would like to look into an additional City Wide Clean Up.
City Manager Kennedy will get numbers for the next meeting, for another clean up.
Auditorium and Lampo Buildings were discussed

- The download port to the audio system is still a 3 1/2 inch floppy disk, so we are going to put USB ports into the sound system.

- Water leaks at the auditorium has caused lots of damage. The estimate for replacement of the roof is $102,000.
- New tables and chairs are in the budget and these are much needed.
- The Lampo HVAC unit replacement is still not sufficient for this building. Currently there is a 10 ton unit in that building. However, we have been told that a 50 ton unit would be sufficient for this facility.

IOOF Cemetery $81,000 for road resurfacing and also $20,000 for software.

- Golf Course paths done and $6,500 for a new ice machine. We will then move the smaller machine down to the Parks Department.
- Construction of Storage Building for the Public Works Department $60,000 total and replacement of ice machine for public works.
- The replacement request for a dump truck is $220,000 for a 10-wheel dump truck.
- Replacement of a backhoe with a Mini X and Trailer.
- Continuation of the leak survey program and DNR Grant that has been submitted for and we will find out in December whether or not we received it.
- Hydroverse meter for $12,000
- Filtration Capitol - Lime Kiln Project - Dredging $107,003.
- Stream Current monitoring helps the operators and takes the guess work out of it.
- Buffalo Lift Station has to be done regardless of whether or not we receive the grant.
- We also want to move forward with the line replacement program whether or not the grant is approved.

City Manager Kennedy stated that 1500 sq. ft splash pads, $65,000 and pickle ball quarts. There would be a lot of planning that would go into this and if the Council is interested then we will get a more definite amount nailed down.

Councilman Collinsworth stated that he would like to see us be aggressive with this for a nice start.

Mayor DeWitt stated that he would also like to see it, and would like to see it done right and look nice with the recycling of water and not just losing water.

Councilman Collinsworth stated that Harrison AR has a really nice area with a splash pad.

In June of 2020, the public safety tax was passed and there was a list of priorities that we planned on having done prior to the next step. We are coming down to having these projects done. We would like to start on Phase 1 of their project to hire an architect to work with PD and FD to be designed to their needs and move forward with this project for a new public safety center. I will be meeting with an architect on the 18th of this month and hopefully have an update for the Council at the next upcoming meeting.

ADJOURN

Mayor DeWitt asked for a motion to adjourn seeing as there was no other business to come before the Council during this session.
Councilman Collinsworth made a motion to Adjourn; Councilman Cobb seconded.

Roll call vote:
Yes: Carl Cobb, Angela Thomas, Charles Collinsworth, Julie Humphrey, Ashton Robinson, Tyler DeWitt

No: None
Abstain: None
Passed.
Mayor DeWitt closed the August 2, 2022 Budget Work Session at 6:51 p.m.

APPROVED

NEOSHO CITY COUNCIL

_____

Mayor

ATTEST

_____

City Clerk

MINUTES
NEOSHO CITY COUNCIL
August 2, 2022 - 7:00 PM
Neosho Council Chambers
203 E. Main St., Neosho, MO

OPENING PRAYER & PLEDGE OF ALLEGIANCE

Mark Taylor gave the opening prayer and Mayor DeWitt led the Pledge of Allegiance.

CALL TO ORDER

Mayor DeWitt called the meeting to order at 7 p.m.

ROLL CALL

COUNCIL PRESENT:
Angela Thomas, Tyler DeWitt, Carl Cobb, Charles Collinsworth, Julie Humphrey, Ashton Robinson, Richard Davidson

COUNCIL ABSENT:
NONE WERE ABSENT.

CITY OFFICERS PRESENT:
City Attorney, Jordan Paul; City Manager, David Kenney; City Clerk, Cheyenne Wright - Minutes taken by the clerk.

APPROVAL OF AGENDA

Mayor DeWitt stated that he is amending the agenda to remove New Business Number 1 - Crowder College's Partnership with the Neosho Golf Course.

Council approved by a consensus.

CONSENT AGENDA

Councilman Collinsworth made a motion to Approve and Consent Agenda; Councilman Cobb seconded.
July 19, 2022 Open Session Council Minutes
July 19, 2022 Budget Work Session Minutes
July 21, 2022 Special Session Council Minutes
Bill No. 2022-53: Agreement with Granger Dirtworks, Inc. for the Lime Kiln Dam Project
Bill No. 2022-54: Amending Section 405.176 Historic Preservation District
Bill No. 2022-55: Signing of Section 125 Premium Only Plan
Roll call vote:
Yes: Carl Cobb, Angela Thomas, Charles Collinsworth, Julie Humphrey, Richard Davidson, Ashton Robinson, Tyler DeWitt

No: None
Abstain: None
Motion carried.

VISITOR'S BUSINESS

There was no visitor's business.

BIDS

Rotor Repair at Shoal Creek Lift Station

Alliance Water Resources Manager, Ken Brady, addressed the City Council stating that the purpose of this agenda item is to seek Council approval for the repair of oxidation ditch rotor #5.
We currently have one oxidation ditch rotor out of service needing to be. Four bids were sent out and we received one back. Staff recommends accepting the bid from D&S Erectors in the amount of $43,327.18
Councilman Collinsworth made a motion to Approve the bid from D&S Erectors in the amount of $43,327.18; Councilman Cobb seconded.

Roll call vote:
Yes: Carl Cobb, Angela Thomas, Charles Collinsworth, Julie Humphrey, Richard Davidson, Ashton Robinson, Tyler DeWitt
No: None
Abstain: None
Passed.

INTRODUCTION OF NEW ORDINANCES

Bill No. 2022-57: Adcomp Agreement for Payment Kiosk

AN ORDINANCE authorizing the City of Neosho, Missouri, to enter into an Agreement with AdComp Systems, Inc., a Texas Corporation, for the purpose of providing a payment kiosk and related support software for the not to exceed price of Fifty-Six Thousand Eight Hundred Forty and 80/100 Dollars ($56,840.80); and authorizing the Mayor to execute the same by and on behalf of the City of Neosho.

City Attorney read Bill No. 2022-57 in title only.

Councilwoman Robinson made a motion to approve and discuss Bill No. 2022-57; Councilwoman Humphrey seconded.

Roll call vote:
Yes: Carl Cobb, Angela Thomas, Charles Collinsworth, Julie Humphrey, Richard Davidson, Ashton Robinson, Tyler DeWitt
No: None
Abstain: None
Passed.

Finance Director Forest addressed the Council stating that the purpose of this agenda item is to seek Council's approval of the agreement with Adcomp for the payment kiosk.
The E-Commerce fee is a fee using someone else outside of their credit provider. The City uses Affinipay.

City Attorney Paul addressed the Council regarding the cost difference between the ordinance and agreement. The cost is the shipping cost and was not figured when putting the ordinance together. The correct amount the ordinance should state is $55,840.80 instead of $56,840.80. An amendment needs to be made to correct this issue.

Councilwoman Thomas made a motion to Amend Bill No. 2022-57 to change the amount from $55,840.80 to $56,840.80; Councilwoman Robinson seconded.

Roll call vote:
Yes: Carl Cobb, Angela Thomas, Charles Collinsworth, Julie Humphrey, Richard Davidson, Ashton Robinson, Tyler DeWitt
No: None
Abstain: None
Passed.

NEW BUSINESS

Amendment to Electric Service Agreement with Liberty Utilities

Assistant Public Works Director Barratt

Crowder College's partnership with the Neosho Golf Course

Removed from the Agenda.

Employee Insurance Renewal

Phil Wise with Insurance Benefit Consultants and InsuranceCenter, addressed the Council stating that the purpose of this item is to get the Council's approval to move forward with finalizing negotiations with insurance providers for the upcoming renewal of employee insurance for open enrollment moving into fiscal year 2023. They have agreed to match all health insurance, life and guaranteed issue. On the voluntary benefits, we would like to reinstate AllState benefits for the employees over Colonial.

Councilman Collinsworth made a motion to Approve the employee insurance renewal, as presented; Councilman Cobb seconded.

Roll call vote:
Yes: Carl Cobb, Angela Thomas, Charles Collinsworth, Julie Humphrey, Richard Davidson, Ashton Robinson, Tyler DeWitt
No: None

Abstain: None
Passed.

Fire Station 2 Insurance Claim

City Attorney Paul addressed the Council stating that the purpose of this agenda item is to seek council's approval for the city manager to execute a settlement with an insurance company for the damages incurred by Danko while at Fire Station 2. There is nothing in the purchasing policy that gives the city manager authority to settle an insurance claim.

By a consensus of the council to fix this in the purchasing policy to give the city manager authority to settle these types of claims.

Councilwoman Thomas made a motion to approve the insurance settlement and authorize the City Manager to execute the settlement; Councilwoman Humphrey seconded.

Roll call vote:
Yes: Carl Cobb, Angela Thomas, Charles Collinsworth, Julie Humphrey, Richard Davidson, Ashton Robinson, Tyler DeWitt
No: None
Abstain: None
Passed.

REPORT OF CITY OFFICERS

City Manager Kennedy addressed the Council stating that the Timber Ridge Project line replacement is done and now the company is going through and doing clean up.

Lime Kiln Dam Project engineer was contacted by our contractor and he would like to start as soon as possible due to the low water levels. This project should start this month.

ADJOURN

There being no further business to come before the City Council, Mayor DeWitt asked for a motion to adjourn the August 2, 2022 Council Meeting.
Councilman Collinsworth made a motion to Adjourn; Councilman Cobb seconded.

Roll call vote:
Yes: Carl Cobb, Angela Thomas, Charles Collinsworth, Julie Humphrey, Richard Davidson, Ashton Robinson, Tyler DeWitt
No: None
Abstain: None
Passed.

Mayor DeWitt closed the meeting at 7:25 p.m.

APPROVED ATTEST

NEOSHO CITY COUNCIL

_____ _____

Mayor City Clerk

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022
ITEM: BILL NO. 2022-57: ADCOMP AGREEMENT FOR PAYMENT KIOSK

ORIGINATING DEPARTMENT: Finance Department
ATTACHMENT:

1. **Bill No. 2022-57 AdComp RE payment kiosk**
2. **INDEPENDENT CONTRACTOR AGREEMENT final**
3. **Support Agreement 2022 Neosho AdComp 071222**
4. **Utility Payment Kiosk 071222**

PURPOSE:

To approve the agreement between the City of Neosho and Adcomp Systems, Inc for the purpose of providing a payment kiosk.

BACKGROUND:

The City of Neosho asked for bids for a payment kiosk. This agreement oversees the kiosk.

RECOMMENDATION:

Staff recommends approval of the agreement and authorize Mayor to execute.

COUNCIL BILL NO. 2022-57 ORDINANCE NO. 328-2022

AN ORDINANCE authorizing the City of Neosho, Missouri, to enter into an Agreement with AdComp Systems, Inc., a Texas Corporation, for the purpose of providing a payment kiosk and related support software for the not to exceed price of Fifty-Five Thousand Eight Hundred Forty and 80/100 Dollars ($55,840.80); and authorizing the Mayor to execute the same by and on behalf of the City of Neosho.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, as follows:

Section 1. That the Agreement by and between the City of Neosho, Missouri, and AdComp Systems, Inc., a Texas Corporation, for the purpose of providing a payment kiosk and related support software for the not to exceed price of Fifty-Five Thousand Eight Hundred Forty and 80/100 Dollars ($55,840.80), a true and accurate copy of said Agreement being attached hereto and incorporated as Exhibit "A," be and the same is hereby approved.

Section 2. That the Mayor of the City of Neosho, Missouri, is hereby authorized and directed to execute said Agreement by and on behalf of the City of Neosho.

PASSED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, this _____ day of _____, 2022, by a vote of _____.

_____
Tyler DeWitt, Mayor

ATTEST:

_____
Cheyenne Wright, City Clerk

APPROVED AS TO FORM:

_____
Jordan L. Paul, City Attorney

AdComp Systems Support Agreement

Terms & Conditions

The annual support provided by AdComp includes the following services:

1. AdComp offers 24-7 support. All support requests are responded to immediately to a maximum of 4-6 hours.

2. Online Remote Support: AdComp support staff relies on providing efficient support by logging in to the kiosk and troubleshooting the issues to fix any problem that may occur. AdComp has an alerting system that will also identify the problem and send email alerts and text message alerts to the customer and to AdComp's support staff for troubleshooting and fixing.

3. Software Updates: Any updates that are provided by third-party vendors (such as Windows Updates by Microsoft) shall be updated on the kiosk at no charge.

4. Troubleshooting and Repairs: AdComp shall strive to resolve all issues as soon as possible, usually within one or two business days. If the issue requires changes to the software (bug fixing) and/or hardware parts replacement it could take longer to remedy the issue. Hardware issues requiring a change of parts shall be handled through normal RMA procedures. Hardware parts under warranty shall be provided free of cost and free one-way return ground shipping. The customer will bear the cost of shipping the defective part back to AdComp. Estimates for parts not under warranty will be provided for approval prior to shipment. In most cases, replacement parts can be cross-shipped by AdComp.

5. Support Method: AdComp provides support by telephone and by remotely logging into the unit to troubleshoot any hardware or software issues. If the remote connection is not working or unavailable, the customer has to assist the technician to troubleshoot and fix the connectivity issue first. Once the connectivity is established the technicians will attempt to resolve the issue remotely. AdComp will provide technical support to the customer for replacement of parts that are shipped.

6. Real time Transaction reports: AdComp provides real time reports of all transactions and all activity that occurs on the kiosk.

7. Alerts: Alerts are set up to be sent out by email and text messaging for hardware/software malfunctions.

8. Statistical reports: AdComp provides statistical reports for all Credit Card, Cash, and Check transactions. These can be broken down per day, week or month.

9. Filtered Transaction reports: AdComp provides filtered and sorted transaction reports of Credit Card, Cash, and Check usage.

10. Detailed click logs: Adcomp maintains logs for every touch and every transaction is recorded. This is used for technical troubleshooting by AdComp's techs.

11. Cost of Annual Support Services: The cost of Annual Support services is calculated

at 20% of the initial cost of the kiosk hardware and software. This get's billed once the kiosk goes live. Annual support covers all of your real-time reporting, alerts, software updates, remote/phone/tech support.

12. Warranty: There is a one-year parts warranty on all hardware equipment.

13. Term and Renewal of Agreement: The Support Agreement is signed between the Customer and AdComp for a period of one year at the time the kiosk is ordered. The Support agreement begins on the date of which the kiosk does its first transaction. The Support Agreement is renewed automatically for subsequent one-year terms. At the end of each term, AdComp will invoice the customer for the next annual term. Either party may terminate this Agreement on thirty (30) days' written notice to the other party.

INDEPENDENT CONTRACTOR AGREEMENT

This AGREEMENT is entered into this _____ day of August 2022 (hereinafter "the Effective Date"), by and between the City of Neosho, Missouri (hereinafter "City"), and AdComp Systems, Inc., a Texas Corporation (hereinafter "Contractor"), and with City and Contractor being referred to collectively as "the Parties."

WHEREAS, City desires to engage an independent contractor for the purpose of providing a payment kiosk and related support software; and

WHEREAS, Contractor desires to be engaged as an independent contractor for the purpose of providing a payment kiosk and related support software.

NOW, THEREFORE, in exchange for valuable consideration each received from the other, the receipt and sufficiency of which is hereby acknowledged, the Parties do hereby agree as follows:

1. Term. The term of this Agreement is from the Effective Date for a period of one (1) year, unless terminated as provided herein. Thereafter, this Agreement shall automatically renew, on the same terms and conditions, for subsequent terms of one (1) year.

2. Contractor's Services. Contractor agrees to diligently perform in a professional and workmanlike manner the scope of services specified in Contractor's Bid, attached hereto and incorporated by reference as Exhibit A, and Contractor's Support Agreement, attached hereto and incorporated by reference as Exhibit B. Specifically, Contractor agrees to provide a payment kiosk and related support software.

3. Costs and Payment. It is agreed by the Parties that Contractor will be compensated for the foregoing Scope of Services as follows:

A. Contractor will be paid the not to exceed price of Forty-Six Thousand Seven Hundred Thirty-Four and 0/100 Dollars ($46,734.00) for the purchase and installation of a payment kiosk, due and payable on the Effective Date. This scope of work includes hardware, software, shipping and handling, debit card with PIN pad option, coin dispenser option, bill dispenser option, and outdoor enclosure option.

B. Contractor will be paid the not to exceed price of Nine Thousand One Hundred Forty-Six and 80/100 Dollars ($9,146.80) for related support software, due and payable on the Effective Date, and, if renewed, any anniversary dates thereafter. Contractor will also be paid the not to exceed price of Eighty and 00/100 Dollars ($80.00) per month for its ECommerce Gateway Fee.

4. Independent Contractor. This Agreement does not create an employer-employee relationship between the parties. Contractor is an independent contractor and is not entitled to any benefits including health, dental, vision, disability, life, and unemployment insurance, worker's compensation coverage, and LAGERS. Contractor is an independent contractor and not an

employee for all purposes including the application of the Fair Labor Standards Act Minimum Wage and Overtime Payments, Federal Insurance Contribution Act, Social Security Act, Federal Unemployment Tax Act, and the provisions of the Internal Revenue Code, Missouri Revenue and Taxation Laws, and Missouri's Worker Compensation Laws and Unemployment Insurance Laws.

5. Amendments. The covenants and obligations herein contained are the full and complete terms of this Agreement, and no alteration, amendments, or changes to such terms shall be binding unless first reduced to writing and executed with the same formality as this Agreement.

6. Assignment. This Agreement, including payment hereunder, shall not be sub-let, assigned, or otherwise disposed of, except with the prior written consent of the City.

7. Attorney's Fees and Expenses. Intentionally omitted.

8. Choice of Law and Venue. This Agreement has been made, and its validity, performance and effect shall be determined, in accordance with the laws of the State of Missouri and venue for litigation between the parties shall be solely and exclusively in Newton County, Missouri.

9. Compliance with Laws. Contractor shall observe and comply with all Federal, State, and local laws and ordinances that affect those employed or engaged by it on the project, or the material or equipment used, or the conduct of the work, and shall procure all necessary licenses, permits, and insurance.

10. Consequential Damages. In no event shall either party be liable to the other party for special, indirect, or consequential damages.

11. Contract Documents. The contract documents shall consist of the following: this Agreement, Contractor's Bid, and Contractor's Support Agreement. In the event of conflict between the contract documents, this Agreement will prevail. In the event of conflict between Contractor's Bid and Contractor's Support Agreement, Contractor's Bid will prevail.

12. Entire Agreement. This Agreement (including any Exhibits) contains the entire understanding of the parties with respect to the subject matter hereof. It may not be altered or amended except by an agreement in writing signed by both parties.

13. Headings. The headings of paragraphs in this Agreement are for convenience only. The headings form no part of this Agreement and shall not affect its interpretation.

14. Indemnification. Contractor hereby assumes all risk of, and responsibility for, and agrees to indemnify and save harmless City, from and against any and all claims, demands, suits, actions, recoveries, judgments, costs, and expenses, including reasonable attorney's fees and expenses, therewith made, brought or obtained on account of the loss of life or property or injury or damage to the person or property of any person or persons whomsoever, whether such person or persons be Contractor, its agents or employees, or City, its agents or employees, or any third-person in any way connected with the parties hereto, which loss of life or property, or injury or

damage to persons or property, shall be due to, or arise out of, result from, or be in any way connected with, this Agreement.

15. Insurance. Contractor shall secure and maintain at its own cost and expense, throughout the duration of this Agreement, insurance of such types and in such amounts as may be necessary to protect it and the interests of City against all hazards or risks of loss as hereunder specified or which may arise out of the performance of this Agreement. Such policies shall name City as an additional insured, with limits of liability not less than the sovereign immunity limits for Missouri public entities calculated by the Missouri Department of Insurance as of January 1 each calendar year and published annually in the Missouri Register pursuant to Section 537.610, RSMo. (See, http://insurance.mo.gov/industry/sovimmunity.php)

16. Notices. All notices required or permitted hereinunder and required to be in writing may be given by first class mail addressed to City and Contractor at the addresses as follows:

City of Neosho, Missouri
203 E. Main St.
Neosho, MO 64850

AdComp Systems, Inc.
1720 S. Edmonds Lane, Suite 201
Lewisville, TX 75067

17. Representations. The signatories hereto represent and warrant that they have read this Agreement, that they are fully authorized in the capacities shown, that they understand the terms of this Agreement, and that they are executing the same voluntarily and solely for the consideration described herein.

18. Severability. If any of the provisions of this Agreement shall be construed to be invalid or illegal, the legality or validity of the other provisions of this Agreement shall not be effected thereby. Any illegal or invalid provision of this Agreement shall be severable and any other provisions shall remain in full force and effect.

19. Termination. City may terminate this Agreement, without cause, by giving Contractor thirty (30) days' written notice of the same.

20. No Third-Party Beneficiaries. This Agreement shall not confer any rights or remedies upon any person other than the parties and their respective successors and permitted assigns.

21. Waiver. Waiver of any provision of this Agreement or breach of this Agreement shall not thereafter be deemed to be a consent by the waiving party to any further waiver, modification or breach by the other party, whether new or continuing, of the same or any other covenant, condition or provision of this Agreement. Failure by one of the parties to this Agreement to assert its rights for any breach of this Agreement shall not be deemed a waiver of such rights.

[Remainder of page intentionally left blank – signature page follows]

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the date shown below.

CITY OF NEOSHO, MISSOURI	ADCOMP SYSTEMS, INC.
_____	_____
Tyler DeWitt, Mayor	By: Mansur Plumber Its: authorized signatory

ATTEST:

_____
Cheyenne Wright, City Clerk

COVER LETTER

May 26th, 2022.

City Clerk,
Neosho City Hall
Utility Bill Payment Kiosk
203 E.Main Street
Neosho MO 64850

RE: Utility Bill Payment Kiosk

Greetings,

We are pleased to submit the attached proposal in response to the **Utility Bill Payment Kiosk RFP** for the City of Neosho, Missouri.

AdComp Systems currently has about 250 government agencies nationwide and a few outside of the US in the Caribbean Islands. We have been in business for the past 32 years. We are a payment focused technology company that has tight integrations with close to 58 billing software companies and processing companies. We are capable to integrate with almost any accounting and utility software.

Our kiosks are used in **Utility Departments, Tax, Court, RV park fees, Facility Rental, Campgrounds, Lakes** etc. We can take cash and Credit Card payments.We have a history of working with clients from all economies of scale. We are also a trusted provider of highly responsive services.

As requested, we have provided all the required/relevant documents and certifications in this proposal.
Should you have any questions regarding our proposal, please contact;

- Mansur Plumber - (972) 877-4070 or via email at mansur@adcompsystems.com
- Navin Raman - (469) 500-6666 or via email at navin.raman@adcompsystems.com

We look forward to working with the City of Lima, Ohio and ensure a successful and reliable service is provided.

Sincerely,

Mansur Plumber
CEO | AdComp Systems Inc.

BID FORM

Description: (To be completed by bidding party)

PAYMENT KIOSK

Price(s) for unit(s) meeting enclosed specifications:

F.O.B. Neosho, MO
Projected Shipping Date: $ 34,063.00

After delivery - payment made on third Tuesday of month delivered

I certify that this bid on stated piece(s) of equipment meets or exceeds the bid specifications (unless otherwise noted).

COMPANY: ADCOMP SYSTEMS INC.

SIGNED BY:

ADDRESS: 1720, S EDMONDS LN, STE 201, LEWISVILLE, 75067, TX

EMAIL: mansur@adcompsystems.com

PHONE: 972 877 4070

SCOPE OF WORK

4. Payment Processing

a.Describe your payment processing solution. Please describe settlement time/ processing time. How does your solution support our reconciliation? Do you have a preferred banking partner?

AdComp offers multiple flexible ways to process Card payments.
Option A: Client can have their own merchant account or
Option B: AdComp can be the merchant for the client.

Either ways we provide next day funding for all transactions that are settled prior to cutoff time.
Settlement time is configurable based on client's preference.
AdComp's solution provides a consolidated reporting system to the client which is online and available 24/7. This reconciliation module helps to reduce the time to reconcile transactions and also accurately track all the payments to the client's bank and their Billing software.
*As for preferred banking partner, AdComp's system integrates with *many major processors/banks but, we prefer Clearent (TSYS), FirstData, and OpenEdge because they have very competitive rates and AdComp can help the client manage their account seamlessly.*

b.Deposits / settlements. Please describe how your solution will deposit collected funds into a designated bank account

1. Deposits
AdComp will setup all the collected funds to be deposited for Next Day Funding.

2. Settlements
i) All the transactions that are submitted in the batch from the previous settlement day would be sent to the client's bank the following day.

ii) Transactions that are settled after the cut off time would be processed later at the next settlement cut off time (following day)

c. Fee structure. Describe your fees/rates for processing payments. How are fees presented to the end customer?

If City chooses to continue with the current merchant provider, the City will only be billed for the ECommerce Gateway Fees of $80/month (Includes either one POS or Kiosk and Ecommerce processing).

d.Multiple tender types. The successful proposer must have the ability to securely process credit card, debit card, ACH / check payments, and cash payments via payment kiosk. Please describe how you will meet these requirements. Please confirm the supported card brands for your kiosk, including the debit networks. (e.g. STAR, PULSE)

AdComp's kiosk will have an EMV credit card reader with the ability to accept credit and debit cards. All credit debit cards will be accepted that have either mastercard or VISA logo immaterial of the bank network. To process payments through debit networks a pin pad will be required on the kiosk and software modifications will be required which will add an additional $2000 to the price of the kiosk.
AdComp's check reader can convert paper checks to electronic checks and deposit to the client's bank account for $1 per check.

SCOPE OF WORK

4. Payment Processing

e. Full and partial payments. Can customers make full or partial payment toward their bill or account?

AdComp will set the parameters for acceptance of full and partial payment based on the client's preference.

f. Payment Account Limitation. Does your system support the ability for authorized staff members to configure the maximum or minimum payment amounts that can be accepted for a single transaction.

Yes.

g. Multiple debt types. Does your solution allow customers to pay for multiple bills on the same kiosk machine? For example, can you pay utility bills and property taxes on the same kiosk. Please describe this process. Do you have the ability to configure multiple settlement processes for each department or debt type?

AdComp's solution has the capabilities to accept multiple payments across multiple departments on the same kiosk.

After selecting one account the end customer will be prompted if they want to pay another account if yes, then they can select the department and add another account, then select another account / department and so on, building their shopping cart, then pay. AdComp will process one department's payment first then create a token to process the next department's payment, and print a receipt at the end of getting authorizations. (Assuming the 2 departments have separate merchant accounts).

2022 PRICING - JACK (OUTDOOR KIOSK)

Please complete & email or fax to us	
Company:	Neosho, MO (Utilities / Courts / RV Park)
Contact:	
Title:	
PO#:	
Email:	
Date:	
Signature:	

www.adcompsystems.com
877-275-7694 Fax: 877-767-9747
www.adcompsystems.com

No.	Item	Qty	Unit $	Price $	Remarks
1	JACK: With touchscreen, Receipt Printer, Cabinet, Bill Acceptor, CC Reader. Base Payment Kiosk Software to accept cash, credit cards & check payments	1	17245	17,245.00	Kiosk cabinets have the ability to be bolted to the floor or wall for added security.
2	Additional Department - Base Software	1	2700	2700.00	cost for ADDITIONAL department
	Upgrade to JACK Senior				
3	Advanced Payment Kiosk Software to lookup balance and update payments using software API or lockbox file.	2	4300	8,600.00	Charged per department. eg: utilities / courts etc. Your software management company may charge additional API or lockbox fees - we can't control that.
4	Check MICR Reader / Imager	1	2390	2,390.00	**Highly Recommended - For Utility Payments**
5	Bill Dispenser/Recycler - 2 denomination	0	2800	0.00	Only if bill change is to be given. *(OPTIONAL feature to be done prior to shipping)*
6	5 Denomination coin dispenser.	0	2371	0.00	**Not recommended unless you are accepting court fines and tax payments that have coins.**
7	Barcode Reader	1	785	785.00	**Recommended: If Barcode is on the bill stub.**
8	Outside Enclosure (weatherizing).	0	4500	0.00	Not required if installed through a wall.
9	Security Cameras - in the safe and outfacing	1	1143	1,143.00	4 port DVR and 3 cameras included
10	Remote Setup, configuration & training.	1	1200	1,200.00	Physical install of kiosk to be done by customer's contractor.
	Hardware / Software **Total**			$34,063.00	**Armored Car services is not included as part of this pricing model. Typically, our clients have a current standing relationship with an armored car service that they can use and add additional pick-up points (Kiosks) to their services. If the City of Lima needs armored car services more additional information is needed to accurately quote the cost for these additional armored car services.
	• Annual maintenance contract (20%) of invoice price ($34,063.00) is **$6,812.60** • All orders are confirmed with a 100% advance payment. • Credit Card Gateway fees will apply.				We are providing the RV park department at no cost. This is a $7000 value.
	• Shipping & Handling is **NOT Included.** (additional **$1,000.00** S&H cost per kiosk)				City of Neosho, MO will provide Power & Internet in the location

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022
ITEM: BENTON DOG PARK

ORIGINATING DEPARTMENT: Parks and Recreation Department
ATTACHMENT:
1. Bid Packet Benton Dog Park

PURPOSE:
Staff would like to request Council to reject the bid received.

BACKGROUND:
The city has been working on the development of a dog park for citizens to utilize within our parks. The bids were sent out for the park to be constructed on the old Benton school property. Within this bid, a shelter was also constructed with a fenced dog park. It is our recommendation this be rejected and after meeting with staff, relocate it to an area where all amenities are available to be utilized. The area selected for this is Scenic Park near the pavilion, which will also allow a water station to be placed and dog features within the area being built.

RECOMMENDATION:
Staff recommends the bid to be rejected and funds be moved to the upcoming fiscal year to be utilized.

City of Neosho
203 E. Main St.
Neosho, MO 64850
(417) 451-8050 phone
(417) 451-8065 fax
www.neoshomo.org

RE: INVITATION TO BID

To Whom It May Concern:

Enclosed you will find an invitation to bid on services or equipment for the City of Neosho. The invitation to bid is self-explanatory.
Benton Park, Neosho Missouri.

Benton Dog Park
Construction Specifications for a one (1) acre dog park in Benton Park, Neosho, Missouri. Two sides of this dog park will utilize the existing park boundary fence. The other two sides and interior fencing must be constructed. The new fence will be a 4-foot-high chain link fence. Total length of fence to be built is 763 feet.
This will include.
3 - four feet wide walk-through gates
3 – twelve-foot-wide access gates
1 – 20 X 30-foot steel pavilion
Bid is to include all labor and materials to construct this dog park.
Construction must be completed by 9-20-2022.

☐ Section 605.040 **Certain Insurance Policies, Etc., Required Before Issuance of Licenses for Plumbers, Electricians, Contractors and Subcontractors.**

[CC 1979 §15-19; Ord. No. 87-13, 6-16-1987; Ord. No. 511-2012 §1, 8-7-2012]

A. In addition to payment of the license fees required of plumbers, electricians and general and special contractors and subcontractors in Section **605.010**, before a plumber's, electrician's or general or special subcontractor's license may be issued to any applicant, each applicant shall produce for the inspection and approval of the City Collector the following policies of insurance together with receipts showing the premiums fully paid for the period for which the license is sought:

1. Bodily injury insurance liability coverage of twenty-five thousand dollars ($25,000.00) per incident.
2. Property damage, twenty-five thousand dollars ($25,000.00).
3. *Bonding requirements.*
   a. If a contractor performs work within the City limits of Neosho, a license and permit bond, ten thousand dollars ($10,000.00).
   b. Unless otherwise provided, if a contractor performs work for the City of Neosho, a performance bond running to the City, ten thousand dollars ($10,000.00).

The City of Neosho retains the right to refuse any or all bids or any of the three parts of this bid for this work.

Anyone working within the City of Neosho, should be licensed with the City of Neosho.

If you have any questions, feel free to contact our office.

Thank you,

Clint Dalbom
Neosho Parks Director

City of Neosho
203 E. Main St.
Neosho, MO 64850
(417) 451-8050 phone
(417) 451-8065 fax
www.neoshomo.org

Bid packets mailed to the following vendors for BIDS:

Quality Fencing Company
Russell Thomas
361 Coyote Lane
Anderson, MO 64831

Above Par Fencing
8119 Hwy W
Pierce City, MO 65723

Stafford Fencing Company
802 Spencer Drive
Neosho, MO 64850

Bales Construction
2601 N. LeCompte Road
Springfield, MO 65803

Branco Enterprises INC
12033 Hwy 86
PO Box 459
Neosho, MO 64850

Marion Company LLC
12451 Hwy 59
Neosho, MO 64850

INSTRUCTIONS TO BIDDERS

The City of Neosho, Missouri will accept sealed bids until the bid opening at 1:00 pm**, July 29, 2022,** at the office of the City Of Neosho ATTN: City Clerk, 203 E Main St, Neosho, MO 64850. The bid will be for the following item(s):

The bid packet is for:

Benton Dog Park

Construction Specifications for a one (1) acre dog park in Benton Park, Neosho, Missouri.
Two sides of this dog park will utilize the existing park boundary fence. The other two sides and interior fencing must be constructed. The new fence will be a 4-foot-high chain link fence.
Total length of fence to be built is 763 feet.
This will include.
3 - four feet wide walk-through gates
3 – twelve-foot-wide access gates
1 – 20 X 30-foot steel pavilion
Construction will need to be completed by 9-20-2022.

The City of Neosho retains the right to refuse any or all bids for this work.

Anyone working within the City of Neosho, should be licensed with the City of Neosho.

If you have any questions, feel free to contact our office.

Sealed bid envelopes are to be marked: **Benton Dog Park Bid**

Questions concerning the specifications and bid procedure should be directed to Clint Dalbom,

203 East Main Street, Neosho, MO 64850

*Missouri Prevailing Wage Rate Applies No
A copy of the Missouri Prevailing Wage Rate is attached No
***HB 1729 Prevailing Wage

The City reserves the right to reject any or all bids and to accept any of the three parts of this bid.

Thank you,

Clint Dalbom
Neosho Parks Director

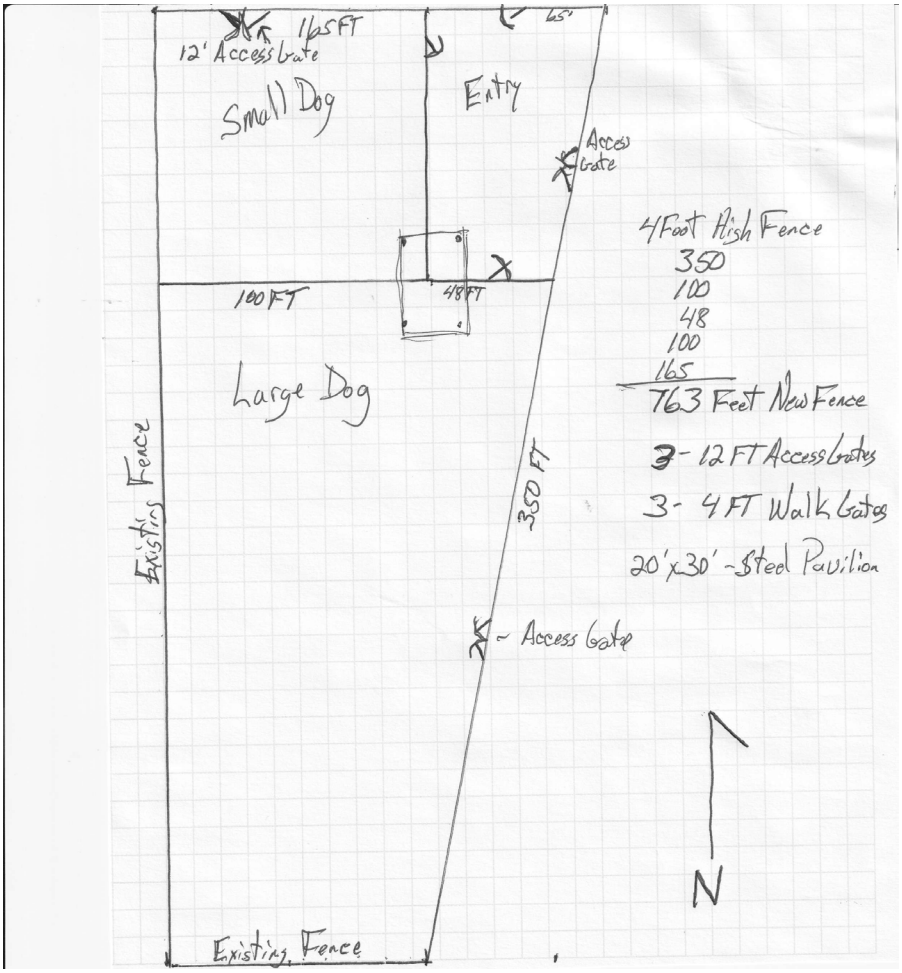
SPECIFICATIONS

SCOPE OF WORK

Benton Dog Park

Construction Specifications for a one (1) acre dog park in Benton Park, Neosho, Missouri. Two sides of this dog park will utilize the existing park boundary fence. The other two sides and interior fencing must be constructed. The new fence will be a 4-foot-high chain link fence. Total length of fence to be built is 763 feet.
This will include.
3 - four feet wide walk-through gates
3 – twelve-foot-wide access gates
1 – 20 X 30-foot steel pavilion
This bis is to include all labor and materials to be used in the construction of this dog park.

Construction must be completed by 9-20-2020.



The City of Neosho retains the right to refuse any or all bids or any of the three parts of this bid for this work.

BID FORM

Description: (To be completed by bidding party)

Bid # 1 _____

_____

_____

_____

_____

_____

_____

Price and payment schedule for management work meeting enclosed specifications:

COMPANY: _____

BY: _____

CITY OF NEOSHO
AFFIDAVIT of COMPLIANCE
Section 285.530.2

State of Missouri) ss

County of _____)

Now this ___day of _____ , 20__, the undersigned, being first duly sworn, deposes and says:

1. I am more than 18 years of age.

2. I make this affidavit from my personal knowledge of the facts stated herein or upon information and facts available to me as a duly authorized owner, partner, corporate or LLC officer or Human Relations Director of

_____ (name of Corporation, LLC, sole proprietorship or partnership)

3. I am authorized to make this affidavit on behalf of

_____. (name of business entity, same as above)

4. I state and affirm that_____is enrolled and is (name of business entity, same as above) currently participating in E-Verify, a federal work authorization program or another equivalent electronic verification of work authorization program operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986.

5. Further, _____does not knowingly employ any person
(name of business entity, same as above)
who is an unauthorized alien.

6. Further, _____ has performed an electronic
(name of business entity, same as above)
verification check as described above on all workers hired since January 1, 2009 or obtained documents required for completion of a federal I-9 form before it began participating in E-Verify.

7. Attached to this affidavit is a true and accurate copy of this company's Memorandum of Understanding with the United States concerning the use of E-Verify.

I certify under penalty of perjury that the statements above are complete, true and accurate to the best of my knowledge and belief.

_____
Authorized Agent, Partner, Owner or Officer

If business has a Human Relations Director or equivalent that person must sign as an affiant as well.

I certify under penalty of perjury that the statements above are complete, true and accurate to the best of my knowledge and belief.

_____
Human Relations Director

This form is promulgated pursuant to 15CSR 60-15-.020. Use of this form is not required but the Attorney General has deemed this affidavit sufficient in form to satisfy the requirements of section 285.540, RSMo., Supp. 2008

FURTHER THE AFFIANT SAYETH NOT

_____

(Signature)

On this ____ day of _____ in the year 20___ , before me, _____ a Notary Public in and for said State, personally appeared _____, known to me to be the person who executed the within affidavit, and acknowledged to me that he/she executed the same for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the county and State aforesaid, the day and year first above written.

_____

Notary Public

My Commission Expires

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022

ITEM: BILL NO. 2022-61: FY23 PROPERTY TAX, UNDER EMERGENCY MEASURE 1ST, 2ND & 3RD READINGS

ORIGINATING DEPARTMENT: City Clerk

ATTACHMENT: None

PURPOSE:

TO ADOPT AN ORDINANCE SETTING THE REAL PROPERTY TAX LEVY CEILING AS AUTHORIZED PER RSMO SECTION 137.073 AND ARTICLE X, SECTION 22 OF THE CONSTITUTION OF THE STATE OF MISSOURI AT **.3523/100** OF ASSESSED VALUATION. REVENUE DERIVED FROM THIS TAX SHALL BE USED TO SUPPORT THE CITY OF NEOSHO'S GENERAL GOVERNMENT FINANCIAL OBLIGATION.

BACKGROUND:

OCTOBER 1, 2017 - SEPTEMBER 30, 2018: $0.3603
OCTOBER 1, 2018 - SEPTEMBER 30, 2019: $0.3603
OCTOBER 1, 2019 - SEPTEMBER 30, 2020: $0.3529
OCTOBER 1, 2020 - SEPTEMBER 30, 2021: $0.3639
OCTOBER 1, 2021 - SEPTEMBER 30, 2022: $0.3523

RECOMMENDATION:

STAFF RECOMMENDS COUNCIL APPROVE BILL NO. 2022-61 FOR ORDINANCE NO. 332-2022 FOR 1ST, 2ND AND 3RD READINGS UNDER EMERGENCY MEASURE.

AN ORDINANCE OF THE CITY OF NEOSHO, MISSOURI, PROVIDING FOR THE RATE OF TAXATION AND THE LEVY AND COLLECTION OF TAXES FOR REAL PROPERTY ASSESSMENT FOR THE FISCAL YEAR COMMENCING OCTOBER 1, 2022, UNDER EMERGENCY MEASURE.

WHEREAS, the City Council of the City of Neosho finds it necessary to levy a real property tax for the necessary expenses of the city government; and

WHEREAS, such tax has been established to be Thirty-Five and Twenty-Three One-Hundredths Cents ($0.3523)

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF NEOSHO, AS FOLLOWS:

SECTION 1. That for the purpose of providing for the necessary expenses of the city government of the City of Neosho, Missouri, for the Fiscal Year commencing October 1, 2022, the rate of taxation is hereby established and there is hereby levied upon all real property within the City of Neosho, Missouri, liable for taxation and ordered to be collected in the manner prescribed by law, a tax of Thirty-Five and Twenty-Three One-Hundredths Cents ($0.3523) on each One Hundred Dollars ($100.00) valuation.

SECTION 2. That the money derived from the real property collection of taxes in the amount of Thirty-Five and Twenty-Three One-Hundredths Cents ($0.3523) upon each One Hundred Dollars ($100.00) **valuation**, as provided in Section One (1) of this Ordinance, shall be used for General and General Public Safety expense purposes of the City of Neosho, Missouri, for the Fiscal Year commencing October 1, 2022, in accordance with RSMo Section 137.073 and Article X, Section 22 of the Constitution of the State of Missouri.

SECTION 3. That no demand for taxes on real property shall be necessary, but it is the duty of every person subject to taxation to attend at the office of the Collector of the County of Newton at some time after the effective date of this Ordinance on or before the First (1st) day of January 2023, and pay taxes; and if anyone neglects to pay them before the First (1st) day of January 2023, the same shall be delinquent and shall be assessed the same delinquent fees and interest charges as authorized by the State of Missouri for delinquent county taxes.

SECTION 4. This Ordinance is being passed under emergency measure due to it fixing the tax rate and assessment for Fiscal Year commencing October 1, 2022.

SECTION 5. That this Ordinance be, and hereby is, effective upon passage.

APPROVED after final passage this 16th day of August 2022.

ATTEST: **CITY OF NEOSHO, CITY COUNCIL**

_____ _____

Clerk **Mayor**

APPROVED:

_____

City Attorney

TAX LEVY REPORT OF THE CITY CLERK TO THE NEWTON COUNTY CLERK

CITY OF: Neosho, Missouri **DATE: _____**

I CITY CLERK of _____, do hereby certify that the following is a true list of the rates of levy for general revenue and other purposes for the year 2023.

FOR GENERAL & MAINTENANCE PURPOSES ONLY	RATE	FOR BOND SINKING AND INTEREST	RATE
City General Fund		Water	
Additional General Rate Voted		Light	
Library		Park	
Park		Streets	
Bond		Sewer	
Street Lights			
Water			
Sewer			
TOTAL	$	TOTAL	$

TOTAL RATE FOR ALL PURPOSES $ _____

_____
CITY CLERK

This information is a statutory requirement Under section 67.110 RSMo. 1978

****Please complete this form and return it to the Newton County Clerk, P.O. Box 488, Neosho, MO 64850.**

The County Clerk uses this certificate as their authority for extending City tax levies against the property of the railroad and utility companies carried on the RAILROAD TAX BOOK. Without it the extension of taxes against this type of property cannot be made.

*****PURSUANT TO RSMo 137.720 (3), and 137.722 any taxing entity collecting its own taxes shall forward to the Newton County Treasurer 1 1/2% of all collections, to be deposited in the assessment fund of the county. ****

NICOLE GALLOWAY, CPA
Missouri State Auditor

MEMORANDUM

August 05, 2022

TO: 09-073-0008 City of Neosho

RE: Setting of 2022 Property Tax Rates

The following are the tax rate computational forms that have been reviewed. Please follow the steps below to complete the process of setting your 2022 Property Tax Rate(s).

1. **Lines G - BB on the Summary Page should be completed** to show the actual tax rate(s) to levy.
2. Please **sign and date the Summary Page.**
3. Please **submit the finalized tax rate forms ready for certification to the County Clerk of each county** that your political subdivision resides in. The County Clerk must also sign the Summary Page and indicate the proposed tax rate to be entered on the tax books before submitting rate(s) to the State Auditor's Office for final review and certification.

If the attached calculation differs from the questionnaire submitted for review, please review the following line items for the reason(s) for the difference.

- **Form A, Line 2b - New Construction & Improvements - Personal Property**

  Section 137.073.4, RSMo, states that the aggregate increase in valuation of personal property for the current year over that of the previous year is the equivalent of the new construction and improvements factor for personal property.

- **Form A, Line 5 - Prior Year Assessed Valuation**

  If the 2022 questionnaire has a different amount on Form A, Line 5 than was previously submitted, we had to revise the 2021 calculation for this change. The revised 2021 tax rate ceiling is listed on the 2022 Summary Page, Line A. Your primary County Clerk should forward a copy of the revised 2021 calculation; please keep this form for your files.

- **(SCHOOL DISTRICTS ONLY) Form A, Line 14**

  We revised the information the school district submitted on Line 14 to the amount computed by the Department of Elementary and Secondary Education (DESE).

If you have any questions about the enclosed forms, please contact the local government section at (573-751-4213.)

P.O. Box 869 • Jefferson City, MO 65102 • (573) 751-4213 • FAX (573) 751-7984

PRO FORMA - STATE AUDITOR'S REVIEW OF DATA SUBMITTED 8/5/2022

Form A (2022)

For Political Subdivisions Other Than School Districts Levying a Single Rate on All Property

City of Neosho	09-073-0008	General Revenue
Name of Political Subdivision	Political Subdivision Code	Purpose of Levy

The final version of this form MUST be sent to the county clerk.

Computation of reassessment growth and rate for compliance with Article X, Section 22, and Section 137.073, RSMo.

Information on this page takes into consideration any voluntary reduction(s) taken in previous even numbered year(s). If in an even numbered year, the political subdivision wishes to no longer use the lowered tax rate ceiling to calculate its tax rate, it can hold a public hearing and pass a resolution, a policy statement, or an ordinance justifying its action prior to setting and certifying its tax rate. The information in the Informational Data, at the end of these forms, provides the rate that would be allowed had there been no previous voluntary reduction(s) taken in an even numbered year(s).

	For Political Subdivision Use in Calculating its Tax Rate
9. **Percentage increase in adjusted valuation** of existing property in the current year over the prior year's assessed valuation (Line 4 - Line 8 / Line 8 x 100)	0.5244%
10. **Increase in Consumer Price Index (CPI)** certified by the State Tax Commission	7.0000%
11. **Adjusted prior year assessed valuation** (Line 8)	131,272,323
12. **(2021) Tax rate ceiling from prior year** (Summary Page, Line A)	0.3523
13. **Maximum prior year adjusted revenue** from property that existed in both years (Line 11 x Line 12 / 100)	462,472
14. **Permitted reassessment revenue growth** The percentage entered on Line 14 should be the lower of the actual growth (Line 9), the CPI (Line 10) or 5%. A negative figure on Line 9 is treated as a 0 for Line 14 purposes. Do not enter less than 0 or more than 5%.	0.5244%
15. **Additional revenue permitted** (Line 13 x Line 14)	2,425
16. **Total revenue permitted in current year *** from property that existed in both years (Line 13 + Line 15)	464,897
17. **Adjusted current year assessed valuation** (Line 4)	131,960,779
18. **Maximum tax rate permitted by Article X, Section 22, and Section 137.073, RSMo** (Line 16 / Line 17 x 100) Round a fraction to the nearest one/one hundreth of a cent. **Enter this rate on the Summary Page, Line B**	0.3523

* To compute the total property tax revenues billed for the current year (including revenues from all new construction and improvements and annexed property), multiply Line 1 by the rate on Line 18 and divide by 100. The property tax revenues billed would be used in estimating budgeted revenues.

PRO FORMA - STATE AUDITOR'S REVIEW OF DATA SUBMITTED

8/5/2022

Summary Page

(2022)

For Political Subdivisions Other Than School Districts Levying a Single Rate on All Property

City of Neosho	09-073-0008	General Revenue
Name of Political Subdivision	Political Subdivision Code	Purpose of Levy

The final version of this form MUST be sent to the county clerk.

The information to complete the Summary Page is available from prior year forms, computed on the attached forms, or computed on this page. Information on this page takes into consideration any voluntary reduction(s) taken in previous even numbered year(s). If in an even numbered year, the political subdivision wishes to no longer use the lowered tax rate ceiling to calculate its tax rate, it can hold a public hearing and pass a resolution, a policy statement, or an ordinance justifying its action prior to setting and certifying its tax rate. The information in the Informational Data, at the end of these forms, provides the rate that would be allowed had there been no previous voluntary reduction(s) taken in an even numbered year(s).

		For Political Subdivision Use in Calculating its Tax Rate
A.	**Prior year tax rate ceiling** as defined in Chapter 137, RSMo, revised if the prior year data changed or a voluntary reduction was taken in a non-reassessment year (Prior year Summary Page, Line F minus Line H in odd numbered year or prior year Summary Page, Line F in even numbered year)	0.3523
B.	**Current year rate computed** pursuant to Article X, Section 22, of the Missouri Constitution and Section 137.073, RSMo, if no voter approved increase (Form A, Line 18)	0.3523
C.	**Amount of rate increase authorized by voters for current year** if same purpose. (Form B, Line 7)	
D.	**Rate to compare to maximum authorized levy to determine tax rate ceiling** (Line B if no election, otherwise Line C)	0.3523
E.	**Maximum authorized levy** the most recent voter approved rate	1.0000
F.	**Current year tax rate ceiling** maximum legal rate to comply with Missouri laws Political subdivisions tax rate (Lower of Line D or E)	0.3523
G1.	**Less required sales tax reduction** taken from tax rate ceiling (Line F), if applicable	
G2.	**Less 20% required reduction 1st class charter county political subdivision NOT submitting an estimated non-binding tax rate to the county(ies)** taken from tax rate ceiling (Line F)	
H.	**Less voluntary reduction by political subdivision** taken from the tax rate ceiling (Line F) WARNING: A voluntary reduction taken in an even numbered year will lower the tax rate ceiling for the following year.	
I.	**Plus allowable recoupment rate** added to tax rate ceiling (Line F) If applicable, attach Form G or H.	
J.	**Tax rate to be levied** (Line F - Line G1 - Line G2 - Line H + Line I)	
AA.	**Rate to be levied for debt service,** if applicable (Form C, Line 10)	
BB.	**Additional special purpose rate authorized by voters** after the prior year tax rates were set. (Form B, Line 7 if a different purpose)	

Certification

I, the undersigned, _____ (Office) of _____ (Political Subdivision) levying a rate in _____ (County(ies)) do hereby certify that the data set forth above and on the accompanying forms is true and accurate to the best of my knowledge and belief.

Please complete Line G through BB, sign this form, and return to the county clerk(s) for final certification.

(Date)	(Signature)	(Print Name)	(Telephone)

Proposed rate to be entered on tax books by county clerk

based on certification from the political subdivision: Lines J _____ AA _____ BB _____

Section 137.073.7 RSMo, states that no tax rate shall be extended on the tax rolls by the county clerk unless the political subdivision has complied with the foregoing provisions of this section.

(Date)	(County Clerk's Signature)	(County)	(Telephone)

PRO FORMA - STATE AUDITOR'S REVIEW OF DATA SUBMITTED 8/5/2022

Form A (2022)

For Political Subdivisions Other Than School Districts Levying a Single Rate on All Property

City of Neosho	09-073-0008	General Revenue
Name of Political Subdivision	Political Subdivision Code	Purpose of Levy

The final version of this form MUST be sent to the county clerk.

Computation of reassessment growth and rate for compliance with Article X, Section 22, and Section 137.073, RSMo.

1. **(2022) Current year assessed valuation**

   Include the current state and locally assessed valuation obtained from the county clerk, county assessor, or comparable office finalized by the local board of equalization.

   (a) 134,299,039 (Real Estate) + (b) 0 (Personal Property) = 134,299,039 (Total)

2. **Assessed valuation of new construction & improvements**

   2(a) - Obtained from the county clerk or county assessor

   2(b) - increase in personal property, use the formula listed under Line 2(b)

   (a) 2,338,260 (Real Estate) + (b) 0 (Line 1(b) - 3(b) - 5(b) + 6(b) + 7(b) **If Line 2b is negative, enter zero**) = 2,338,260 (Total)

3. **Assessed value of newly added territory** obtained from the county clerk or county assessor

   (a) 0 (Real Estate) + (b) 0 (Personal Property) = 0 (Total)

4. **Adjusted current year assessed valuation** (Line 1 total - Line 2 total - Line 3 total) 131,960,779

5. **(2021) Prior year assessed valuation**

   Include prior year state and locally assessed valuation obtained from the county clerk, county assessor, or comparable office finalized by the local board of equalization.

   NOTE: If this is different than the amount on the prior year Form A, Line 1, then revise the prior year tax rate form to recalculate the prior year tax rate ceiling. Enter the revised prior year tax rate ceiling on this year's Summary Page, Line A.

   (a) 131,272,323 (Real Estate) + (b) 0 (Personal Property) = 131,272,323 (Total)

6. **Assessed value of newly separated territory** obtained from the county clerk or county assessor

   (a) 0 (Real Estate) + (b) 0 (Personal Property) = 0 (Total)

7. **Assessed value of property locally assessed in prior year, but state assessed in current year** obtained from the county clerk or county assessor

   (a) 0 (Real Estate) + (b) 0 (Personal Property) = 0 (Total)

8. **Adjusted prior year assessed valuation** (Line 5 total - Line 6 total - Line 7 total) 131,272,323

PRO FORMA - STATE AUDITOR'S REVIEW OF DATA SUBMITTED

8/5/2022

Summary Page

(2022)

For Political Subdivisions Other Than School Districts Levying a Single Rate on All Property

City of Neosho	09-073-0008	Parks & Recreation
Name of Political Subdivision	Political Subdivision Code	Purpose of Levy

The final version of this form MUST be sent to the county clerk.

The information to complete the Summary Page is available from prior year forms, computed on the attached forms, or computed on this page. Information on this page takes into consideration any voluntary reduction(s) taken in previous even numbered year(s). If in an even numbered year, the political subdivision wishes to no longer use the lowered tax rate ceiling to calculate its tax rate, it can hold a public hearing and pass a resolution, a policy statement, or an ordinance justifying its action prior to setting and certifying its tax rate. The information in the Informational Data, at the end of these forms, provides the rate that would be allowed had there been no previous voluntary reduction(s) taken in an even numbered year(s).

		For Political Subdivision Use in Calculating its Tax Rate
A.	**Prior year tax rate ceiling** as defined in Chapter 137, RSMo, revised if the prior year data changed or a voluntary reduction was taken in a non-reassessment year (Prior year Summary Page, Line F minus Line H in odd numbered year or prior year Summary Page, Line F in even numbered year)	0.0000
B.	**Current year rate computed** pursuant to Article X, Section 22, of the Missouri Constitution and Section 137.073, RSMo, if no voter approved increase (Form A, Line 18)	0.0000
C.	**Amount of rate increase authorized by voters for current year** if same purpose. (Form B, Line 7)	
D.	**Rate to compare to maximum authorized levy to determine tax rate ceiling** (Line B if no election, otherwise Line C)	0.0000
E.	**Maximum authorized levy** the most recent voter approved rate	0.2000
F.	**Current year tax rate ceiling** maximum legal rate to comply with Missouri laws Political subdivisions tax rate (Lower of Line D or E)	0.0000
G1.	**Less required sales tax reduction** taken from tax rate ceiling (Line F), if applicable	
G2.	**Less 20% required reduction 1st class charter county political subdivision NOT submitting an estimated non-binding tax rate to the county(ies)** taken from tax rate ceiling (Line F)	
H.	**Less voluntary reduction by political subdivision** taken from the tax rate ceiling (Line F) WARNING: A voluntary reduction taken in an even numbered year will lower the tax rate ceiling for the following year.	
I.	**Plus allowable recoupment rate** added to tax rate ceiling (Line F) If applicable, attach Form G or H.	
J.	**Tax rate to be levied** (Line F - Line G1 - Line G2 - Line H + Line I)	
AA.	**Rate to be levied for debt service,** if applicable (Form C, Line 10)	
BB.	**Additional special purpose rate authorized by voters** after the prior year tax rates were set. (Form B, Line 7 if a different purpose)	

Certification

I, the undersigned, _____ (Office) of _____ (Political Subdivision) levying a rate in _____ (County(ies)) do hereby certify that the data set forth above and on the accompanying forms is true and accurate to the best of my knowledge and belief.

Please complete Line G through BB, sign this form, and return to the county clerk(s) for final certification.

(Date)	(Signature)	(Print Name)	(Telephone)

Proposed rate to be entered on tax books by county clerk

based on certification from the political subdivision: Lines J _____ AA _____ BB _____

Section 137.073.7 RSMo, states that no tax rate shall be extended on the tax rolls by the county clerk unless the political subdivision has complied with the foregoing provisions of this section.

(Date)	(County Clerk's Signature)	(County)	(Telephone)

PRO FORMA - STATE AUDITOR'S REVIEW OF DATA SUBMITTED

8/5/2022

Form A

(2022)

For Political Subdivisions Other Than School Districts Levying a Single Rate on All Property

City of Neosho	09-073-0008	Parks & Recreation
Name of Political Subdivision	Political Subdivision Code	Purpose of Levy

The final version of this form MUST be sent to the county clerk.

Computation of reassessment growth and rate for compliance with Article X, Section 22, and Section 137.073, RSMo.

1. **(2022) Current year assessed valuation**

   Include the current state and locally assessed valuation obtained from the county clerk, county assessor, or comparable office finalized by the local board of equalization.

   (a) 134,299,039 (Real Estate) + (b) 0 (Personal Property) = 134,299,039 (Total)

2. **Assessed valuation of new construction & improvements**

   2(a) - Obtained from the county clerk or county assessor

   2(b) - increase in personal property, use the formula listed under Line 2(b)

   (a) 2,338,260 (Real Estate) + (b) 0 (Line 1(b) - 3(b) - 5(b) + 6(b) + 7(b) **If Line 2b is negative, enter zero**) = 2,338,260 (Total)

3. **Assessed value of newly added territory** obtained from the county clerk or county assessor

   (a) 0 (Real Estate) + (b) 0 (Personal Property) = 0 (Total)

4. **Adjusted current year assessed valuation** (Line 1 total - Line 2 total - Line 3 total) 131,960,779

5. **(2021) Prior year assessed valuation**

   Include prior year state and locally assessed valuation obtained from the county clerk, county assessor, or comparable office finalized by the local board of equalization.

   NOTE: If this is different than the amount on the prior year Form A, Line 1, then revise the prior year tax rate form to recalculate the prior year tax rate ceiling. Enter the revised prior year tax rate ceiling on this year's Summary Page, Line A.

   (a) 131,272,323 (Real Estate) + (b) 0 (Personal Property) = 131,272,323 (Total)

6. **Assessed value of newly separated territory** obtained from the county clerk or county assessor

   (a) 0 (Real Estate) + (b) 0 (Personal Property) = 0 (Total)

7. **Assessed value of property locally assessed in prior year, but state assessed in current year** obtained from the county clerk or county assessor

   (a) 0 (Real Estate) + (b) 0 (Personal Property) = 0 (Total)

8. **Adjusted prior year assessed valuation** (Line 5 total - Line 6 total - Line 7 total) 131,272,323

PRO FORMA - STATE AUDITOR'S REVIEW OF DATA SUBMITTED 8/5/2022

Form A (2022)

For Political Subdivisions Other Than School Districts Levying a Single Rate on All Property

City of Neosho	09-073-0008	Parks & Recreation
Name of Political Subdivision	Political Subdivision Code	Purpose of Levy

The final version of this form MUST be sent to the county clerk.

Computation of reassessment growth and rate for compliance with Article X, Section 22, and Section 137.073, RSMo.

Information on this page takes into consideration any voluntary reduction(s) taken in previous even numbered year(s). If in an even numbered year, the political subdivision wishes to no longer use the lowered tax rate ceiling to calculate its tax rate, it can hold a public hearing and pass a resolution, a policy statement, or an ordinance justifying its action prior to setting and certifying its tax rate. The information in the Informational Data, at the end of these forms, provides the rate that would be allowed had there been no previous voluntary reduction(s) taken in an even numbered year(s).

	For Political Subdivision Use in Calculating its Tax Rate
9. **Percentage increase in adjusted valuation** of existing property in the current year over the prior year's assessed valuation (Line 4 - Line 8 / Line 8 x 100)	0.5244%
10. **Increase in Consumer Price Index (CPI)** certified by the State Tax Commission	7.0000%
11. **Adjusted prior year assessed valuation** (Line 8)	131,272,323
12. **(2021) Tax rate ceiling from prior year** (Summary Page, Line A)	0.0000
13. **Maximum prior year adjusted revenue** from property that existed in both years (Line 11 x Line 12 / 100)	0
14. **Permitted reassessment revenue growth** The percentage entered on Line 14 should be the lower of the actual growth (Line 9), the CPI (Line 10) or 5%. A negative figure on Line 9 is treated as a 0 for Line 14 purposes. Do not enter less than 0 or more than 5%.	0.5244%
15. **Additional revenue permitted** (Line 13 x Line 14)	0
16. **Total revenue permitted in current year *** from property that existed in both years (Line 13 + Line 15)	0
17. **Adjusted current year assessed valuation** (Line 4)	131,960,779
18. **Maximum tax rate permitted by Article X, Section 22, and Section 137.073, RSMo** (Line 16 / Line 17 x 100) Round a fraction to the nearest one/one hundreth of a cent. **Enter this rate on the Summary Page, Line B**	0.0000

* To compute the total property tax revenues billed for the current year (including revenues from all new construction and improvements and annexed property), multiply Line 1 by the rate on Line 18 and divide by 100. The property tax revenues billed would be used in estimating budgeted revenues.

PRO FORMA - STATE AUDITOR'S REVIEW OF DATA SUBMITTED

8/5/2022

Informational Data

(2022)

For Political Subdivisions Other Than School Districts Levying a Single Rate on All Property

City of Neosho	09-073-0008	Parks & Recreation
Name of Political Subdivision	Political Subdivision Code	Purpose of Levy

This page shows the information that would have been on the line items for the Summary Page, Form A, and/or Form B had no voluntary reduction(s) been taken in prior even numbered year(s). The information on this page should not be used in the current year unless the taxing authority wishes to reverse any voluntary reduction(s) taken in prior even numbered year(s) and follows the following steps in an even numbered year.

Step 1 The governing body should hold a public hearing and adopt a resolution, a policy statement, or an ordinance justifying its action prior to setting and certifying its tax rate.

Step 2 Submit a copy of the resolution, policy statement, or ordinance to the State Auditor's Office for review.

		Based on Prior Year Tax Rate Ceiling as if No Voluntary Reductions were Taken
Informational Summary Page		
A.	**Prior year tax rate ceiling** (Prior year Informational Summary Page, Line F)	0.1631
B.	**Current year rate computed** (Informational Form A, Line 18 below)	0.1631
C.	**Amount of increase authorized by voters for current year** (Informational Form B, Line 7 below)	
D.	**Rate to compare to maximum authorized levy** (Line B if no election, otherwise Line C)	0.1631
E.	**Maximum authorized levy** most recent voter approved rate	0.2000
F.	**Tax rate ceiling if no voluntary reductions were taken in a prior even numbered year** (Lower of Line D or E)	0.1631
Informational Form A		
9.	**Percentage increase in adjusted valuation** (Form A, Line 4 - Line 8 / Line 8 x 100)	0.5244%
10.	**Increase in Consumer Price Index (CPI)** certified by the State Tax Commission	7.0000%
11.	**Adjusted prior year assessed valuation** (Form A, Line 8)	131,272,323
12.	**(2021) Tax rate ceiling from prior year** (Informational Summary Page, Line A from above)	0.1631
13.	**Maximum prior year adjusted revenue** from property that existed in both years (Line 11 x Line 12 / 100)	214,105
14.	**Permitted reassessment revenue growth** The percentage entered on Line 14 should be the lower of the actual growth (Line 9), the CPI (Line 10), or 5%. A negative figure on Line 9 is treated as a 0 for Line 14 purposes. Do not enter less than 0, nor more than 5%.	0.5244%
15.	**Additional reassessment revenue permitted** (Line 13 x Line 14)	1,123
16.	**Total revenue permitted in current year** from property that existed in both years (Line 13 + Line 15)	215,228
17.	**Adjusted current year assessed valuation** (Form A, Line 4)	131,960,779
18.	**Maximum tax rate permitted by Article X, Section 22, and Section 137.073, RSMo,** if no voluntary reduction was taken (Line 16 / Line 17 x 100)	0.1631
Informational Form B		
6.	**Prior year tax rate ceiling to apply voter approved increase to** (Informational Summary Page, Line A if increase to an existing rate, otherwise 0)	
7.	**Voter approved increased tax rate to adjust** (If an "increase of/by" ballot, Form B, Line 5a + Line 6, if an "increase to" ballot, Form B, Line 5b)	

PRO FORMA - STATE AUDITOR'S REVIEW OF DATA SUBMITTED

8/5/2022

Informational Data

(2022)

For Political Subdivisions Other Than School Districts Levying a Single Rate on All Property

City of Neosho	09-073-0008	General Revenue
Name of Political Subdivision	Political Subdivision Code	Purpose of Levy

This page shows the information that would have been on the line items for the Summary Page, Form A, and/or Form B had no voluntary reduction(s) been taken in prior even numbered year(s). The information on this page should not be used in the current year unless the taxing authority wishes to reverse any voluntary reduction(s) taken in prior even numbered year(s) and follows the following steps in an even numbered year.

Step 1 The governing body should hold a public hearing and adopt a resolution, a policy statement, or an ordinance justifying its action prior to setting and certifying its tax rate.

Step 2 Submit a copy of the resolution, policy statement, or ordinance to the State Auditor's Office for review.

		Based on Prior Year Tax Rate Ceiling as if No Voluntary Reductions were Taken
Informational Summary Page		
A.	**Prior year tax rate ceiling** (Prior year Informational Summary Page, Line F)	0.4153
B.	**Current year rate computed** (Informational Form A, Line 18 below)	0.4153
C.	**Amount of increase authorized by voters for current year** (Informational Form B, Line 7 below)	
D.	**Rate to compare to maximum authorized levy** (Line B if no election, otherwise Line C)	0.4153
E.	**Maximum authorized levy** most recent voter approved rate	1.0000
F.	**Tax rate ceiling if no voluntary reductions were taken in a prior even numbered year** (Lower of Line D or E)	0.4153
Informational Form A		
9.	**Percentage increase in adjusted valuation** (Form A, Line 4 - Line 8 / Line 8 x 100)	0.5244%
10.	**Increase in Consumer Price Index (CPI)** certified by the State Tax Commission	7.0000%
11.	**Adjusted prior year assessed valuation** (Form A, Line 8)	131,272,323
12.	**(2021) Tax rate ceiling from prior year** (Informational Summary Page, Line A from above)	0.4153
13.	**Maximum prior year adjusted revenue** from property that existed in both years (Line 11 x Line 12 / 100)	545,174
14.	**Permitted reassessment revenue growth** The percentage entered on Line 14 should be the lower of the actual growth (Line 9), the CPI (Line 10), or 5%. A negative figure on Line 9 is treated as a 0 for Line 14 purposes. Do not enter less than 0, nor more than 5%.	0.5244%
15.	**Additional reassessment revenue permitted** (Line 13 x Line 14)	2,859
16.	**Total revenue permitted in current year** from property that existed in both years (Line 13 + Line 15)	548,033
17.	**Adjusted current year assessed valuation** (Form A, Line 4)	131,960,779
18.	**Maximum tax rate permitted by Article X, Section 22, and Section 137.073, RSMo,** if no voluntary reduction was taken (Line 16 / Line 17 x 100)	0.4153
Informational Form B		
6.	**Prior year tax rate ceiling to apply voter approved increase to** (Informational Summary Page, Line A if increase to an existing rate, otherwise 0)	
7.	**Voter approved increased tax rate to adjust** (If an "increase of/by" ballot, Form B, Line 5a + Line 6, if an "increase to" ballot, Form B, Line 5b)	

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022

ITEM: BILL NO. 2022-56: CONFLICT OF INTEREST FOR MUNICIPAL OFFICIALS

ORIGINATING DEPARTMENT: City Clerk

ATTACHMENT:

1. Bill No. 2022-56 MEC Financial Disclosures

PURPOSE:

TO COMPLY WITH THE MISSOURI ETHICS COMMISSION'S ENFORCEMENT OF SECTION 105.483 (11) RSMO, REQUIRING A BIENNIAL ORDINANCE, ORDER OR RESOLUTION ESTABLISHING AND MAKING PUBLIC THE CITY'S METHOD OF DISCLOSING POTENTIAL CONFLICTS OF INTEREST.

BACKGROUND:

THE CITY HAS AN OPERATING BUDGET OF OVER $1 MILLION DOLLARS; THEREFORE, CERTAIN INDIVIDUALS ARE REQUIRED TO SUBMIT A PERSONAL FINANCIAL DISCLOSURE FORM TO THE MISSOURI ETHICS COMMISSION.

RECOMMENDATION:

STAFF REQUESTS COUNCIL TO APPROVE BILL NO. 2022-56 FOR ORDINANCE NO. 327-2022 AND AUTHORIZE THE MAYOR TO SIGN THE ATTACHED ORDINANCE AFTER 1ST, 2ND, & 3RD READINGS.

AN ORDINANCE OF THE CITY OF NEOSHO ESTABLISHING PROCEDURES TO REPORT PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND CONFLICTS OF INTEREST FOR CERTAIN MUNICIPAL OFFICIALS.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, AS FOLLOWS:

Section 1: Declaration of Policy. The proper operation of municipal government requires that public officials and employees be independent, impartial and responsible to the people; that government decisions and policy be made in the proper channels of the governmental structure; that public office not be used for personal gain; and that the public have confidence in the integrity of its government. In recognition of these goals, there is hereby established a procedure for disclosure by certain officials and employees of private financial or other interests in matters affecting the city.

Section 2: Conflicts of Interest. Any member of the city council who has a substantial personal or private interest, as defined by state law, in any bill shall disclose on the records of the city council the nature of his interest and shall disqualify himself from voting on any matters relating to this interest.

Section 3: Disclosure Reports. Each elected official, the chief administrative officer, the chief purchasing officer, and the general counsel (if employed full-time) shall disclose the following information by May 1, if any such transactions were engaged in during the previous calendar year:

a. For such person, and all persons within the first degree of consanguinity or affinity of such person, the date and the identities of the parties to each transaction with a total value in excess of five hundred dollars, if any, that such person had with the political subdivision, other than compensation received as an employee or payment of any tax, fee or penalty due to the political subdivision, and other than transfers for no consideration to the political subdivision; and

b. The date and the identities of the parties to each transaction known to the person with a total value in excess of five hundred dollars, if any, that any business entity, in which such person had a substantial interest, had with the political subdivision, other than payment of any tax, fee or penalty due to the political subdivision or transactions involving payment for providing utility service to the political subdivision, and other than transfers for no consideration to the political subdivision.

c. The chief administrative officer and the chief purchasing officer also shall disclose by May 1, for the previous calendar year the following information:

1. The name and address of each of the employers of such person from whom income of one thousand dollars or more was received during the year covered by the statement.

2. The name and address of each sole proprietorship that he owned; the name, address and the general nature of the business conducted of each general partnership and joint venture in which he was a partner or participant; the name and address of each partner or for each partnership of joint venture unless such names and addresses are filed by the partnership or joint venture with the Secretary of State; the name, address and general nature of the business conducted of any closely held corporation or limited partnership in which the person owned ten percent or more of any class of the outstanding stock or limited partnership units; and the name of any publicly traded corporation or limited partnership that is listed on a regulated stock exchange or automated quotation system in which the person owned two percent or more of any class of outstanding stock, limited partnership units or other equity interests;

3. The name and address of each corporation for which such person served in the capacity of a director, officer, or receiver.

Section 4: Filing of Reports. The reports, in the attached format, shall be filed with the city clerk and with the Missouri Ethics Commission. The reports shall be available for public inspection and copying during normal business hours.

Section 5: When Filed. The financial interest statements shall be filed at the following times, but no person is required to file more than one financial interest statement in any calendar year.

a. Each person appointed to office shall file the statement within thirty days of such appointment or employment.

b. Every other person required to file a financial interest statement shall file the statement annually not later than May 1, and the statement shall cover the calendar year ending the immediately preceding December 31; provided that any member of the city council may supplement the financial interest statement to report additional interests acquired after December 31, of the covered year until the date of filing of the financial interest statement.

Section 6: Filing of Ordinance. The City Clerk shall send a certified copy of this ordinance to the Missouri Ethics Commission within ten days of its adoption.

Section 7: Ordinance Number 222-2021 is repealed.

Section 8: Effective Date. This ordinance shall be in full force and effect from and after

the date of its passage and approval and shall remain in effect until amended or repealed by the city council.

A**PPROVED** after final passage this 6th day of September, 2022.

ATTEST: **CITY OF NEOSHO, CITY COUNCIL**

_____ _____

City Clerk **Mayor**

APPROVED:

_____

City Attorney

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022
ITEM: BILL NO. 2022-58: SURPLUS CITY PROPERTY

ORIGINATING DEPARTMENT: City Clerk
ATTACHMENT: None

PURPOSE:
TO DISPOSE OF CITY SURPLUS AS PRESCRIBED BY CITY CODE.

BACKGROUND:
THE LIST OF PROPERTY LISTED IN BILL NO. 2022-58 HAS BEEN REMOVED FROM FOUND PROPERTY AND PROPERTY THAT WAS OWNED BY VARIOUS CITY OF NEOSHO DEPARTMENTS THAT IS NO LONGER NEEDED.

RECOMMENDATION:
TO AUTHORIZE THESE ITEMS TO BE DECLARED SURPLUS BY THE CITY COUNCIL.

BILL NO. 2022-58 **ORDINANCE NO. 329-2022**

AN ORDINANCE OF THE CITY OF NEOSHO, MISSOURI DECLARING CERTAIN PERSONAL PROPERTY AS SURPLUS; AND AUTHORIZING THE CITY MANAGER TO EXECUTE THE APPROPRIATE DOCUMENTS.

WHEREAS, THE CITY OF NEOSHO HAS OBTAINED CERTAIN PERSONAL PROPERTY; AND

WHEREAS, THE CITY OF NEOSHO HAS DEEMED SAID PERSONAL PROPERTY TO BE SURPLUS AND NOT NECESSARY FOR FUTURE CITY NEEDS.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, AS FOLLOWS:

Section 1: That the City of Neosho, Missouri declares the following items of personal property to be surplus:

QTY.	ITEM	DEPARTMENT
1	lenovo h530	IT DEPT
1	hp compaq 8100 elite	IT DEPT
1	hp 110 desktop	IT DEPT
1	hp paviliion 500	IT DEPT
3	hp compaq 8300	IT DEPT
1	dell optiplex 380	IT DEPT
7	asus m11a	IT DEPT
3	hp dc5700	IT DEPT
1	hp 4300	IT DEPT
1	hp conpaq dc5750	IT DEPT
1	hp dx2250	IT DEPT
1	poly view monitor 17in	IT DEPT
1	asus ve248 monitor	IT DEPT
1	compaq 4000 pro	IT DEPT
1	hp xw4550	IT DEPT
1	dell e198fpf monitor	IT DEPT
1	triplite smart 1500 lcd power supply	IT DEPT
1	hp 4710	IT DEPT
1	optiquest q7 monitor	IT DEPT
1	smartlabel 200	IT DEPT
2	ithaca recipt printer	IT DEPT

10	Fire Hose 4” rubber LDH 50ft rolls	FIRE DEPT
1	Fire Hose 4” rubber LDH 25ft roll	FIRE DEPT
31	Fire Hose 3” cotton jacket 50ft rolls	FIRE DEPT
14	1 ¾” cotton jacket 50ft rolls	FIRE DEPT
5	Red booster brush hose 100ft rolls	FIRE DEPT
5	Radiation detector	FIRE DEPT
1	Propane BBQ grill	FIRE DEPT
1	Extension ladder 35ft	FIRE DEPT
1	Roof ladder 14ft	FIRE DEPT
1	Stand up oil drain pan	FIRE DEPT
1	Positive pressure fan	FIRE DEPT
2	Stihl chainsaw box	FIRE DEPT
1	1986 Volvo White Tractor 1WUYDCCE3GN106531	PUBLIC WORKS DEPT
1	1994 Ford 7740 BD69776 / Diamond 19’ boom mower	PUBLIC WORKS DEPT
1	Buyers products SHPE 4000 Salt bed #1993	PUBLIC WORKS DEPT
1	Furukawa F6 jack hammer with John Deere top	PUBLIC WORKS DEPT
1	Large water main tapping machine	PUBLIC WORKS DEPT

Section 2. That the City Manager is hereby authorized to execute the appropriate documents on behalf of the City of Neosho.

PASSED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, this 6th day of September 2022, by a vote of _____.

CITY OF NEOSHO, MISSOURI

_____
Tyler DeWitt, Mayor

ATTEST

_____
Cheyenne Wright, City Clerk

APPROVED AS TO FORM

_____
Jordan L. Paul, City Attorney

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022

ITEM: BILL NO. 2022-60: MAJOR ENTERPRISES, INC. BILLBOARD MARKETING AGREEMENT

ORIGINATING DEPARTMENT: City Clerk

ATTACHMENT:

1. Bill No. 2022-60 agreement w Major Ent. Inc. RE billboards 2022

PURPOSE:

To approve the agreement with IYF Marketing to utilize billboards for marketing of events.

BACKGROUND:

The City of Neosho has been contracted with IYF billboards for marketing events and activities within the city. The company currently offers this service as well as all graphics being displayed to be designed by the vendor. This is a valuable tool when promoting events and activities for our citizens.

RECOMMENDATION:

Staff recommends approval of the agreement as submitted and authorize the Mayor to execute.

COUNCIL BILL NO. 2022-60 **ORDINANCE NO. 331-2022**

AN ORDINANCE authorizing the City of Neosho, Missouri, to enter into an Agreement with Major Ent., Inc., a Missouri Corporation, for the purpose of billboard marketing for the not to exceed price of Five Thousand Seven Hundred and 00/100 Dollars ($5,700.00); and authorizing the Mayor to execute the same by and on behalf of the City of Neosho.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, as follows:

Section 1. That the Agreement by and between the City of Neosho, Missouri, and Major Ent., Inc., a Missouri Corporation, for the purpose of billboard marketing for the not to exceed price of Five Thousand Seven Hundred and 00/100 Dollars ($5,700.00), a true and accurate copy of said Agreement being attached hereto and incorporated as Exhibit "A," be and the same is hereby approved.

Section 2. That the Mayor of the City of Neosho, Missouri, is hereby authorized and directed to execute said Agreement by and on behalf of the City of Neosho.

PASSED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, this _____ day of _____, 2022, by a vote of _____.

_____
Tyler DeWitt, Mayor

ATTEST:

_____
Cheyenne Wright, City Clerk

APPROVED AS TO FORM:

_____
Jordan L. Paul, City Attorney

Debbie Major
IYF billboards-Neosho
PO Box 502
Neosho, MO 64850 417-455-4603
major-d@sbcglobal.net

David Kennedy: City Manager
CITY of NEOSHO
203 E. Main Street
Neosho, MO 64850

Email: d.kennedy@neoshomo.org
Phone: 417-451-8050

12 MONTH COMMITMENT to ADVERTISE on IYF BILLBOARDS- NEOSHO, MO

Start Date: NOVEMBER 1, 2022 **Contract Number: 12xH-4xLQ-2022-11**

#3 Billboard: 115 N.Neosho Blvd., 12 months @ $325.00 per month = $3,900.00 (consecutive months)
#11 Billboard: 4090 LaQuesta Dr., 4 months @$450.00 per month = $1,800.00 (customer choice)

Total Annual Fee $5,700.00

This contract must be signed by the Client and IYF billboards to become a legal, binding contract. Emailed signatures will be considered as valid document signatures.

Signature Client: _____date_____, 2022
Printed name: _____

Signature IYF Billboards-Neosho___  ____date_____**, 2022**
Printed Name: Debra A Major

Please make all payments to: MAJOR ENT., INC., PO BOX 502, NEOSHO, MO 64850

IYF billboards-Neosho is a division of Major Ent., Inc.

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022

ITEM: BILL NO. 2022-62: ANTHEM BCBS FOR HEALTH, DENTAL, AND VISION INSURANCE

ORIGINATING DEPARTMENT: Human Resources Department

ATTACHMENT:

1. **Bill No. 2022-62 agreement w Anthem RE Health Dental and Vision Insurance**
2. **Anthem_Base Blue Access Summary**
3. **Anthem_Blue Preferred Summary**
4. **Anthem_Buy Up Blue Access Summary**
5. **Anthem_Dental Summary**
6. **Anthem_Renewal Packet**
7. **Anthem_Vision Summary**
8. **Colonial_Cancellation Letter**
9. **UNUM_Cancellation Letter**
10. **Anthem_Dental and Vision Application**
11. **Anthem_Universal Credit Fund**

PURPOSE:

The purpose of this item is to get the Council's approval for Mayor DeWitt to sign the 2022/2023 Anthem Blue Cross and Blue Shield Renewal Packet and Summary of Benefits agreements for health, dental, and vision insurance. Additionally, approval for agreement terminations with Colonial for dental and UNUM for vision.

BACKGROUND:

Staff has been working with Insurance Benefits Consultants to renew the benefits contract with Anthem and have done so at a 0% renewal rate if we agree to package both dental and vision with medical benefits. By signing both the renewal packet and summary of benefits, we agree to the renewal and minimal medical coverage change in benefits.

RECOMMENDATION:

Staff requests council’s approval to allow the Mayor to sign the Anthem Blue Cross and Blue Shield Renewal Packet, Summary of benefits, and termination agreements with Colonial and UNUM.

AN ORDINANCE authorizing the City of Neosho, Missouri, to enter into an Agreement with Anthem Insurance Companies, Inc., an Indiana Corporation, for the purpose of offering group health, dental, and vision insurance; authorizing the City of Neosho to terminate an Agreement with Colonial Life & Accident Insurance Company, a South Carolina Corporation, for the purpose of offering group dental insurance; authorizing the City of Neosho to terminate an Agreement with UNUM Insurance Company, a Massachusetts Corporation, for the purpose of offering group vision insurance; and authorizing the Mayor to execute the foregoing by and on behalf of the City of Neosho.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, as follows:

Section 1. That the Agreement, including the Summary of Benefits, Group Contract, Certificate, and Schedule of Benefits, by and between the City of Neosho, Missouri, and Anthem Insurance Companies, Inc., an Indiana Corporation, for the purpose of offering group health, dental, and vision insurance, a true and accurate copy of said Agreement being attached hereto and incorporated as Exhibit "A," be and the same is hereby approved.

Section 2. That the Agreement by and between the City of Neosho, Missouri, and Colonial Life & Accident Insurance Company, a South Carolina Corporation, for the purpose of offering group dental insurance, account number E5347869, be and the same is hereby terminated with an effective date of October 1, 2022.

Section 3. That the Agreement by and between the City of Neosho, Missouri, and UNUM Insurance Company, a Massachusetts Corporation, for the purpose of offering group vision insurance, account number 661393, be and the same is hereby terminated with an effective date of October 1, 2022.

Section 4. That the Mayor of the City of Neosho, Missouri, is hereby authorized and directed to execute the foregoing by and on behalf of the City of Neosho.

PASSED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, this _____ day of _____, 2022, by a vote of _____.

_____
Tyler DeWitt, Mayor

ATTEST:

_____
Cheyenne Wright, City Clerk

APPROVED AS TO FORM:

_____
Jordan L. Paul, City Attorney

Your summary of benefits

Anthem®

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO HSA 2800/0%/4000 E Rx Ded/$10/$35/$75/25% to $350 Tiered PrevRx

Your Network: Blue Access

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	$2,800 person / $5,600 family	$8,400 person / $16,800 family
Out-of-Pocket Limit	$4,000 person / $8,000 family	$12,000 person / $24,000 family
The family deductible and out-of-pocket maximum are embedded, meaning the cost shares of one family member will be applied to both per person deductible and per person out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the per person deductible or per person out-of-pocket maximum. All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services). In-network and out-of-network deductibles and out-of-pocket maximum amounts are separate and do not accumulate toward each other.		
Preventive Care / Screening / Immunization	No charge	30% coinsurance after deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	30% coinsurance after deductible is met
Virtual Care (Telemedicine / Telehealth Visits) **Virtual Visits - Online visits with Doctors who also provide services in person**		
Primary Care (PCP)	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Mental Health and Substance Abuse care	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Specialist	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Medical Chats and Virtual (Video) Visits for Primary Care from our Online Provider K Health, through its affiliated Provider groups	0% coinsurance after deductible is met	

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Virtual Visits from Online Provider LiveHealth Online *via www.livehealthonline.com; our mobile app, website or Anthem-enabled device*		
Primary Care (PCP) and Mental Health and Substance Abuse	0% coinsurance after deductible is met	
Specialist Care	0% coinsurance after deductible is met	
Visits in an Office		
Primary Care (PCP)	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Specialist Care	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Retail Health Clinic	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Chiropractic Services *Coverage is limited to 26 visits per benefit period.*	50% coinsurance after deductible is met	Not covered
Other Services in an Office		
Allergy Testing	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Dialysis/Hemodialysis	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Prescription Drugs *Dispensed in the office*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Surgery	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Diagnostic Services		
Lab		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
X-Ray		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Radiology Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Emergency and Urgent Care		
Urgent Care	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Emergency Room Facility Services	0% coinsurance after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
Ambulance	0% coinsurance after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Abuse		
Doctor Office Visit	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Facility Visit		
Facility Fees	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor Services	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Surgery		
Facility Fees		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor and Other Services		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Hospital (Including Maternity, Mental Health and Substance Abuse)		
Facility Fees	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Human Organ and Tissue Transplants *Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor and other services	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Recovery & Rehabilitation		
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Rehabilitation services *Coverage for Physical and Occupational Rehabilitation and Habilitation therapy is limited to 40 visits combined per benefit period. Limit includes manipulative treatment when performed by someone other than a chiropractor. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.*		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Cardiac rehabilitation *Coverage is limited to 36 visits per benefit period.*		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Pulmonary rehabilitation *Coverage is limited to 20 visits per benefit period.*		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (facility) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Inpatient Hospice	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Prosthetic Devices *Coverage for wigs is limited to 1 item after cancer treatment per benefit period. Coverage for hearing aids is limited to children 1 through 17 years of age, with one hearing aid per ear every 36 months. Newborn hearing aids no limit.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Prescription Drug Coverage *Cost shares for drugs included on the Essential drug list appear below. Drugs not included on the Essential drug list will not be covered. Your plan uses the Rx Choice Tiered Network. You may receive up to a 90 day supply of medication at Retail 90 pharmacies.*			
Home Delivery Pharmacy *Maintenance medication are available through IngenioRx Home Delivery Pharmacy. You may get two 30-day supply fills of the same maintenance medication at a retail pharmacy. Prior to your 3rd fill, you must call us on the number on your ID card and tell us if you would like to keep getting your maintenance medications from a retail pharmacy or if you would like to use home delivery. If you do not contact us, you will pay the full retail cost of any maintenance medication until you inform us of your decision.*			
Preventive Drugs *Your Pharmacy cost share is reduced for drugs included on the PreventiveRX Plus drug list, a designated list of drugs for the treatment of diabetes, asthma, depression, heart health, high blood pressure, high cholesterol, and osteoporosis.*			
Tier 1 Preventive - Typically Generic *Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).*	$10 copay per prescription, deductible does not apply (retail) and $25 copay per prescription, deductible does not apply (home delivery)		50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 Preventive - Typically Preferred Brand *Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).*	$35 copay per prescription, deductible does not apply (retail) and $105 copay per prescription, deductible does not apply (home delivery)		50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 1 - Typically Generic *Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).*	$10 copay per prescription after deductible is met (retail) and $25 copay per prescription after deductible is met (home delivery)	$20 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand *Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).*	$35 copay per prescription after deductible is met (retail) and $105 copay per prescription after deductible is met (home delivery)	$45 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand *Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).*	$75 copay per prescription after deductible is met (retail) and $225 copay per prescription after deductible is met (home delivery)	$85 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Tier 4 - Typically Specialty (brand and generic) *Per 30 day supply (specialty pharmacy).*	25% coinsurance up to $350 per prescription after deductible is met (retail and home delivery)	25% coinsurance up to $450 per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
This is a brief outline of your vision coverage. Only children's vision services count towards your out of pocket limit.		
Children's Vision (up to age 19) **Child Vision Deductible**	$0 person	$0 person
Vision exam *Limited to 1 exam per benefit period.*	No charge	$0 copayment up to plan's Maximum Allowed Amount
Adult Vision (age 19 and older) **Adult Vision Deductible**	$0 person	$0 person
Vision exam *Limited to 1 exam per benefit period.*	No charge	Reimbursed Up to $42

Notes:

- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- The representations of benefits in this document are subject to Division of Insurance approval and are subject to change.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details,

important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Your Plan: Anthem Blue Access PPO HSA 2800/0%/4000 E Rx Ded/$10/$35/$75/25% to $350 Tiered PrevRx
Your Network: Blue Access

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:
If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 578-4436

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على 4436-578 (833) .

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 578-4436:

Chinese(中文)：如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 578-4436。

Farsi (فارسي): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره 4436-578 (833) تماس بگیرید.

French (Français) : Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 578-4436.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 578-4436.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 578-4436.

Japanese (日本語):この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。 通訳と話すには、(833) 578-4436 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 578-4436로 문의하십시오.

Language Access Services:

Navajo (Diné): Díí naaltsoos biká'ígíí łahgo bína'idiłkidgo ná bohónéedzą́ dóó bee ahóót'i' t'áá ni nizaad k'ehjí bee nił hodoonih t'áadoo bą́ą́h ílínígóó. Ata' halne'igíí ła' bich'į' hadeesdzih ninízingo koji' hodíílnih (833) 578-4436.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 578-4436.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 578-4436 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 578-4436.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 578-4436.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 578-4436.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 578-4436.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Your summary of benefits

Anthem®

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Preferred Select 500/20%/4000 Rx $10/$35/$75/25% to $350 Tiered

Your Network: Blue Preferred

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	$500 person / $1,000 family	$1,500 person / $3,000 family
Out-of-Pocket Limit	$4,000 person / $8,000 family	$12,000 person / $24,000 family
The family deductible and out-of-pocket maximum are embedded, meaning the cost shares of one family member will be applied to both per person deductible and per person out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the per person deductible or per person out-of-pocket maximum. All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services). In-network and out-of-network deductibles and out-of-pocket maximum amounts are separate and do not accumulate toward each other.		
Preventive Care / Screening / Immunization	No charge	50% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	50% coinsurance after medical deductible is met
Virtual Care (Telemedicine / Telehealth Visits) **Virtual Visits - Online visits with Doctors who also provide services in person**		
Primary Care (PCP)	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Mental Health and Substance Abuse care	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Specialist	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Medical Chats and Virtual (Video) Visits for Primary Care from our Online Provider K Health, through its affiliated Provider groups	No charge	
Virtual Visits from Online Provider LiveHealth Online *via www.livehealthonline.com; our mobile app, website or Anthem-enabled device*		
Primary Care (PCP) and Mental Health and Substance Abuse	$10 copay per visit medical deductible does not apply	
Specialist Care	$70 copay per visit medical deductible does not apply	
Visits in an Office		
Primary Care (PCP)	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Specialist Care	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Retail Health Clinic	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Chiropractic Services *Coverage is limited to 26 visits per benefit period.*	50% coinsurance medical deductible does not apply	Not covered
Other Services in an Office		
Allergy Testing *When Allergy injections are billed separately by network providers, the member is responsible for a $10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chemo/Radiation Therapy	$70 copay per visit medical deductible does not apply‡	50% coinsurance after medical deductible is met
Dialysis/Hemodialysis	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Prescription Drugs *Dispensed in the office*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Surgery	$70 copay per visit medical deductible does not apply‡	50% coinsurance after medical deductible is met
Diagnostic Services **Lab**		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
X-Ray		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Freestanding Radiology Center	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Emergency and Urgent Care		
Urgent Care	$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Emergency Room Facility Services *Copay waived if admitted.*	$300 copay per visit after medical deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	20% coinsurance after medical deductible is met	Covered as In-Network
Ambulance	20% coinsurance after medical deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Abuse		
Doctor Office Visit	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Facility Visit		
Facility Fees	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Doctor Services	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Freestanding Surgical Center	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Doctor and Other Services		
Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Freestanding Surgical Center	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Hospital (Including Maternity, Mental Health and Substance Abuse)		
Facility Fees	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Human Organ and Tissue Transplants *Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Doctor and other services	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Recovery & Rehabilitation		
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Rehabilitation services *Coverage for Physical and Occupational Rehabilitation and Habilitation therapy is limited to 40 visits combined per benefit period. Limit includes manipulative treatment when performed by someone other than a chiropractor. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.*		
Office	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Cardiac rehabilitation *Coverage is limited to 36 visits per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Pulmonary rehabilitation *Coverage is limited to 20 visits per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Skilled Nursing Care (facility) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Inpatient Hospice	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Durable Medical Equipment	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prosthetic Devices *Coverage for wigs is limited to 1 item after cancer treatment per benefit period. Coverage for hearing aids is limited to children 1 through 17 years of age, with one hearing aid per ear every 36 months. Newborn hearing aids no limit.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable	Not applicable

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage *Cost shares for drugs included on the Essential drug list appear below. Drugs not included on the Essential drug list will not be covered. Your plan uses the Rx Choice Tiered Network. You may receive up to a 90 day supply of medication at Retail 90 pharmacies.*			
Home Delivery Pharmacy *Maintenance medication are available through IngenioRx Home Delivery Pharmacy. You may get two 30-day supply fills of the same maintenance medication at a retail pharmacy. Prior to your 3rd fill, you must call us on the number on your ID card and tell us if you would like to keep getting your maintenance medications from a retail pharmacy or if you would like to use home delivery. If you do not contact us, you will pay the full retail cost of any maintenance medication until you inform us of your decision.*			
Tier 1 - Typically Generic *Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).*	$10 copay per prescription, deductible does not apply (retail) and $25 copay per prescription, deductible does not apply (home delivery)	$20 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand *Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).*	$35 copay per prescription, deductible does not apply (retail) and $105 copay per prescription, deductible does not apply (home delivery)	$45 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand *Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).*	$75 copay per prescription, deductible does not apply (retail) and $225 copay per prescription, deductible does not apply (home delivery)	$85 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic) *Per 30 day supply (specialty pharmacy).*	25% coinsurance up to $350 per prescription, deductible does not apply (retail and home delivery)	25% coinsurance up to $450 per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
This is a brief outline of your vision coverage. Only children's vision services count towards your out of pocket limit.		
Children's Vision (up to age 19) **Child Vision Deductible**	$0 person	$0 person
Vision exam *Limited to 1 exam per benefit period.*	No charge	$0 copayment up to plan's Maximum Allowed Amount
Adult Vision (age 19 and older) **Adult Vision Deductible**	$0 person	$0 person
Vision exam *Limited to 1 exam per benefit period.*	No charge	Reimbursed Up to $42

Notes:

- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- The representations of benefits in this document are subject to Division of Insurance approval and are subject to change.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- ǂ Your cost share will be reduced when services are provided in a PCP's office.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:
If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 578-4436

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 578-4436 .

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 578-4436:

Chinese(中文)：如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 578-4436。

Farsi (فارسی) : در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 578-4436 تماس بگیرید.

French (Français) : Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 578-4436.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 578-4436.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 578-4436.

Japanese (日本語):この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。 通訳と話すには、(833) 578-4436 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 578-4436로 문의하십시오.

Language Access Services:

Navajo (Diné): Díí naaltsoos bíká'ígíí łahgo bína'ídílkidgo ná bohónéedzą́ dóó bee ahóót'i' t'áá ni nizaad k'ehjí bee nił hodoonih t'áadoo bą́ą́h ílínígóó. Ata' halne'ígíí ła' bich'į' hadeesdzih nínízingo koji' hodíílnih (833) 578-4436.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 578-4436.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 578-4436 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 578-4436.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 578-4436.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 578-4436.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 578-4436.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Your summary of benefits

Anthem®

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO 500/20%/4000 Rx $10/$35/$75/25% to $350 Tiered

Your Network: Blue Access

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	$500 person / $1,000 family	$1,500 person / $3,000 family
Out-of-Pocket Limit	$4,000 person / $8,000 family	$12,000 person / $24,000 family
The family deductible and out-of-pocket maximum are embedded, meaning the cost shares of one family member will be applied to both per person deductible and per person out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the per person deductible or per person out-of-pocket maximum. All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services). In-network and out-of-network deductibles and out-of-pocket maximum amounts are separate and do not accumulate toward each other.		
Preventive Care / Screening / Immunization	No charge	50% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	50% coinsurance after medical deductible is met
Virtual Care (Telemedicine / Telehealth Visits) **Virtual Visits - Online visits with Doctors who also provide services in person**		
Primary Care (PCP)	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Mental Health and Substance Abuse care	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Specialist	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Medical Chats and Virtual (Video) Visits for Primary Care from our Online Provider K Health, through its affiliated Provider groups	No charge	
Virtual Visits from Online Provider LiveHealth Online *via www.livehealthonline.com; our mobile app, website or Anthem-enabled device*		
Primary Care (PCP) and Mental Health and Substance Abuse	$10 copay per visit medical deductible does not apply	
Specialist Care	$70 copay per visit medical deductible does not apply	
Visits in an Office		
Primary Care (PCP)	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Specialist Care	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Retail Health Clinic	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Chiropractic Services *Coverage is limited to 26 visits per benefit period.*	50% coinsurance medical deductible does not apply	Not covered
Other Services in an Office		
Allergy Testing *When Allergy injections are billed separately by network providers, the member is responsible for a $10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chemo/Radiation Therapy	$70 copay per visit medical deductible does not apply‡	50% coinsurance after medical deductible is met
Dialysis/Hemodialysis	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Prescription Drugs *Dispensed in the office*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Surgery	$70 copay per visit medical deductible does not apply‡	50% coinsurance after medical deductible is met
Diagnostic Services		
Lab		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
X-Ray		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Freestanding Radiology Center	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Emergency and Urgent Care		
Urgent Care	$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Emergency Room Facility Services *Copay waived if admitted.*	$300 copay per visit after medical deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	20% coinsurance after medical deductible is met	Covered as In-Network
Ambulance	20% coinsurance after medical deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Abuse		
Doctor Office Visit	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Facility Visit		
Facility Fees	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Doctor Services	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Freestanding Surgical Center	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Doctor and Other Services		
Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Freestanding Surgical Center	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Hospital (Including Maternity, Mental Health and Substance Abuse)		
Facility Fees	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Human Organ and Tissue Transplants *Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Doctor and other services	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Recovery & Rehabilitation		
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Rehabilitation services *Coverage for Physical and Occupational Rehabilitation and Habilitation therapy is limited to 40 visits combined per benefit period. Limit includes manipulative treatment when performed by someone other than a chiropractor. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.*		
Office	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Cardiac rehabilitation *Coverage is limited to 36 visits per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Pulmonary rehabilitation *Coverage is limited to 20 visits per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Skilled Nursing Care (facility) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Inpatient Hospice	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Durable Medical Equipment	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prosthetic Devices *Coverage for wigs is limited to 1 item after cancer treatment per benefit period. Coverage for hearing aids is limited to children 1 through 17 years of age, with one hearing aid per ear every 36 months. Newborn hearing aids no limit.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable	Not applicable

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage *Cost shares for drugs included on the Essential drug list appear below. Drugs not included on the Essential drug list will not be covered. Your plan uses the Rx Choice Tiered Network. You may receive up to a 90 day supply of medication at Retail 90 pharmacies.*			
Home Delivery Pharmacy *Maintenance medication are available through IngenioRx Home Delivery Pharmacy. You may get two 30-day supply fills of the same maintenance medication at a retail pharmacy. Prior to your 3rd fill, you must call us on the number on your ID card and tell us if you would like to keep getting your maintenance medications from a retail pharmacy or if you would like to use home delivery. If you do not contact us, you will pay the full retail cost of any maintenance medication until you inform us of your decision.*			
Tier 1 - Typically Generic *Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).*	$10 copay per prescription, deductible does not apply (retail) and $25 copay per prescription, deductible does not apply (home delivery)	$20 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand *Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).*	$35 copay per prescription, deductible does not apply (retail) and $105 copay per prescription, deductible does not apply (home delivery)	$45 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand *Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).*	$75 copay per prescription, deductible does not apply (retail) and $225 copay per prescription, deductible does not apply (home delivery)	$85 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic) *Per 30 day supply (specialty pharmacy).*	25% coinsurance up to $350 per prescription, deductible does not apply (retail and home delivery)	25% coinsurance up to $450 per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
This is a brief outline of your vision coverage. Only children's vision services count towards your out of pocket limit.		
Children's Vision (up to age 19) **Child Vision Deductible**	$0 person	$0 person
Vision exam *Limited to 1 exam per benefit period.*	No charge	$0 copayment up to plan's Maximum Allowed Amount
Adult Vision (age 19 and older) **Adult Vision Deductible**	$0 person	$0 person
Vision exam *Limited to 1 exam per benefit period.*	No charge	Reimbursed Up to $42

Notes:

- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- The representations of benefits in this document are subject to Division of Insurance approval and are subject to change.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- ǂ Your cost share will be reduced when services are provided in a PCP's office.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Your Plan: Anthem Blue Access PPO 500/20%/4000 Rx $10/$35/$75/25% to $350 Tiered
Your Network: Blue Access

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:
If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 578-4436

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 578-4436 .

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 578-4436:

Chinese(中文)：如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 578-4436。

Farsi (فارسي): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 578-4436 تماس بگیرید.

French (Français) : Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 578-4436.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 578-4436.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 578-4436.

Japanese (日本語):この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。 通訳と話すには、(833) 578-4436 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 578-4436로 문의하십시오.

Language Access Services:

Navajo (Diné): **Díí naaltsoos bíká'ígíí łahgo bína'idílkidgo ná bohónéedzą́ dóó bee ahóót'i' t'áá ni nizaad k'ehjí bee nił hodoonih t'áadoo bą́ą́h ílínígóó. Ata' halne'ígíí ła' bich'į' hadeesdzih nínízingo kojį' hodíílnih** (833) 578-4436.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 578-4436.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 578-4436 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 578-4436.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 578-4436.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 578-4436.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 578-4436.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

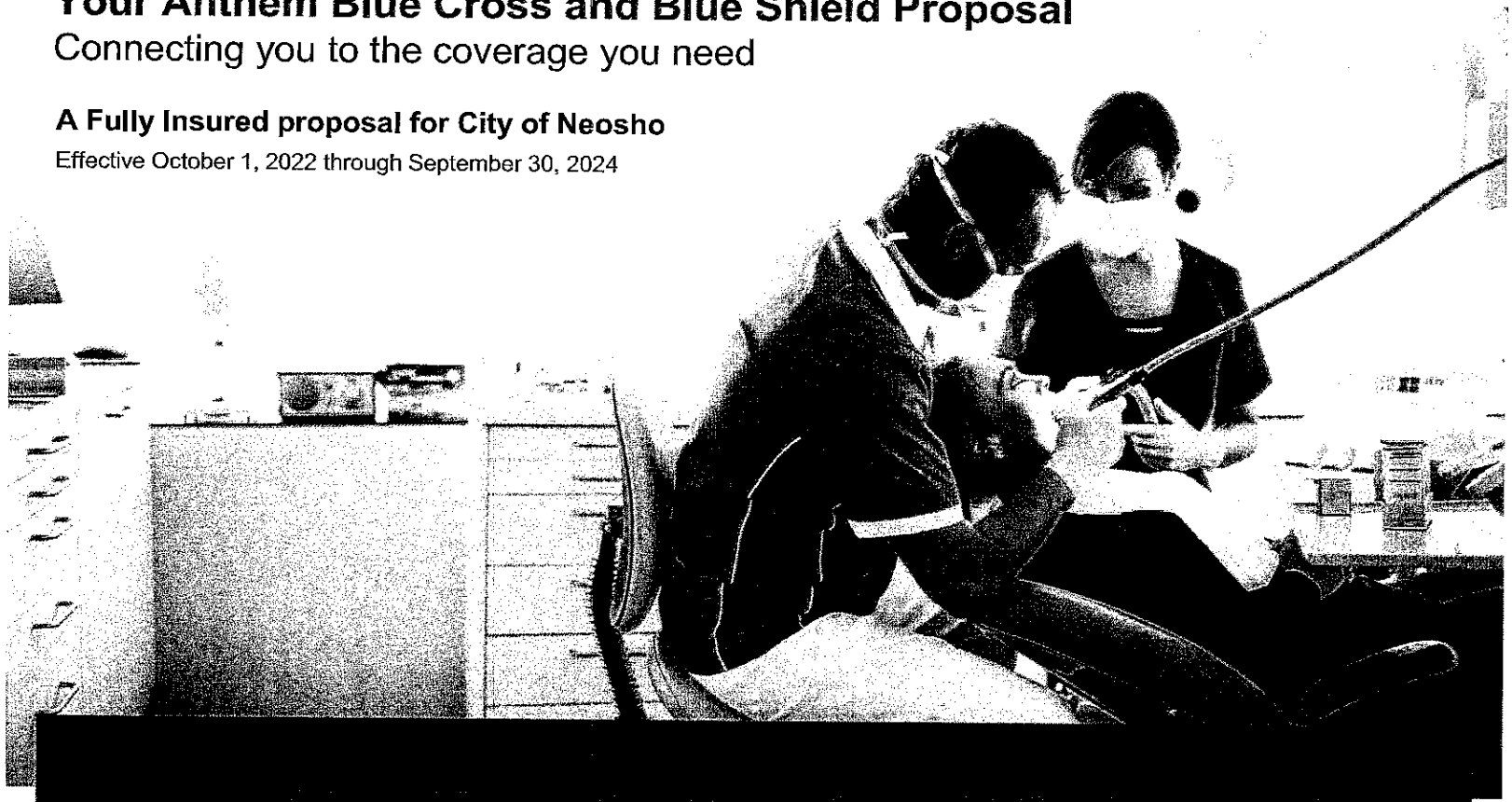
Anthem

Your Anthem Blue Cross and Blue Shield Proposal

Connecting you to the coverage you need

A Fully Insured proposal for City of Neosho

Effective October 1, 2022 through September 30, 2024



Created on:

August 3, 2022

Anthem

Why choose Anthem for your dental coverage

Taking care of your teeth helps your whole body

Regular dental care is not only important for maintaining good dental health, but routine exams can detect early warnings signs of serious health problems when they are easier to treat. That means taking care of your teeth and mouth can help protect your overall health, which is vital for the overall health and productivity of your workforce. With Anthem Dental, we make it easier and more affordable for your employees to take care of their teeth and mouths, and help them catch health issues earlier.

Access, options, and savings all come standard with Anthem Dental

Anthem Dental creates a simplified, personal experience for your employees by combining the capabilities of a traditional dental carrier with best-in-class network access, discounts, and services — all powered by our unique digital platform and artificial intelligence.

With Anthem Dental, your employees can enjoy:

Access.

Our dental network is one of the largest in the country, with more than 133,000 unique dentists at more than 464,000 locations.[1] With so many choices, members can find a dentist close to home or work.

Strong network discounts.

Members save money by visiting one of our network dentists with our 38% average national network discount.[2]

Innovative benefits solutions.

This includes Teledentistry, Ortho@Home, cosmetic benefits, and accidental dental injury coverage.

Excellent service and convenient, engaging self-service member tools.

Members can choose to call our dedicated customer service team or use one of our self-service tools, including the Sydney Health app, anthem.com, or Alexa. Members also receive individualized, personal health reminders.

Enhanced member support.

Members can access our online Dental Cost Estimator, Dental Health Assessment, and Ask a Hygienist tools.

A focus on whole health: dental + medical coverage

When you buy an Anthem dental and medical plan together, you receive Anthem Whole Health Connection® at no additional cost.

Anthem Whole Health Connection joins your Anthem plans for earlier identification and better management of health conditions, including interventions to help prevent diseases before they develop, by paving the way for communication among dentists and other network providers on the patient's care team, such as primary care doctors and care managers.

The program provides:

- **One dedicated account team** to simplify administration from enrollment through claims processing.
- **Connected dental and medical clinical programs**. We offer two-way sharing of patients' health information among patients and other network providers on the patient's care team, including primary care doctors and care managers. That means dentists in our network can deliver better care to our members because they review relevant, HIPAA-compliant patient health information online, such as prescription medications and recent medical diagnoses.
- **Health reminders**, also called care alerts, to help employees manage ongoing health problems, including diabetes and heart disease.
- **Automatic identification**, enrollment and notification of additional dental services for members with certain health conditions

Here for all your coverage needs

Your health and the health of your employees is our first priority. With coverage options including dental, vision, life, disability, and supplemental health (accident, critical illness, hospital indemnity), our ancillary insurance plans drive significant value, helping you cover all your benefit needs, such as network access and discounts, service, and pricing options to fit every budget.

The Anthem Whole Health Connection program drives additional value, by helping improve health outcomes, lower costs, and create a better health care experiences at no added cost.

Choosing the right dental plan is a big decision, but with Anthem Dental, your employees receive the care they need at the price they want. Talk to your producer or Anthem representative, or visit us at anthem.com/specialty, to learn more. We are here to help.

Medical

Pharmacy

Behavioral Health

Dental

Vision

Life

Disability

Supplemental Health

1 Network360, May 2020.
2 Anthem Quarterly Network Metric Report, 2020.

125494CAEENABC 07/20

Fully Insured Rate
City of Neosho
Effective Date: October 1, 2022
Domicile State: Missouri

Anthem

Deductibles	In-Network	Out-of-Network
Annual Deductible	$50	$50
Family Deductible Multiple	3X Individual	3X Individual
Deductible Waived - Diag/Prev	Yes	Yes
Deductible Waived – Orthodontics	Yes	Yes

Cost-Shares	In-Network	Out-of-Network
Diagnostic & Preventive	100% Coinsurance	100% Coinsurance
Basic Restorative	80% Coinsurance	80% Coinsurance
Non Surgical Endodontics	50% Coinsurance	50% Coinsurance
Surgical Endodontics	50% Coinsurance	50% Coinsurance
Non Surgical Periodontics	50% Coinsurance	50% Coinsurance
Surgical Periodontics	50% Coinsurance	50% Coinsurance
Simple Oral Surgery	80% Coinsurance	80% Coinsurance
Complex Oral Surgery	50% Coinsurance	50% Coinsurance
Major Restorative	50% Coinsurance	50% Coinsurance
Prosthetics	50% Coinsurance	50% Coinsurance
Prosthetic Repairs & Adjustments	80% Coinsurance	80% Coinsurance
Orthodontics	50% Coinsurance	50% Coinsurance
Orthodontic Covers	Dependent Children Only	Dependent Children Only

Maximums	In-Network	Out-of-Network
Annual Maximum	$2,000	$2,000
Annual Maximum Carryover/Carry in	Yes/No	Yes/No
Out of Pocket Maximum Individual/Family	Not Applicable	Not Applicable
Lifetime Orthodontic Maximum	$1,000	$1,000

	Fully Insured Rates		
Tier	Premium Rates	Contracts	Total Monthly Bill
Employee	$29.68	72	$2,136.96
Employee + Spouse	$55.69	15	$835.35
Employee + Child(ren)	$77.73	10	$777.30
Employee + Family	$112.62	9	$1,013.58
Totals		106	$4,763.19
Annual Total			$57,158.28

Quote Details	
Product and Network	Essential Choice and Complete Network
Participation Requirement	65% of Net Eligibles
SIC	9199 - General Government, N.E.C.
OON Reimbursement	90th percentile
Dependent Age	Children to Age 26
Contract Length	24 Months
Posterior Composites	Alternated to Amalgam Benefit
Implants	Limited to one per tooth per 60 months
Brush Biopsy	Not Covered
Cosmetic Teeth Whitening	Not Covered
TMJ	Not Covered
Sealants	Covered as D&P - 1 per 60 months; through age 18
Full Mouth X-Rays	Covered as D&P - 1 per 60 months
Bitewing X-Rays	Covered as D&P - 1 set per 12 months
Prior Coverage	With Prior Coverage
Waiting Periods - Bas/Maj	0 Month Basic/12 Month Major
Waiting Periods - Ortho	12 Month
Waived (Initial Enrollees only)-Bas/Maj/Ortho	N/A / Yes / Yes
Child Ortho Dep Age	Through Age 18

Accepted By:

Signature _____ Date _____

Title _____

Underwriting Signoff:

Signature _____ Date _____

Title _____

August 3, 2022
LG tool ver 113.0.0.xlsm
QuoteID: 21558353

Underwriter: JRH
Sales Rep: Runner/Staley

Fully Insured Rate
City of Neosho
Effective Date: October 1, 2022
Domicile State: Missouri

Anthem

Assumptions

Note 1:	The above quoted rates are based on information received by Anthem. If at the time of enrollment there is a significant change in any of the information, Anthem reserves the right to withdraw or modify the quoted rates. If actual enrollment varies by more than 10% from the assumed contract counts indicated, Anthem reserves the right to modify the quoted rates.
Note 2:	10.00% broker commission is included in this rate quote.
Note 3:	This Anthem plan assumes no underlying funding of any type including, but not limited to, copays, deductibles and other cost-shares.
Note 4:	Premium discounts may apply if dental coverage is combined with other Anthem lines. Please contact your Anthem sales representative for details. This quote is valid for 60 days.
Note 5:	This proposal is not valid as part of a dual option offering.

Enrollment Requirements

A minimum of 65% of net eligible employees must enroll in this plan. If 50% or more of the employees are located outside the employer's state of domicile, acceptance is contingent upon underwriting approval. Dental offices are not eligible for coverage. DHMO is not considered comparable coverage.

Plans with Orthodontia coverage require a minimum of 10 enrolled subscribers.

Final rates are subject to underwriting approval and verification of all assumptions used in the proposal rating.

Please note: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.

Summary of Benefits
Anthem Dental Essential Choice

City of Neosho
Anthem Dental Complete Network

WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to anthem.com or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

Need to contact us?

See the back of your ID card for who to call, write or email.

Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

		In-Network	Out-of-Network
Annual Benefit Maximum	Calendar Year		
· Per insured person		$2,000	$2,000
D&P applies to Annual Maximum		Yes	Yes
Annual Maximum Carryover / Carry In		Yes/No	Yes/No
Orthodontic Lifetime Benefit Maximum			
· Per eligible insured person		$1,000	$1,000
Annual Deductible (Does not apply to Orthodontic Services)			
· Per insured person/Family maximum	Calendar Year	$50/3X Individual	$50/3X Individual
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Out-of-Network Reimbursement:		90th percentile	

Anthem

Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services		100% Coinsurance	100% Coinsurance	No Waiting Period
· Periodic oral exam	2 per 12 months			
· Teeth cleaning (prophylaxis)	2 per 12 months; w/periodontal maintenance			
· Bitewing X-rays:	1 set per 12 months			
· Full-mouth or Panoramic X-rays:	1 per 60 months			
· Fluoride application:	1 per 12 months; through age 14			
· Sealants	1 per 60 months; through age 18			
· Space Maintainers	1 per lifetime through age 18; posterior teeth			
Basic Services		80% Coinsurance	80% Coinsurance	No Waiting Period
· Consultation (second opinion)	1 per 12 months			
· Amalgam (silver-colored) Filling	1 per tooth per 24 months			
· Composite (tooth-colored) Filling	1 per tooth per 24 months			
posterior (back) fillings alternated to amalgam benefit (silver-colored filling)				
· Brush Biopsy (cancer test)	Not Covered			
Endodontics (Non-Surgical)		50% Coinsurance	50% Coinsurance	12 Month
· Root Canal	1 per tooth per lifetime			
Endodontics (Surgical)		50% Coinsurance	50% Coinsurance	12 Month
· Apicoectomy and apexification	1 per tooth per lifetime			
Periodontics (Non-Surgical)		50% Coinsurance	50% Coinsurance	12 Month
· Periodontal Maintenance	2 per 12 months; w/teeth cleaning			
· Scaling and root planing	1 per quadrant per 24 months			
Periodontics (Surgical)	1 per quadrant per 36 months	50% Coinsurance	50% Coinsurance	12 Month
· Periodontal Surgery (osseous, gingivectomy, graft procedures)				
Oral Surgery (Simple)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Simple Extractions	1 per tooth per lifetime			
Oral Surgery (Complex)		50% Coinsurance	50% Coinsurance	12 Month
· Surgical Extractions	1 per tooth per lifetime			
Major (Restorative) Services		50% Coinsurance	50% Coinsurance	12 Month
· Crowns, onlays, veneers	1 per tooth per 60 months			
· Cosmetic teeth whitening	Not Covered			
Temporomandibular Joint Disorder (TMJ)		Not Covered	Not Covered	N/A
· X-rays, splints, and surgical procedures including arthroscopy and orthotic devices	Not Covered			
Prosthodontics		50% Coinsurance	50% Coinsurance	12 Month
· Dentures and bridges	1 per tooth per 60 months			
· Dental Implants	Limited to one per tooth per 60 months			
Prosthodontic Repairs/Adjustments		80% Coinsurance	80% Coinsurance	No Waiting Period
· Crown, denture, bridge repairs	1 per 12 months; 6 months after placement			
· Denture and bridge adjustments:	2 per 12 months; 6 months after placement			
Orthodontic Services				
·Dependent Children Only*		50% Coinsurance	50% Coinsurance	12 Month

*Child orthodontic runs through age 18. This means that the child must have been banded prior to their 19th birthday in order to receive coverage.

Anthem

Additional Services and Programs

Anthem Whole Health Connection - Dental®

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.
Missing tooth clause of 24 months applies for the replacement of congenitally missing teeth or teeth lost prior to the coverage effective date for this plan

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

Anthem

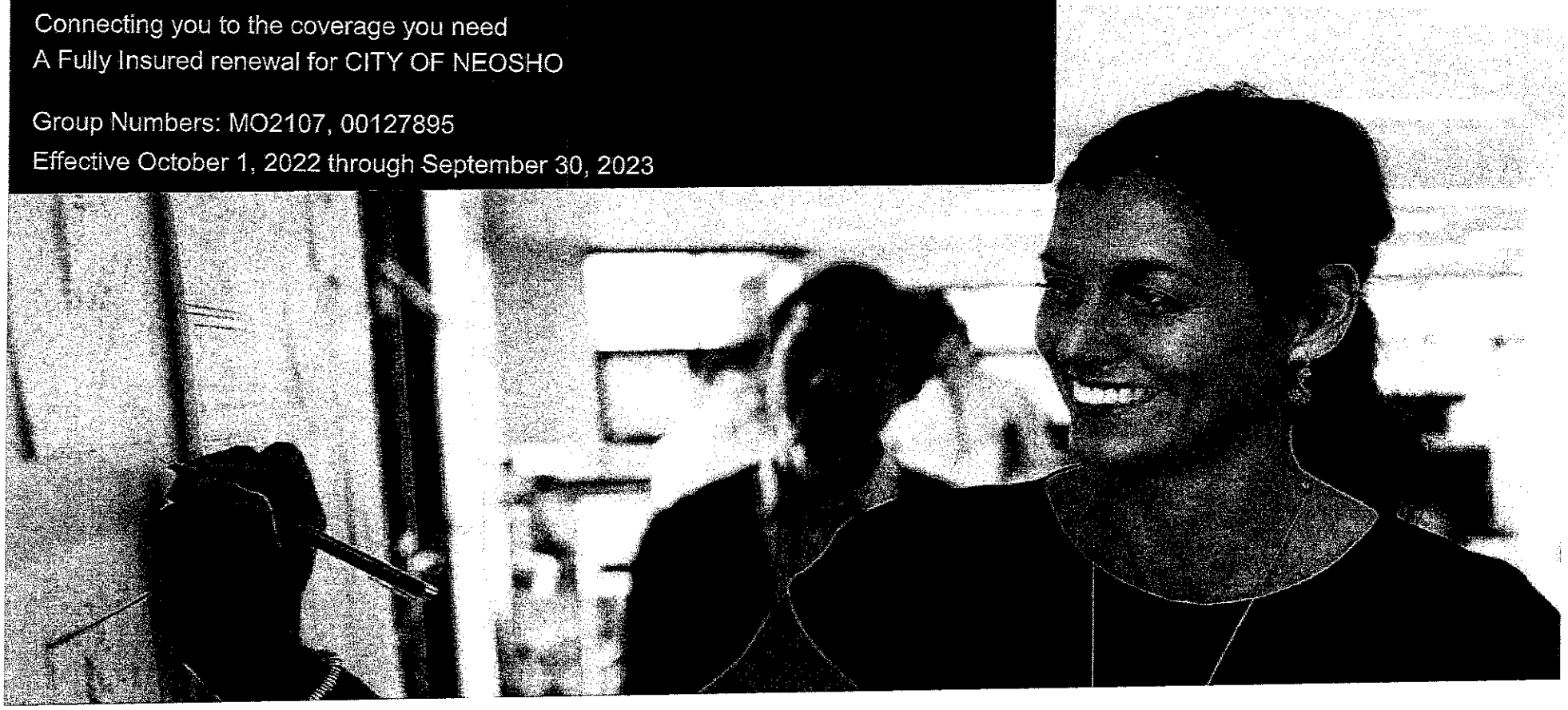
Your Anthem Blue Cross and Blue Shield Renewal Packet

Connecting you to the coverage you need

A Fully Insured renewal for CITY OF NEOSHO

Group Numbers: MO2107, 00127895

Effective October 1, 2022 through September 30, 2023



Created on:
August 3, 2022

Broker:
SUNSTAR INSURANCE GROUP LLC

Anthem Sales Contact:
Timara Runner
417-888-9053
timara.runner@anthem.com

Health care made smarter, simpler and more affordable

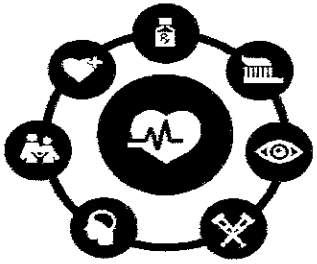
We integrate and analyze data across medical, pharmacy, dental, vision, disability and behavioral health.
That means we act on a complete view of the whole person, making it easier for members to get the care they need – faster.

Whole person health
Connecting people and technology

Personalized care
Catering to each member's unique needs

Member engagement
Motivating members to take charge of their total wellbeing

Anthem Whole Health Connection®



- Robust medical and specialty data
- Sophisticated analytics turning real-time data into insights
- Connecting doctors, pharmacists, vision providers, dentists, care managers and members to close gaps in care

Sydney Health

Sydney is our digital engagement hub, designed to improve outcomes, encourage engagement and deliver a smarter, more intuitive and personal health care experience.

BlueCard

Wherever your employees work or live, they have access to the highest-caliber providers.

95% of doctors

96% of hospitals

LiveHealth Online

Members can see a doctor 24/7 right from their tablet, smartphone or computer with a webcam. Or connect with a therapist or psychologist to talk privately during select hours.

Wellbeing Solutions

Powered by robust data and technology this foundational program provides the right tools members need to achieve targeted goals and incentivizes them toward healthier lifestyles.

Anthem

Proposed fully insured benefit rates

CITY OF NEOSHO
Group Numbers: MO2107, 00127895
Effective October 1, 2022 through September 30, 2023

Quote highlights
Funding type: Fully Insured
Commission level : $16.00 PCPM

		Selected Plan	Renewal Plan Designs							
			PPO BA $1500 (Rx) Blue Access Custom			PPO BA $500 (Rx) Blue Access Custom			PPO BP $500 (Rx) Blue Preferred Custom	
			Monthly Rates, Assumed Enrollment and Total Premium							
		Employees	Current rates	Renewal rates	Employees	Current rates	Renewal rates	Employees	Current rates	Renewal rates
Total	Employee	48	$566.39	***$566.39***	8	$606.26	***$606.26***	21	$577.89	***$577.89***
	Employee + Spouse	4	$1,132.77	***$1,132.77***	0	$1,212.52	***$1,212.52***	2	$1,155.78	***$1,155.78***
	Employee + Children	9	$991.17	***$991.17***	2	$1,060.96	***$1,060.96***	4	$1,011.31	***$1,011.31***
	Employee + Family	1	$1,557.55	***$1,557.55***	0	$1,667.20	***$1,667.20***	1	$1,589.19	***$1,589.19***
	Total Employees/Monthly Premium	62	$42,196	***$42,196***	10	$6,972	***$6,972***	28	$20,082	***$20,082***
	Annual Premium		$506,351	***$506,351***		$83,664	***$83,664***		$240,980	***$240,980***
	Premium Action			*0.00%*			*0.00%*			*0.00%*

Overall Total Annual Premium	Current Premium	Renewal Premium
Overall Premium Action	$ 830,995	*$ 830,995*
		0.00%

Rates include 2% Dental & 0.5% Vision credits

Authorized Signature: _____
By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.
Title: _____
Date: _____

Anthem

Services included and buy-up options

CITY OF NEOSHO
Group Numbers: MO2107, 00127895
Effective October 1, 2022 through September 30, 2023

Quote highlights
Funding type: Fully Insured

Included in Premiums
Fully Insured Foundational Program
Renewal Wellness Budget- Annual credit in the amount of $2,000.00 will be applied for the purchase of services provided from Anthem, or an outside vendor through September 30, 2023. All applicable invoices must be submitted prior to September 9, 2023. Funds will be forfeited if not used by September 30, 2023.

Account Administration Buy-Up Options (charged separately)	Fee Billed Per Participant Per Month	Confirm Purchase Here
Anthem Commuter	*$3.40*	
Anthem FSA	*$3.40*	
Anthem HRA with FSA, Dependent FSA, Commuter	*$3.40*	
Anthem Limited Purpose FSA or Dependent FSA or Commuter Add on to Anthem HSA	*$1.15*	
Anthem FSA or Dependent FSA or Commuter add on to Member Pay HRA	*$3.40*	
Anthem FSA or Dependent FSA or Commuter add on to Provider Pay HRA	*$3.40*	

Notes
HRA and HSA plan designs include Anthem Account Administration.
Anthem FSA pricing is also applicable to Limited Purpose FSAs and Dependent Care FSAs.
Applicable taxes or assessments are not reflected in the buy-up option pricing.

Authorized Signature: _____
By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.
Title: _____
Date: _____

0277383-05

Assumptions and conditions

CITY OF NEOSHO
Group Numbers: MO2107, 00127895
Effective October 1, 2022 through September 30, 2023

Quote highlights
Funding type: Fully Insured
SIC Code: 9199

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

- This contract will be issued in MO and governed by MO state legislation.
- The proposed services, rates and fees are effective from 10/1/2022 through 9/30/2023.
- The medical rates quoted herein incorporate any and all applicable discounts. If the plans or products selected are revised, by either adding or removing specialty products, the medical rates may be revised (up or down) so that the resulting rates are both adequate and reflect any applicable bundling savings or discount.
- This quote provides coverage highlights only. A specimen copy of the policy is available upon request. Benefits chosen are subject to the terms and conditions in the documents that form the contract between the group and Anthem Blue Cross and Blue Shield.
- Employers, as plan sponsors and administrators, are responsible for complying with all applicable laws.
- If not yet approved by the applicable insurance regulator, these benefits and rates may need to be adjusted.
- An employer-employee relationship must exist for all eligible employees, or the quote will not be valid.
- An eligible employee is defined as an active, permanent employee who works for pay or profit at least 30 hours a week, 50 weeks a year, as of the effective date, and who completes the waiting period for eligibility. Seasonal employees, temporary employees or employees working less than 30 hours a week are not eligible.
- Cash in-lieu-of coverage cannot be offered as part of the employer's contribution schedule.
- Where consistent with applicable law, if the number of full-time employees falls below the minimum for a Large Group, upon request Anthem may offer the group any small group medical product for which it qualifies.
- Employees in Hawaii are not eligible for coverage under this plan.
- The proposal assumes the same enrollment for medical and drug coverages.
- The cost for our standard reporting package is included.

- This quote assumes that at least 50% of eligible employees and 75% of net eligible employees will participate in this plan (net eligible is total eligible less valid waivers). In order to encourage employee participation Anthem Blue Cross and Blue Shield recommends that the employer contribution be at minimum 50% of the employee rate for the least expensive benefit plan.
- All employees requesting waiver of coverage must submit satisfactory evidence of qualifying existing coverage.
- Anthem products quoted cannot be offered along with another carrier's defined contribution plan.
- Anthem's rates assume no self-insuring by the employer of underlying member cost shares. The benefits purchased from Anthem must be communicated to the members without changes. A member's financial responsibilities, including, but not limited to, deductibles, coinsurance, copays, out-of-pocket maximums or, for nonparticipating providers, balance-billed charges must be paid solely by the member. The client may not partially pay, reimburse or otherwise lower the member's costs of care. Any deviation will require Anthem to reevaluate the quoted rates or cancel the offer of coverage.
- Electronic eligibility or tape feeds must be in a format compatible with Anthem's systems.
- Rates are quoted on a monthly fully insured non-refunding basis.
- This proposal expires 90 days from the date of release or on the effective date, whichever is sooner.
- Anthem Blue Cross and Blue Shield will be the sole carrier.

- Anthem Blue Cross and Blue Shield has the right to change this proposal or these rates under any of these circumstances:

Anthem.

Assumptions and conditions

CITY OF NEOSHO
Group Numbers: MO2107, 00127895
Effective October 1, 2022 through September 30, 2023

Quote highlights
Funding type: Fully Insured
SIC Code: 9199

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

-Employees are given the option to purchase individual market insurance using cafeteria plan (Internal Revenue Code section 125) funds

-Any taxes, fees and assessments set by any statutory, regulatory or other legal authority, that in Anthem Blue Cross and Blue Shield discretion no longer makes the quote valid

-A change in contract period

-Changes in benefits, services or networks

-Change in nature of the employer's business

-Change in ownership of employer's business

-Total enrollment or enrollment distribution by membership type, product, demographics or location changes by 10% or more from that assumed when preparing pricing for this package

-COBRA enrollment exceeds 10% of total enrollment

-Legislative and/or regulatory changes or mandates that materially impact the policy or the employer's plan documents. Plan documents will include those used to create the terms of the plan.

-Changes in the terms, conditions, services or products from those assumed when developing the pricing

-A change in employee contributions of 10% or more

- The premium grace period is 30 days from the billing date.
- The renewal notification will be provided no later than 90 days before the next renewal effective date.
- Seasonal employees are not eligible.
- Retirees are not eligible.

- This quote is for domestic United States employees only. International employees are not eligible for coverage under this plan.
- A commission fee of $16.00 PCPM per contract per month has been included in this proposal.
- Anthem Blue Cross and Blue Shield quoted rates are not valid if any other remaining carrier continues to offer age-banded rates (such as member level rating).
- This offer assumes that no class of employees will be offered an HRA integrated with individual health insurance coverage. Anthem must be notified if particular classes of employees will be offered an HRA integrated with individual health insurance coverage, and a census of those employees must be provided so that appropriate adjustments, if needed, can be made to this offer.

- Anthem shall provide up to one Monthly data feed to a supported outside vendor in Anthem's standard format, not to exceed 12 feeds. The charge is $1,000 for each additional feed. Each time a report is sent to a supported vendor electronically, it is considered a feed, even if the same report is sent to the same vendor monthly. For example, if monthly feeds are sent to two supported vendors, 24 electronic data feeds will have been used on an annual basis. The charge for Weekly data feeds to a single supported vendor, not to exceed 52 feeds, is $15,000 annually. The charge for Daily data feeds to a single supported vendor, not to exceed 365 feeds, is $20,000 annually. Additional fees would be required for Rx integration feeds and telemedicine.
- This quote contains incurred financial and utilization amounts, which includes estimated incurred but not reported claims and predictive modelling risk adjustment, along with taxes, fees and provision for adverse deviation.

Anthem

Assumptions and conditions

CITY OF NEOSHO
Group Numbers: MO2107, 00127895
Effective October 1, 2022 through September 30, 2023

Quote highlights
Funding type: Fully Insured
SIC Code: 9199

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

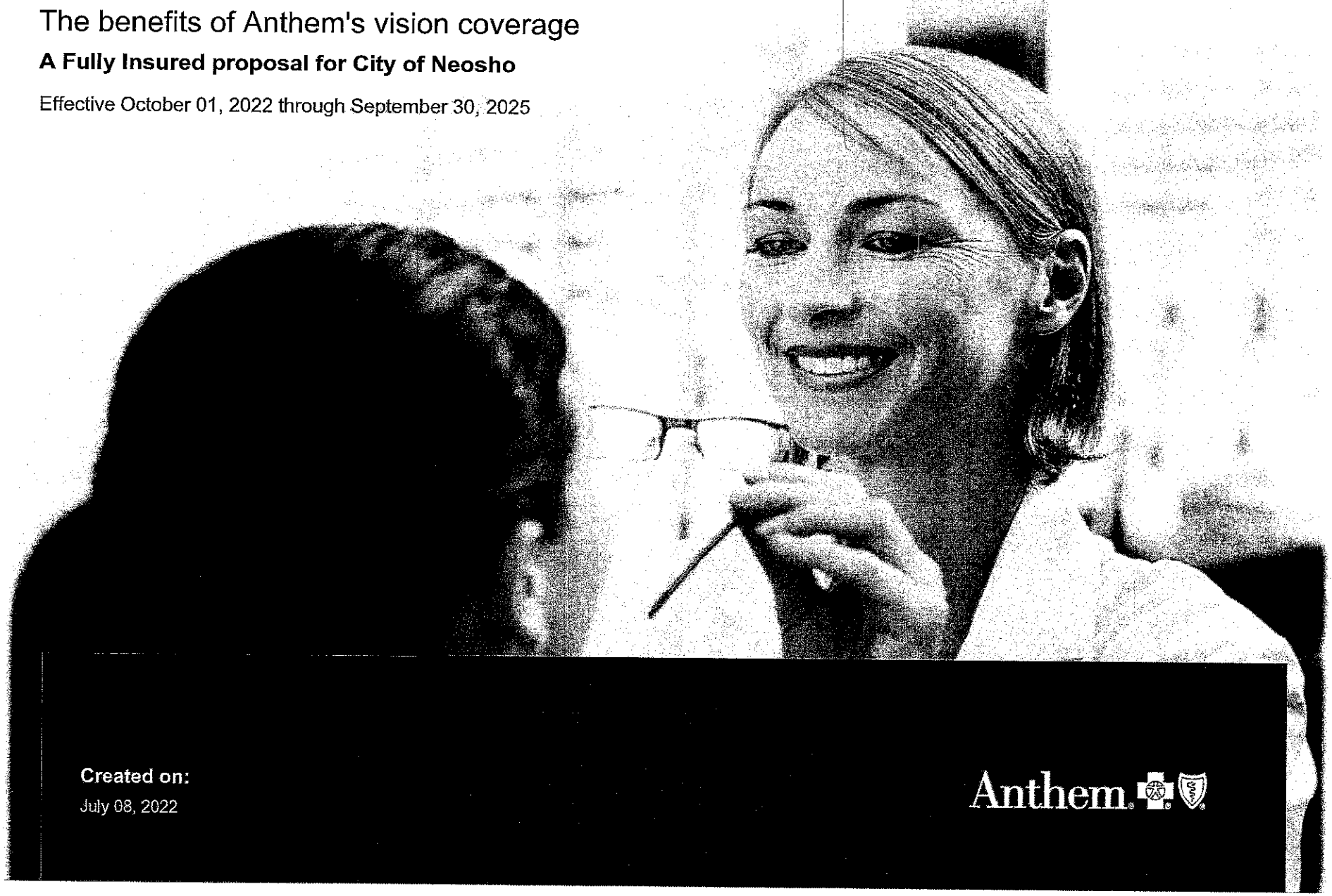
- This renewal is contingent upon the group / plan sponsor being current with all premium or fees as of the effective date of the renewal, unless specifically agreed to in writing in advance by Anthem.
- The agent/broker does not have the authority to bind or modify the terms of this offer without prior approval of Anthem.

Your Anthem Blue Cross and Blue Shield Proposal Packet

The benefits of Anthem's vision coverage

A Fully Insured proposal for City of Neosho

Effective October 01, 2022 through September 30, 2025



Created on:
July 08, 2022

Anthem

Why choose Anthem for your vision coverage

The benefits of Blue View Vision

Regular eye care is not only important for maintaining good eye health, but routine exams can detect early warning signs of serious health problems when they are easier to treat. That means taking care of your eyes can help protect your overall health — and that is vital for the overall health and productivity of your workforce. With Blue View Vision[SM], we make it easier and more affordable for your employees to take care of their eyes and help catch health issues earlier.

Access, options, and savings all come standard with Blue View Vision

Anthem Vision creates a simplified, personal experience for your employees by combining the capabilities of a traditional vision carrier with best-in-class network access, discounts, and services — all powered by our unique digital platform and artificial intelligence.

With Blue View Vision, your employees can enjoy:

Access

Our network includes over 39,000 eye doctors and other eye care providers at more than 28,000 locations nationwide, making our network one of the largest in the country.[1] With so many choices, members can find an eye care professional close to home or work.

Options

Members can buy eyewear from their network eye doctor or from a variety of popular regional and national stores, such as LensCrafters®, Pearle Vision®, and Target Optical®. Plus, members have access to online providers including Glasses.com, ContactsDirect, 1-800 CONTACTS, and Ray-Ban.com.

Extra benefits for kids

Plans that cover eyewear include coverage for UV-blocking Transitions® lenses and impact-resistant polycarbonate lenses for kids under age 19 at no additional cost.

Real savings

Members save an average of 75% off retail costs when visiting a network provider,[2] 40% off extra pairs of glasses,[3] and 20% off accessories and lens upgrades.[3] Also, our clients with 5,000 or fewer employees save 0.5% on their fully insured medical premium, or 50 cents per employee per month on their self-insured medical fees, when they add Anthem vision to an Anthem medical plan.[4]

Excellent service

Award-winning customer service with live representatives is available seven days a week, with extended evening hours. Online self-service tools like the Sydney Health app help members look up coverage and claims information, as well as find care — all while delivering next-level, personal engagement.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL GLASSES.COM contactsdirect 1800contacts Ray-Ban

A focus on whole health: vision + medical coverage

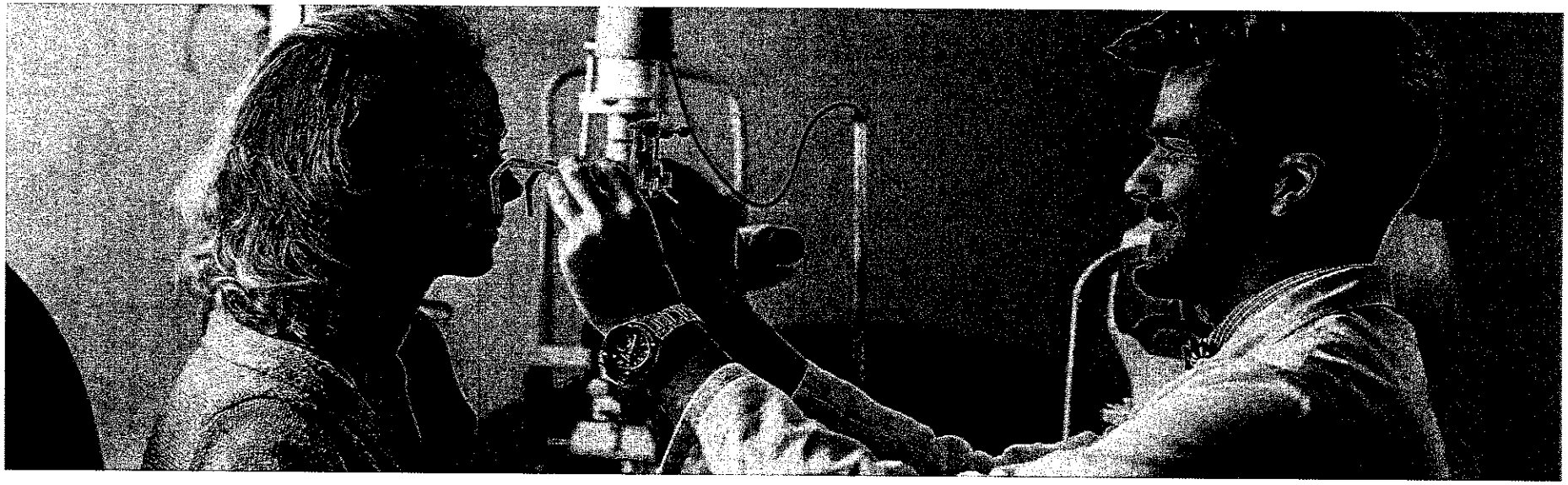
When you buy an Anthem vision and medical plan together, you receive Anthem Whole Health Connection® at no additional cost. Anthem Whole Health Connection joins your Anthem plans for earlier identification and better management of health conditions, including interventions to help prevent diseases before they develop.

Anthem Whole Health Connection paves the way for communication among eye doctors and primary care doctors, providing:

One dedicated account team to simplify administration from enrollment through claims processing.

Connected vision and medical clinical programs. We offer two-way sharing of patients' health information among eye doctors and other network providers on the patients' care team, including primary care doctors and care managers. That means if an eye exam detects a medical condition like diabetes, the information can be quickly communicated to a patient's care team.

Health reminders, also called care alerts, to help employees manage ongoing health problems like diabetes and heart disease.



Here for all your coverage needs

Your health and the health of your employees is our first priority. With coverage options including dental, vision, life, disability, and supplemental health (accident, critical illness, hospital indemnity), our ancillary insurance plans drive significant value, helping you cover all your benefit needs, such as network access and discounts, service, and pricing options to fit every budget.

The Anthem Whole Health Connection program drives additional value by helping improve health outcomes, lower costs, and create better health care experiences at no added cost.

Choosing the right vision plan is a big decision, but with Blue View Vision, your employees receive the care they need at a budget-friendly cost. Talk to your producer or Anthem representative, or visit us at anthem.com/specialty, to learn more. We are here to help.

1 NetMinder data, May 2020.

2 2019 average in-network savings for Blue View Vision members across all benefit designs.

3 Discounts do not apply to frames for which a manufacturer has imposed a no-discount policy. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.

4 Our Whole Health Savings program applies to new or renewing fully insured or self-insured large groups with up to 5,000 eligible employees that add a new vision product. The vision plan added must be fully insured and meet a minimum 50% participation of eligible medical employees. This program does not apply to embedded vision or voluntary vision. Subject to underwriting approval. For complete details, please contact your sales representative.

Featured plans and rates

Anthem

City of Neosho
Effective October 01, 2022 through September 30, 2025 (Rates are guaranteed for 36 months)
Total Eligible Employees: 156

Select Plan Here	Select SOLD PLAN	FS.B.10.25.130.130 4M7X
		Standard INN
In-network benefit category	Plan Type	Full Service
	Participation Type	Voluntary
	Exam Copay and Frequency	$10 Once every calendar year
	Prescription Lens Copay and Frequency	$25 Once every calendar year
	Frame Benefit and Frequency	$130 Once every other calendar year
	Elective Contact Lens Benefit and Frequency	$130 Once every calendar year
	Non Elective Contact Lens Benefit and Frequency	Covered in Full Once every calendar year
		Standard OON
Out-network benefit category	Plan Type	Full Service
	Participation Type	Voluntary
	Exam Reimbursement	Up to $42
	Eyeglass Lens Single Reimbursement	Up to $40
	Eyeglass Lens Bifocal Reimbursement	Up to $60
	Eyeglass Lens Trifocal Reimbursement	Up to $80
	Frame Reimbursement	Up to $45
	Elective Contact Lens Reimbursement	Up to $105
	Non Elective Contact Lens Reimbursement	Up to $210
	Commission (Percent)	10.00%
	Funding	Fully Insured

Total	Employees	Monthly Rates
Employee	42	$5.86
Employee+Spouse	15	$11.72
Employee+Child(ren)	5	$13.03
Employee+Family	4	$20.40
Total Employees	66	
Total monthly premium	$568.67	
Total annual premium	$6,824.04	

Authorized Signature: _____

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title: _____

Date: _____

Standard Discounts for Full Service

Additional savings available from in-network providers

When obtaining covered eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Costs shown are after any applicable eyeglass lens copayment.

Description	Member cost	Description	Member cost
Progressive Lenses		Transitions lenses (Adults)	$75
Standard	$55	Standard Polycarbonate lenses (Adults)	$40
Premium Tier 1	$85	UV Coating	$15
Premium Tier 2	$95	Tint (Solid and Gradient)	$15
Premium Tier 3	$110	Other lens upgrades and add-ons	20% off retail price
Premium Tier 4	$175	Retinal Imaging (obtained at same time as covered eye exam)	Up to $39
Anti-Reflective Coating		Standard contact lens fitting and follow-up after comprehensive eye exam	Up to $55
Standard	$45	Premium contact lens fitting and follow-up after comprehensive eye exam	10% off retail price
Premium Tier 1	$57	Additional supplies of conventional contact lenses after benefits have been used	15% off retail price
Premium Tier 2	$68	Additional complete pairs of eyeglasses	40% off retail price
Premium Tier 3	$85	Eyeglass materials purchased separately	20% off retail price
Frame	20% off remaining balance	**Elective Contact Lenses (Non-Disposable)** Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.	15% off remaining balance
		Other items including most non-prescription sunglasses, eyewear accessories such as lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price

Other discounts offers on LASIK surgery and much more are available through our SpecialOffers program

- This information is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the Certificate of Coverage. Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Discounts will not apply when a manufacturer has imposed a no discount policy on the item.

- Transitions and the swirl are registered trademarks of Transitions Optical, Inc

- Eyeglass Lenses are in Lieu of Contact Lenses. If you receive elective or non-elective contact lenses then no benefits will be available for eyeglass lenses until you satisfy the benefit frequency listed in this Schedule of Benefits.

Assumptions and Conditions

City of Neosho

Anthem

Effective October 01, 2022 through September 30, 2025 (Rates are guaranteed for 36 months)

Quote highlights

Funding type: Fully Insured

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

Non Voluntary:

Participation: 70% or higher; minimum enrolled 2

Voluntary:

Participation: 69.9% or lower; minimum enrolled 10

Vision Proposal ID: City_of_Neosho_100122_070822145916_RARE_VISION

City of Neosho
203 E. Main St.
Neosho, MO 64850
(417) 451-8050 phone
(417) 451-8065 fax
www.neoshomo.org

August 16, 2022

Colonial Life,

We, the City of Neosho, would like to terminate our contract account number E5347869 on all products effective 10/01/2022 as we have chosen another company for our life, dental, accident, cancer, and critical illness offerings.

Sincerely,

Tyler DeWitt
Mayor, City of Neosho

City of Neosho
203 E. Main St.
Neosho, MO 64850
(417) 451-8050 phone
(417) 451-8065 fax
www.neoshomo.org

August 16, 2022

UNUM,

We, the City of Neosho, would like to terminate our contract account number 661393 on our vision insurance effective 10/01/2022 as we have chosen another company for our vision insurance.

Sincerely,

Tyler DeWitt
Mayor, City of Neosho

Employer Application
Group size 51+ eligible employees
Missouri

Anthem Anthem Life

Please complete electronically, or in blue or black ink only.

Group no.
MO2107

Section 1: Company information

☑ New enrollment ☐ Renewal/Plan amendment	Benefit year ☑ Calendar year ☐ Plan year	Requested effective date (MM/DD/YYYY) 10012022
Applicant (legal name of group) CITY OF NEOSHO		Tax ID/FEIN (required) 466000230
Name of association (if applicable)		
Company street address 203 E MAIN ST		
City NEOSHO	County NEWTON	State MO / ZIP code 64850
Billing address – If different from above		
City	County	State / ZIP code

Organization type: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Limited Liability Company (LLC) ☐ Labor union ☐ Trust ☐ Government unit/agency ☑ Other: _____

SIC code – Required 9199	Type of business MUNICIPALITY	No. of years in business
Group administrator name KRYSTI MUHIC		Primary phone no. 4174518050
Email address kmuhic@neoshomo.org		Fax no. 4174518065
Additional company contact name		
Email address		Primary phone no.

Current group carrier	Current carrier effective date	Type of coverage	Type of funding

Is any part of group subject to bargaining agreement? ☐ Yes ☐ No
Will bargaining agreement participants be considered eligible employees? ☐ Yes ☐ No

Union name (attach copy of agreement)	Union no.	Contract expiration date

Group no.
M O 2 1 0 7

Section 1: Company information – Continued

List all affiliates/subsidiaries/divisions (list names, locations, no. employed at each location.) Attach a separate page to show any separate billing addresses, and any separate billings for life classes.

Names of affiliates/subsidiaries/divisions	Location	No. of employees per location

Total no. of employees residing/working outside of home office state	List no. of employees at each office location

Will any insurance carrier(s), in addition to Anthem, provide medical coverage as part of the group's employee benefit plan? ☐ Yes ☐ No
If yes, list carrier(s) and product(s) offered: _____

In the past 36 months, has the company or any affiliate entity filed for protection or operated under federal/state bankruptcy laws (Chapter 11 or 7) or state receivership? ☐ Yes ☑ No

In the past 36 months, has any creditor filed or threatened to file a petition requesting the company or any affiliated entity to be placed voluntarily into bankruptcy? ☐ Yes ☑ No

Section 2: Type of coverage

Medical coverage

Large Group 51–99 options

- ☐ Anthem Alliance EPO
- ☐ Anthem Alliance EPO HSA (with Copay)
- ☐ Blue Access (PPO)
- ☐ Blue Access PPO HRA
- ☐ Blue Access PPO HRA (with Copay)
- ☐ Blue Access PPO HSA
- ☐ Blue Access PPO HSA (with Copay)
- ☐ Blue Access PPO Deductible First HRA
- ☐ Blue Access Choice (PPO)
- ☐ Blue Access Choice PPO HRA
- ☐ Blue Access Choice PPO HRA (with Copay)
- ☐ Blue Access Choice PPO HSA
- ☐ Blue Access Choice PPO HSA (with Copay)
- ☐ Blue Access Choice PPO Deductible First HRA
- ☐ Blue Preferred EPO
- ☐ Blue Preferred Plus (POS)
- ☐ Blue Preferred Select
- ☐ Blue Preferred Select HRA
- ☐ Blue Preferred Select HRA (with Copay)
- ☐ Blue Preferred Select HSA
- ☐ Blue Preferred Select HSA (with Copay)
- ☐ Blue Preferred Select Deductible First HRA

Large Group 100+ options

- ☐ Anthem Alliance EPO
- ☐ Anthem Alliance EPO HSA (with Copay)
- ☐ Blue Access (PPO)
- ☐ Blue Access PPO HRA
- ☐ Blue Access PPO HRA (with Copay)
- ☐ Blue Access PPO HSA
- ☐ Blue Access PPO HSA (with Copay)
- ☐ Blue Access PPO Deductible First HRA
- ☐ Blue Access PPO (with HRA wrap)
- ☐ Blue Access Choice (PPO)
- ☐ Blue Access Choice PPO HRA
- ☐ Blue Access Choice PPO HRA (with Copay)
- ☐ Blue Access Choice PPO HSA
- ☐ Blue Access Choice PPO HSA (with Copay)
- ☐ Blue Access Choice PPO Deductible First HRA
- ☐ Blue Access Choice PPO (with HRA wrap)
- ☐ Blue Preferred EPO
- ☐ Blue Preferred (HMO)
- ☐ Blue Preferred Options (where applicable)
- ☐ Blue Preferred Options HSA (where applicable)
- ☐ Blue Preferred Plus (POS)
- ☐ Blue Preferred Select
- ☐ Blue Preferred Select HRA
- ☐ Blue Preferred Select HRA (with Copay)
- ☐ Blue Preferred Select PPO (with HRA wrap)
- ☐ Blue Preferred Select HSA
- ☐ Blue Preferred Select HSA (with Copay)
- ☐ Blue Preferred Select Deductible First HRA

For CDHP accounts (HSA/HRA) plans:
Do you want Anthem to facilitate opening a Health Savings Account Financial Custodian (bank) account? ☐ Yes ☐ No
If yes, requires completion of questionnaire.

Flexible Spending Account (FSA) coverage – Multiple plans can be selected.

- ☐ Healthcare FSA (excluded if you have an HSA plan)
- ☐ Limited-Purpose FSA (for dental and vision services)
- ☐ Dependent Care FSA
- ☐ Commuter Parking
- ☐ Commuter Transit
- ☐ No FSA coverage at this time

Dental coverage

- ☐ Prime Essential Choice — Quote ID: _____
- ☐ Other: _____ — Quote ID: _____
- ☑ Complete Essential Choice — Quote ID: 21558353

Vision coverage

- ☑ Vision

Group no.
M O 2 1 0 7

Contribution requirements

Choose your group contribution level for each month:

Medical: 100 % per employee _____% per dependent (optional)
Dental: 100 % per employee _____% per dependent (optional)
Vision: 0 % per employee _____% per dependent (optional)

Do any classes have a percentage of group contribution different than above? ☐ Yes ☐ No
If yes, explain: _____

Life coverage – Please check all that apply and attach your quote/proposal with the application. A minimum of two employees must enroll.

Life/AD&D products

Choose life product and group contribution percentage:

☐ None		☐ Basic Dependent Life	_____%
☐ Basic Life	_____%	☐ Optional Supplemental/Voluntary Life and AD&D	_____%
☐ Basic Life & AD&D	_____%	☐ Optional Supplemental/Voluntary Dependent Life	_____%

Life probationary period/waiting period

Would you like to waive the probationary period/eligibility waiting period for ALL existing employees at initial group enrollment? ☐ Yes ☐ No

Is the eligibility waiting period for new eligible employees enrolling in life plans after the group's coverage effective date the same as the Anthem medical policy eligibility period? ☐ Yes ☐ No

If no, enter the life eligibility probationary period below. Attach additional page if more than three classes.

Class number	Description of eligibility probationary period (Ex. Date of hire, First of month following 60 days of continuous employment, etc.)

Eligible employees must be actively at work, and must satisfy any applicable waiting period. Minimum work hours required for eligible employees is 30 hours per week unless otherwise indicated.

Prior life coverage

Do you have any existing life insurance with this or any other company? ☐ Yes ☐ No

Do you intend with the purchase of this insurance to replace, terminate or change the value of any existing life insurance with this or any other company? ☐ Yes ☐ No

If yes, provide information below for each policy or contract being replaced and attach any applicable replacement forms:

Insurance company name	Policy/contract no.	Termination date (MM/DD/YYYY)

Disability coverage – Please check all that apply and attach your quote/proposal with the application. A minimum of two employees must enroll.

Disability products

Choose disability product and group contribution percentage:

☐ None			
☐ Short Term Disability	_____%	☐ Voluntary Short Term Disability	_____%
☐ Long Term Disability	_____%	☐ Voluntary Long Term Disability	_____%

If disability benefits are selected, indicate whether the employee pays disability premiums on a pre- or post-tax basis. If it varies by class, attach additional page with class-level information.

Short Term Disability: ☐ Pre tax ☐ Post tax
Long Term Disability: ☐ Pre tax ☐ Post tax
Voluntary Short Term Disability: ☐ Pre tax ☐ Post tax
Voluntary Long Term Disability: ☐ Pre tax ☐ Post tax

Group no.
M O 2 1 0 7

Disability coverage — Continued

Disability probationary period/waiting period

Would you like to waive the probationary period/eligibility waiting period for ALL existing employees at initial group enrollment? ☐ Yes ☐ No

Is the eligibility waiting period for new eligible employees enrolling in disability plans after the group's coverage effective date the same as the Anthem medical policy eligibility period? ☐ Yes ☐ No

If no, enter the disability eligibility probationary period below. Attach additional page if more than three classes.

Class number	Description of eligibility probationary period (Ex. Date of hire, First of month following 60 days of continuous employment, etc.)

Eligible employees must be actively at work, and must satisfy any applicable waiting period. Minimum work hours required for eligible employees is 30 hours per week unless otherwise indicated.

Prior disability coverage

Do you have any existing disability insurance with this or any other company? ☐ Yes ☐ No

Do you intend with the purchase of this insurance to replace, terminate or change the value of any existing disability insurance with this or any other company? ☐ Yes ☐ No

If yes, provide information below for each policy or contract being replaced and attach any applicable replacement forms:

Insurance company name	Policy/contract no.	Termination date (MM/DD/YYYY)

Participation requirements

Refer to the Life and Disability Proposal for life and disability participation requirements.

Not actively-at-work requirements for life and disability products

The employees listed below are not presently actively at work and/or are not expected to be actively at work on the requested group effective date. Anthem Life Insurance Company (Anthem Life) may make an exception and assume liability, subject to Underwriting approval, for certain employees. Unless this exception is applied for and granted as indicated below, they will not be covered until they return to active work. To qualify for this exception, the following conditions must all be satisfied. 1) The employee's absence must be due to illness or injury. 2) The employee must be covered by the prior carrier on the day immediately prior to Anthem Life's effective date of coverage for your group. 3) The employee must not be eligible to have coverage continued or extended by the prior carrier after that policy/contract terminates. In no event will the actively-at-work requirement be waived for coverage which provides benefits due to total disability, such as short term disability, waiver of premium or extension of benefits. In no event will any increase in coverage or any additional coverage become effective until the employee returns to work. Coverage approved below will end when your group's coverage under Anthem Life's policy ends or at the end of any time period shown below, whichever occurs first. (Attach additional sheet if necessary.)

Employee name	Amount of insurance	Date of birth	Last date worked	Reason not working	Date expected to return	Insured by prior carrier	Request actively-at-work waiver	For Anthem use only. Waiver request approved	For Anthem use only. Underwriter approval
						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Group no.
M 0 2 1 0 7

Group Accident, Critical Illness, and Hospital Indemnity Insurance
Refer to sold case proposal for plan details. ☐ Accident Insurance – Contract code 1: _____ Contract code 2: _____ Contract code 3: _____ ☐ Critical Illness Insurance – Contract code 1: _____ Contract code 2: _____ Contract code 3: _____ ☐ Tobacco rated ☐ Uni-Tobacco ☐ Hospital Indemnity Insurance – Contract code 1: _____ Contract code 2: _____ Contract code 3: _____
Medicare Part D coverage
Prescription drug benefits: ☐ Wrap ☐ Waiver ☐ Subsidy
If subsidy (CMS Information needed): Plan sponsor ID: _____ Application ID: _____ Unique benefit option identifier: _____

Section 3: Eligibility

Eligible full-time employees must work at least 30 hours per week, must be actively at work and must have satisfied any applicable eligibility waiting period. Eligible full-time employees do not include temporary or seasonal employees.
Total number of employees (including part-time): 123
Total number of full-time employees (including those within their waiting period): 113
Total number of full-time employees in employee waiting period: 1
Probationary period/waiting period for eligible enrollees: ☐ None ☑ First of month after hire date ☐ 1 month ☐ 30 days ☐ 2 months ☐ 60 days ☐ 90 days
Do any classes of employees have a different waiting period? ☐ Yes ☑ No If yes, explain:
New eligible enrollees will become effective on: ☐ Day following completion of waiting period/probationary periods **(required for selection of 90 day waiting period)** ☑ First of month following completion of waiting period/probationary period
Do you wish to offer coverage for domestic partners? ☐ Yes ☐ No
Is your group subject to COBRA? ☑ Yes ☐ No Do you have a COBRA administrator? ☐ Yes ☑ No Do you want an Anthem affiliate to administer COBRA for your group? ☐ Yes ☑ No If yes, please complete and sign the COBRA agreement.

List employees/dependents on Continuation of Coverage/COBRA	Name of persons in COBRA eligibility period	List all totally disabled employees and dependents

ERISA qualified? ☐ Yes ☑ No
Employee termination effective date: ☑ End of month ☐ End of day

Section 4: Open enrollment – Does not apply to Life and Disability coverage.

Our standard open enrollment period is at least 31 days prior to the group's renewal date and 31 days following, which is held no less frequently than once in any 12 consecutive months. If you want to designate a different open enrollment period, please indicate the following: Start date: ⌊ ⌋ End date: ⌊ ⌋ (MM/DD/YYYY)

Group no.
M O 2 1 0 7

Section 7: Agent/producer/broker certification

I certify that:

1. I have reviewed the attached employee and group applications and waivers for completeness and accuracy.
2. I have not completed any of the information contained in the applications except with the permission of the applicant and as noted by my initials on the application.
3. I have not signed any of the applications for a group representative or individual applicant.
4. I have advised the group that a failure to provide complete and accurate information may result in a loss of coverage retroactive to the effective date of coverage or re-rating of the group's premium retroactive to the effective date and that coverage shall not be effective until Anthem and approves the application and the group receives a written notice and contract from Anthem.

Are commissions paid to the agent or agency? ☐ Agent ☑ Agency

Writing payable/sub-agent/producer/broker		**Second writing payable/sub-agent/producer/broker**	
Split commission percentages: Medical: NA % Dental: 100 %		**Split commission percentages:** Medical: ____ % Dental: ____ %	
Agency name Insurance Benefits Consultants, LLC	Agency ID no. bInhrpjsty	Agency name	Agency ID no.
Agent/producer/broker name Jasen Boice	Agent ID no. gkjqlpjrwz	Agent/producer/broker name	Agent ID no.
Commissions paid to tax ID (must match designation above) 87-0779620		Commissions paid to tax ID (must match designation above)	
Agent/producer/broker street address 1009 S Neosho Blvd		Agent/producer/broker street address	
City Neosho	State: MO ZIP code: 64850	City	State / ZIP code
Agent/producer/broker phone no. 417-451-4244		Agent/producer/broker phone no.	
Agent/producer/broker email address jayboice@ibcneosho.com		Agent/producer/broker email address	
Signature	Date (MM/DD/YYYY)	Signature	Date (MM/DD/YYYY)

For general agent/producer/broker use only

General agent/producer/broker name		Agent/producer/broker ID no.	
Street address		City	State / ZIP code

Sales representative

Sales representative name	Sales representative ID no.

Group no.
M O 2 1 0 7

Section 5: Read this section carefully before signing. Please review your application for errors or omissions.

The employer and/or authorized representative hereby requests that it be approved for coverage through Anthem Blue Cross and Blue Shield and Anthem Life Insurance Company (hereinafter "Anthem" unless otherwise specified) and to be bound by Anthem's and Anthem Life's rules and regulations pertaining to coverage under the insurance contracts and policies, as adopted and/or revised from time to time. Employer understands and certifies the following, and if approved for coverage, agrees by payment of the required premiums; and the authorized representative certifies on behalf of the employer:

1. To comply with all terms and provisions of the Group Contract(s) issued, and trust agreements, if applicable, and also accepts enrollment under the Anthem Life trust policy(ies), if applicable.
2. To make the coverage available to all eligible employees and their eligible dependents and to distribute information and documents to enrolled employees as needed.
3. To maintain records and furnish to Anthem or their designated agent(s), any information required in connection with administration of the coverage.
4. To provide notice of applicable conversion rights and rights to continue health coverage under COBRA to eligible employees and eligible dependents.
5. That statements of medical history will be required of employees, and dependents when applying for coverage within or outside the time frames or amount of coverage limits established by Anthem.
6. That approval for this coverage may cancel any prior contracts and/or coverage with Anthem effective immediately preceding the effective date of the employer's coverage.
7. To pay Anthem by the premium due date, the premiums on behalf of each member covered under the contract, unless otherwise stated in any financial agreement between the parties, to submit applications of employees prior to their date of eligibility, to keep all necessary records regarding membership, to assume responsibility for handling the COBRA and state-mandated continued group coverage and/or conversion process, if applicable.
8. That claims filed by or on behalf of members may, at Anthem's option, be suspended if premiums are not timely received.
9. If applicable, employer will receive on behalf of members, all notices delivered by Anthem, and immediately forward such notices to persons involved, at their last known address.
10. The advance premium check does not create temporary or interim coverage and that receipt and deposit of that payment does not guarantee issuance of coverage. Rather, issuance of coverage is expressly conditioned on Anthem's determination that the group is an acceptable risk based on their current underwriting practices and procedures. Unless these conditions are met, there shall be no liability on the part of Anthem except to refund the payment. The employer will be responsible for returning to individual employees any part of the payment contributed by those employees.
11. That in order for Anthem to accept or decline this application, all the information requested on this application must be completed. In the event the application is not complete, Anthem, or its designated agent(s), is authorized to obtain the necessary information and to complete that information on this application. The employer understands that the coverage issued by Anthem may be different than the coverage applied for herein. In that event, Anthem shall notify the employer of such differences, and by payment of the appropriate premiums, the employer will accept the coverage as issued.
12. The premium rates calculated for the employer are contingent, based upon the accuracy of the eligibility data submitted on employees and covered dependents to Anthem by the employer. Anthem reserves the right to review such rates upon receipt of all individual applications for employers' employees and to modify the rates, if the enrollment information so warrants. Any misstatements on employees' application or failure to report new medical information prior to the employees' effective dates may result in a material change to the groups' coverage or premium rates as of the effective date of coverage.
13. The entire application for group coverage has been reviewed, and all answers contained herein are true and complete to the best of the employer's and/or authorized representative's knowledge and belief.
14. All employees applying for coverage are employees of the employer and receive salary or wages documented on state and/or federal payroll reports. Eligible full-time employees must work at least 30 hours per week, must be actively at work, must have satisfied any applicable eligible waiting period.
15. The requested coverage is not in effect unless and until this application is approved by Anthem, that approval of coverage shall be evidenced by issuing group contracts and/or policies to the employer, and an employee's coverage is not in effect unless and until the employee applies and is approved for coverage by Anthem.
16. The employer acknowledges that he has signed the attached benefit proposals indicating the coverages requested.
17. The broker listed below is authorized to make enrollment and eligibility changes on behalf of the employer's group health plan, and employer will immediately inform Anthem if this authorization is revoked.
18. STD benefits for employees eligible for state disability plans in CA, HI, NJ, NY, PR or RI will be integrated with the state mandated program in that state. The volume calculated for monthly premium will be based on the total benefit amount, and not reduced by the state mandated benefit.

Section 6: Signature – Please attach a check for the first month's premium. Read section 5 carefully before signing.

Printed name of authorized group representative	Title	
Signature of authorized group representative X		Date (MM/DD/YYYY)
Accepted by Anthem's Underwriting Department – Signature X	Title	Date (MM/DD/YYYY)

Anthem

Universal Credit Fund

Billing Process & Suggested Programs

Dear City of Neosho,

We are excited to offer you an exclusive universal credit fund of $2000.00 (two-thousand). These funds will enable you to develop a customized program to meet the unique needs of your company and employee group. Together, we can build a program that will strengthen your company's culture of health and lead to healthy, productive employees.

We have created a streamlined-billing process to make it quick and easy for you to use your universal credit fund. To ensure you get the most from your funds, follow the steps below.

Billing Process:
In order to use your universal credit fund to pay for service(s), vendors must bill Anthem Blue Cross and Blue Shield directly.

1) Vendors who supply service(s) should use the attached invoice template for billing.
2) Submitted invoices must include **Vendor Information**, your **Group Name**, **Description of Service(s)**, **Billed Amount**, and **Date of Service.**
3) Send completed invoices to your Anthem Sales Account Representative for payment.

Please note:

- Universal credit funds must be used within your specified contract period.
- Invoices must be dated within your specified contract period.
- Only valid invoices with the required information outlined above will be submitted for payment.
- Vendors who have never submitted a payment to Anthem Blue Cross and Blue Shield must submit the attached W-9 tax form.

If service(s) are not billed directly to Anthem Blue Cross and Blue Shield, we may allow reimbursement in some specific cases, but certain restrictions apply. Contact your Anthem Sales Account Representative for more information.

Ready to build your custom solution?
Consider some of these popular programs and incentives:

-
- Technology Credits
- Communication Plans
- IT Enhancements
- Audits
- Tobacco/Nicotine Cessation
- Weight Loss/Weight Management
- Stress Management/Better Sleep
- Health & Custom Lunch & Learn Seminars (topic must be pre-approved)
- Mammography Van Visits
- Educational Seminars
- Onsite Healthy Food Demonstrations
- Health Fairs with Medical Screenings, Nutritional Education, etc. (pre-approval of expenses recommended)
- Onsite Exercise Programs (see Anthem Walking Works program)
- Onsite Chair Massages
- Know Your Numbers Programs
- Fitness Club Membership Subsidies (when onsite facility not available)
- Anthem Health & Wellness and EAP Programs (when not included with medical plans)
- Health & Wellness Participation Incentives (gift cards with pre-approval/restrictions apply)
- LiveHealth Online Onsite Kiosk
- Biometric Screening, Flu shots and Other Immunizations
- Personal Exercise Items (fitness shoes, crossrope, dumbbells, resistance bands)
- Exercise Clothing (pre-approval recommended)
- Fitness Wearables/Fitness Trackers
- Personal Health Tracking Journals
- Wellness Newsletters and Health-Related Magazine Subscriptions

Group Signature/Date: _____

Please Note: Employers are responsible for assuring the compliance of their custom programs with all applicable laws and regulations, and should consult with their attorneys, as needed, for legal advice and assistance. In providing the Universal Credit, Anthem does not endorse any employer's custom program(s) or draw any conclusions as to their legal or compliance status.

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022

ITEM: BILL NO. 2022-63: MUTUAL OF OMAHA FOR LIFE AND DISABILITY INSURANCE

ORIGINATING DEPARTMENT: Human Resources Department

ATTACHMENT:

1. **Bill No. 2022-63 agreement w Mutual of Omaha RE Life and Disability Insurance**
2. **Mutual of Omaha Customer Agreement**

PURPOSE:

The purpose of this item is to get the Council's approval for Mayor DeWitt to sign the 2022/2023 Mutual of Omaha agreement for life and disability insurance and terminate the agreement with Colonial for life insurance.

BACKGROUND:

Staff has been working with Insurance Benefits Consultants to renew disability insurance with Mutual of Omaha and to include both group and voluntary life insurance for 2022/2023.By signing the customer agreement, we agree to renew disability insurance and adding life insurance to the plan and terminate the agreement with Colonial for life.

RECOMMENDATION:

Staff requests council’s approval to allow the Mayor to sign the Mutual of Omaha customer agreement.

COUNCIL BILL NO. 2022-63 **ORDINANCE NO. 334-2022**

AN ORDINANCE authorizing the City of Neosho, Missouri, to enter into an Agreement with Mutual of Omaha Insurance Co., a Nebraska Corporation, for the purpose of offering group life and disability insurance; authorizing the City of Neosho to terminate an Agreement with Colonial Life & Accident Insurance Company, a South Carolina Corporation, for the purpose of offering group life insurance; and authorizing the Mayor to execute the foregoing by and on behalf of the City of Neosho.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, as follows:

Section 1. That the Agreement, including the Group Insurance Application and the Policy Administration document, by and between the City of Neosho, Missouri, and Mutual of Omaha Insurance Co., a Nebraska Corporation, for the purpose of offering group life and disability insurance, a true and accurate copy of said Agreement being attached hereto and incorporated as Exhibit "A," be and the same is hereby approved.

Section 2. That the Agreement by and between the City of Neosho, Missouri, and Colonial Life & Accident Insurance Company, a South Carolina Corporation, for the purpose of offering group life insurance, account number E5347869, be and the same is hereby terminated with an effective date of October 1, 2022.

Section 3. That the Mayor of the City of Neosho, Missouri, is hereby authorized and directed to execute the foregoing by and on behalf of the City of Neosho.

PASSED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, this _____ day of _____, 2022, by a vote of _____.

_____
Tyler DeWitt, Mayor

ATTEST:

_____
Cheyenne Wright, City Clerk

APPROVED AS TO FORM:

_____
Jordan L. Paul, City Attorney

Group Insurance Application

United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza • Omaha, NE 68175

Mutual of Omaha

APPLICANT INFORMATION

Applicant (Full Legal Name) City of Neosho

Address 203 East Main

City Neosho State MO ZIP 64850

REQUESTED EFFECTIVE DATE

Insert Date on this Line 10-01-2022

If this application is approved, insurance will become effective on the requested effective date, unless United of Omaha Life Insurance Company sends written notice of a different effective date.

Coverage(s) being applied for	GROUP (Contributory / Non-Contributory)	GROUP VOLUNTARY (100% Employee Paid)
Life	☐	☐
Life / AD&D	☒	☒
Short Term Disability	☐	☐
Long Term Disability	☐	☐
Dental	☐	☐
Vision	☐	☐
Critical Illness	☐	☐
Hospital Indemnity	☐	☐
Accident	☐	☐

REQUIRED FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, may be guilty of a crime and may subject such person to criminal and civil penalties.

ACKNOWLEDGEMENT AND SIGNATURE

All statements in this application and any claims experience data provided to United of Omaha Life Insurance Company are true and complete and will be relied upon by United of Omaha Life Insurance Company to determine whether to issue a policy. Such statements and claims experience data, along with the group insurance proposal from United of Omaha Life Insurance Company, are the basis for any policy issued by United of Omaha Life Insurance Company. Any incomplete, incorrect or misleading statements or data may void this application and any issued policy as of the effective date, subject to the conditions/provisions of the policy.

If an authorized representative at United of Omaha Life Insurance Company's Home Office does not approve this application, no insurance is in effect at any time and any advance payment received will be returned.

Applicant Signature

Name

Title | Date

Broker Signature | Name Jay Boice | License # 291132

G2018APP MO

Mutual of Omaha

New Customer Verification Guide

Presented To:

City of Neosho

Getting Started

Thank you for choosing Mutual of Omaha for your Group Insurance needs. The New Customer Verification Guide ("Guide") is key to administering your plan effectively and efficiently. To ensure a smooth implementation, complete and sign the applicable section within the Guide.

STEP 1: Review the Group Insurance proposal and complete the sections within the Guide.

Guide	Description	Completed
Group Insurance Proposal	Applicant and Producer verify sold plan design and rates.	☐
Acceptance of Terms and Conditions	**Applicant signature** is required.	☐
Group Insurance Application	**Applicant signature** is required. • Must be signed prior to the proposed effective date	☐
Policy Administration		☐
Contact Information	Premium/Billing, Claims, Administration, and Renewal	
Billing Information	Billing type, format and location	
Eligibility Information	Class description and employee waiting periods	
Earnings Definition	Earnings definition, premium contributions, and ERISA	
Witholding and Tax Reporting	Required for Disability, Accident and Critical Illness coverage	

STEP 2: Return the completed and signed Guide to the Mutual of Omaha representative listed below at least 15 days prior to the requested effective date.

Additional Items Required		Included
Employee Census and Enrollment	• Census in Excel format (preferred method) • Employee enrollment forms, electronic or hard copy • Evidence of Insurability or Application forms • Applicant retains copy of enrollment material	☐
Replacing Prior Insurance Plan	☐ Yes ☐ No	
Prior Carrier Billing statement	Required if transferring coverage from another carrier	☐
Prior Carrier certificate booklet	Required if transferring coverage from another carrier	☐
Sample premium calculation spreadsheet	Required only for Self-administered groups	☐
Producer / Agent Use Only		
Producer Checklist	Producer identification and details	☐
Third Party Administrator Checklist	Required only if TPA is providing services	☐

If you have any questions, please contact your Mutual of Omaha representative.

Sales Representative	Brian Stevenson	
Sales Assistant	Nancy Conard	
Email	Nancy.Conard@mutualofomaha.com	
Phone & Fax	816/437-7926	

Group Office	Kansas City		
Group Office Address	1100 Walnut Street, Suite 2980		
Address 2			
City, State, Zip	Kansas City	MO	64106

Mutual of Omaha

Policy Administration

CONTACT INFORMATION

Applicant Information

Legal Name of Company	City of Neosho		
Doing Business As (DBA)			
Employer Identification Number *(Tax ID Number)*	44-6000230		
Legal Address of Company	203 East Main St.		
Address 2			
City, State, Zip	Neosho	Mo	64850
Company Phone & Fax	417-451-8050	417-451-8065	

Primary Contact

Contact For:
- ☑ Premium/Billing
- ☑ Claims
- ☑ Administration
- ☑ Renewal Census (Self-administered only)
- ☑ EOI

Contact Name	Krysti Muhic	
Address (if different than above)		
Address 2		
City, State, Zip		
Contact Phone & Fax	417-451-8017	417-451-805.
Contact Email	Kmuhic@neoshomo.org	

If above Contact Email is not specific to you please provide a unique email for accessing our employer website here:

Should this contact have access to:
Online Billing and Reporting ☑ Yes ☐ No
Online Eligibility Maintenance (*List Billed customers only*) ☑ Yes ☐ No

Additional Contact

Contact For:
- ☑ Premium/Billing
- ☑ Claims
- ☑ Administration
- ☐ Renewal Census (Self-administered only)
- ☑ EOI

Contact Name	Tana Wise		
Address (if different than above)	1009 S. Neosho Blvd.		
City, State, Zip	Neosho	Mo	64850
Contact Phone & Fax	417-451-4244	417-451-4247	
Contact Email	tanawise@ibcneosho.com		

If above Contact Email is not specific to you please provide a unique email for accessing our employer website here:

Should this contact have access to:
Online Billing and Reporting ☑ Yes ☐ No
Online Eligibility Maintenance (*List Billed customers only*) ☑ Yes ☐ No

Policy Administration

BILLING INFORMATION

1. **Billing Assumptions:** All bills will be sent to the primary contact indicated in the Contact Information section above. Unless otherwise agreed to, or stated in the Group Insurance Proposal, billing statements will be issued on a monthly basis. Premium is due on the first day of the month. The group policy will include a premium grace period provision.

2. **Billing Type and Frequency*:** Select the billing type and frequency you prefer:
   ☑ List Bill *(mandatory for Dental, Vision and Groups under 50 covered employees)*
   Are confirmation statements of Voluntary Term Life coverage necessary for each employee? ☑ Yes ☐ No
   ☐ Self – Administration Bill *(mandatory for Stand Alone AD&D, Stand Alone VAD&D, Business Travel)*

   *Monthly in Advance is the ONLY billing frequency offered for these products.

CAUTION
Please Note

We recommend that all groups under 200 covered employees be set up with the List Bill option that provides you with a monthly-itemized bill. This option provides you online access to the following:
- Enrollment Data Administration- Adds, Terminations and Changes
- Management Reports: Standard and On Demand formats
- Real-Time reporting access to Evidence of Insurability member status
- Administrative Invoice Verification Tool

3. **Enrollment Method** *(required for List Billing only)*: Indicate what method your billing should be based on:
   ☑ Excel census ☐ Enrollment forms ☐ Both
   Specify which method takes precedence in the event of conflicting information
   ☑ Excel census ☐ Enrollment forms

4. **Payroll Deduction Frequency**: Indicate payroll deduction frequency for any voluntary and/or contributory coverages: Select one option.

Monthly *(Standard)*	Weekly *(52/yr)*	Bi-Weekly *(26/yr)*	Semi-Monthly *(24/yr)*	9thly	10thly	13thly
☐	☐	☐	☑	☐	☐	☐

   Specify first payroll date following the effective date (mm/dd/yyyy):

5. **Billing Format**: If you have multiple locations, we can include a location name and number on your billing statement or send a separate bill to each location. Select the billing format you prefer:

   ☑ One bill for all locations/divisions sent to Primary Contact (Standard)
   ☐ One bill itemized by location/division codes sent to Primary Contact *(available for List Billed customers only)*
   ☐ One bill for each location/division sent to the applicable location contacts:

Additional Billing Location

Location Name & Number			
Contact Name			
Billing Address			
City, State, Zip			
Contact Phone & Fax			
Contact Email			
Should this contact have access to: Online Billing and Reporting ☐ Yes ☐ No Online Eligibility Maintenance *(List Billed customers only)* ☐ Yes ☐ No			

Mutual of Omaha

Policy Administration

ELIGIBILITY INFORMATION

Unless otherwise noted in the Group Insurance Proposal, the policy will be issued with the following provisions.

1. **Eligibility Rules:** A clear definition of eligibility rules by class is necessary to properly administer your plan. Complete the table below to clarify whether or not any classes have varying eligibility criteria by product (*include all variations*). If eligibility does not vary by class or product, only complete the first row of the below chart.
   - *Class Description – How the employees class should be described in the policy*
   - *Minimum Hours – Minimum number of hours an employee must work to be eligible for coverage*
   - *Waiting Period – Days, months, years an employee must be employed full-time before becoming eligible for coverage*
   - *Effective Date – Day on which coverage begins after employees satisfy the waiting period*
   - *Termination Date – Day on which coverage terminates once an employee is no longer eligible*

MINIMUM HOURS	COVERAGE WAITING PERIOD	COVERAGE EFFECTIVE DATE	REHIRE EFFECTIVE DATE	COVERAGE TERMINATION DATE	APPLIES TO WHICH PRODUCTS	
Class Description: All Employees						
30 Hours ☑ Week ☐ Month ☐ Quarter ☐ Year	0 Days Months Years	☐ on the day[1] ☐ first day of month coinciding with policy[2] ☒ first day of month following[3]	☐ on the day[1] ☐ first day of month coinciding with policy[2] ☐ first day of month following[3]	☒ on the day- *(Required for disability)* ☐ last day of month *(Required for critical illness)* *(Required for accident)*	☑ Life ☐ STD ☐ LTD ☐ Dental ☐ Crit Illness ☐ Accident ☐ Hospital Indemnity ☐ Stand Alone AD&D ☐ Stand Alone VAD&D ☐ Vision	☑ Vol. Life ☐ Vol. STD ☐ Vol. LTD ☐ Vol. Dental ☐ Vol. Crit Ill ☐ Vol. Acc ☐ Vol. Hosp. Indem. ☐ Busn Travel ☐ Vol. Vision
Class Description:						
Hours ☐ Week ☐ Month ☐ Quarter ☐ Year	Days Months Years	☐ on the day[1] ☐ first day of month coinciding with policy[2] ☐ first day of month following[3]	☐ on the day[1] ☐ first day of month coinciding with policy[2] ☐ first day of month following[3]	☐ on the day- *(Required for disability)* ☐ last day of month *(Required for critical illness)* *(Required for accident)*	☐ Life ☐ STD ☐ LTD ☐ Dental ☐ Crit Illness ☐ Accident ☐ Hospital Indemnity ☐ Stand Alone AD&D ☐ Stand Alone VAD&D ☐ Vision	☐ Vol. Life ☐ Vol. STD ☐ Vol. LTD ☐ Vol. Dental ☐ Vol. Crit Ill ☐ Vol. Acc ☐ Vol. Hosp. Indem. ☐ Busn Travel ☐ Vol. Vision
Class Description:						
Hours ☐ Week ☐ Month ☐ Quarter ☐ Year	Days Months Years	☐ on the day[1] ☐ first day of month coinciding with policy[2] ☐ first day of month following[3]	☐ on the day[1] ☐ first day of month coinciding with policy[2] ☐ first day of month following[3]	☐ on the day- *(Required for disability)* ☐ last day of month *(Required for critical illness)* *(Required for accident)*	☐ Life ☐ STD ☐ LTD ☐ Dental ☐ Crit Illness ☐ Accident ☐ Hospital Indemnity ☐ Stand Alone AD&D ☐ Stand Alone VAD&D ☐ Vision	☐ Vol. Life ☐ Vol. STD ☐ Vol. LTD ☐ Vol. Dental ☐ Vol. Crit Ill ☐ Vol. Acc ☐ Vol. Hosp. Indem. ☐ Busn Travel ☐ Vol. Vision

Note: All of the following examples assume a standard enrollment period of 31 days.

[1] **"on the day"** means insurance is effective on the day after satisfaction of the waiting period (if applicable), or on the day the enrollment form is signed (if applicable), whichever is later.
With no waiting period:

- Noncontributory Plan – Insurance for an employee with a hire date of April 15 would begin on April 15.

- Contributory Plan – Insurance for an employee with a hire date of April 15 that signs the enrollment form on or before May 16 would begin on the day the form is signed.

[2] **"first day of month coinciding with policy"** means insurance is effective on the first day of the month that coincides or follows satisfaction of the waiting period (if applicable), or on the *first day of the month coinciding with or following the day the enrollment form is signed* (if applicable), whichever is later.
With no waiting period:
- Noncontributory Plan – Insurance for an employee with a hire date of April 15 would begin on May 1. Insurance for an employee with a hire day of May 1 would also begin on May 1.
- Contributory or Voluntary Plan – Insurance for an employee with a hire date of April 15 that signs the enrollment form before May 1 would begin on May 1. Insurance for an employee with a hire date of May 1 that signs form on May 1 would begin on May 1. For either hire date, if the form is signed after May 1 but on or before May 16, insurance would begin on June 1.

[3] **"first day of month following"** means insurance is effective on the first day of the month that follows satisfaction of the waiting period (if applicable), or on the *first day of the month following the day the enrollment form is signed* (if applicable), whichever is later.
With no waiting period:
- Noncontributory Plan – Insurance for an employee with a hire date of April 15 would begin on May 1.
- Contributory or Voluntary Plan – Insurance for an employee with a hire date of April 15 that signs the enrollment form before May 1 would begin on May 1. If the form is signed on or after May 1 but on or before May 16, insurance would begin on June 1.

2. **Eligibility Assumptions**
   a. **Rehire/Reinstatement**
      - The Policyholder can elect to include a rehire/reinstatement provision in their coverage.
      - The standard rehire/reinstatement period for Layoff and Leave of Absence for employer groups is 90 days for life, disability, critical illness, accident, hospital indemnity, vision and dental coverages (basic and voluntary).
        - Rehire/reinstatement for Leave of Absence is **not available** for non-employer groups.

   b. **Continuation of Coverage**
      - The Policyholder can elect to include a continuation provision in their coverage.
      - For Life and Hospital Indemnity coverage, the standard Continuation period of Temporary Layoff, Furlough or Personal Leave is 12 weeks.
      - For Accident and Critical Illness coverages, the standard Continuation period of Temporary Layoff or Personal Leave is 12 weeks.
      - For Disability coverages, Continuation for Temporary Layoff, Furlough or Personal Leave is not standardly included.
      - For Dental and Vision coverage, the standard Continuation is until the end of the month.
      - Continuation is **not available** for non-employer groups.

   NOTE: Changes from standard may affect premium rates. Contact your Implementation Manager for Information.

3. **Domestic Partner:** Are Domestic Partners covered? ☐ Yes ☑ No

4. **Open Enrollment: Voluntary Term Life with AD&D**
   Mutual of Omaha has agreed to a one-time open enrollment to occur for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements.

   If open enrollment period differs, indicate dates here: (mm/dd) _____ through _____

   During this one-time period, the covered participant(s) may elect insurance for the first time or request increased insurance up to the policy Guarantee Issue Amount for the covered participant(s) without providing health information. After this one-time period, insurance may only be elected or increased through completion of the Evidence of Insurability health underwriting process for the covered participant(s) except for new covered participant(s) or those experiencing a life event according to the policy. Any subsequent open enrollments are not allowed, unless approved in writing in advance of the enrollment by an authorized representative from Mutual of Omaha's home office.

5. **Enrollment: Life and AD&D**
   Insurance may only be selected or increased through completion of the Evidence of Insurability health underwriting process for the participant(s), except for new participant(s) or those experiencing a life event according to the policy.

Policy Administration

EARNINGS DEFINITION

Insurable earnings: All employees' insurable earnings must be clearly defined so that premiums and claim payments are correctly calculated. Specify Class Description and Definition of Earnings for each class of employees.

☐ Check this box if the Earnings Definition applies to all Class Descriptions and only complete Class 1.

	Class 1		Class 2		Class 3	
Class Description						
Current Calendar Year[1]	☑		☐		☐	
Overtime	☐		☐		☐	
Differentials	☐		☐		☐	
Other Extra Compensation	☐		☐		☐	
Commissions	☐	Number of Months Averaged ☑ 12 ☐ 24 ☐ 36	☐	Number of Months Averaged ☐ 12 ☐ 24 ☐ 36	☐	Number of Months Averaged ☐ 12 ☐ 24 ☐ 36
Bonuses[2]	☐		☐		☐	
Prior Year W-2[3]	☐		☐		☐	
Prior Calendar Year Average Earnings	☐		☐		☐	

[1]*Earnings will be determined on the last day worked. Salary shall not exceed payroll records or premium paid.*
[2]*Additional approval may be necessary*
[3]*Bonuses, Commissions and Overtime are included*

If the Earnings Definition you select here is different from what is shown on the Sold Proposal or if you do not see the Earnings Definition you want, please contact your Implementation Manager.

PREMIUM CONTRIBUTIONS

Key

A. **Non-Contributory** - 100% Employ**ER** funded.
B. **Contributory** - Employ**ER** & Employ**EE** funded.
C. **Voluntary** - 100% Employ**EE** funded with post-tax dollars. The Employ**ER** is not grossing up employee wages or indirectly funding the program.
D. **Gross-Up** - 100% Employ**EE** funded with post-tax dollars. The Employ**ER** grosses up the employee wages.
E. **Tax Choice (IRS Revenue Ruling 2004-55)** - 100% Employ**ER** funded. Employ**EE**s are offered the choice of whether to have the premium included in their taxable income.
F. **Core / Buy-Up** - Core plan is fully funded by the Employ**ER**. The Buy-Up plan is fully funded by the Employ**EE**.
G. **Section 125** - Employ**EE** or Employ**ER** funded.

Please take a minute to review the Group Insurance Proposal and verify the proposed plan's premium contributions and participation levels are accurate.

1. For Contributory coverage, indicate the percentage of premium paid by both the Employ**ER** and Employ**EE**.

	ER %	EE %	Pre-Tax Post-Tax	Section 125 Plan
Life (EE)		100	Post	☐ Yes
Life (DEP)		100	Post	☐ Yes
LTD				☐ Yes
STD				☐ Yes
Dental (EE)				☐ Yes
Dental (DEP)				☐ Yes
CI (EE/CH)				☐ Yes
CI (SP)				☐ Yes
Accident				☐ Yes
HI (EE)				☐ Yes
HI (DEP)				☐ Yes
Standalone AD&D				☐ Yes
Vision (EE)				☐ Yes
Vision (DEP)				☐ Yes
MA PFL*				n/a
MA PML*				n/a

If any benefits are offered under a Section 125 plan, please indicate your subsequent enrollment period (mm/dd): _____

2. If Disability coverage is being applied for, it is important to know how premiums are funded as this will affect the tax treatment of benefit payments. Please select how Disability premiums will be funded.

Type (See Above Key)	Contribution	STD	LTD
A. Non-Contributory	100% EmployER	☐ Yes	☐ Yes
B. Contributory	EmployER / EmployEE	☐ Yes	☐ Yes
C. Voluntary	100% EmployEE	☐ Yes	☐ Yes
D. Gross-Up	100% EmployEE	☐ Yes	☐ Yes
E. Tax-Choice	EmployER	☐ Yes	☐ Yes
F. Core / Buy-Up	EmployER / EmployEE	☐ Yes	☐ Yes
G. Section 125	EmployER / EmployEE	☐ Yes	☐ Yes

POLICY INFORMATION

Active at work requirement: Unless expressly agreed in advance by Mutual of Omaha, we will issue our standard and approved policy language.

An employee must meet an Active Work requirement to become insured. Will all proposed insureds meet the Active Work requirement?

Yes ☑ All employees listed on the census or any form of enrollment we are providing to you are actively working.

No ☐ Not all employees are actively working.
If No please provide a separate listing of employees and their date of birth who will be excluded from the billing statement. Unless otherwise approved by us, the listed employees will not be covered until the return to active work.

For Life, Dental, Vision, Accident, Critical Illness, and Hospital Indemnity coverage, if employees are not "actively at work", continuity of coverage options may apply. Employees who will not meet the Active Work requirement, or who are not eligible under Mutual of Omaha's continuity of coverage provisions, will be covered once they return to active work and will be added to the billing statement at that time.

Continuity of Coverage Information:
If the Mutual of Omaha policy replaces a prior plan that contained a provision allowing for continuation of coverage, the Mutual of Omaha policy will provide coverage subject to **all** of the conditions below for an employee who:

- was insured under the prior plan on the day prior to the Mutual of Omaha policy effective date
- is otherwise eligible under the Mutual of Omaha policy, but is not actively working on the policy's effective date due to injury or sickness or a leave of absence under federal or state law that allows for continuation of insurance
- is not eligible for benefits or continuation of insurance under any provision of the prior plan (i.e. waiver of premium, conversion, portability)
- is not a retired employee (unless the policy provides coverage for retired employees)
- **is not totally disabled** on the Mutual of Omaha policy's effective date (applies to continuity of **Life** coverage only)

PLEASE NOTE:

- Insurance is subject to uninterrupted payment of premium to us when due.
- Collection of premium does not guarantee payment of a claim. For **Life** claims, if it is determined at the time of claim that the insured was totally disabled as of the policy effective date, the claim will not be paid.
- For **Life, Accident Critical Illness, and Hospital Indemnity** coverage, if the insured has not returned to active work with the Policyholder by the end of the Continuity of Coverage provision, the Policyholder is responsible for providing the insured with conversion rights within 31 days of coverage ending.

For Disability coverage, employees who will not meet the Active Work requirement will be covered once they return to active work.

Extraterritorial States
The states listed below have enacted legislation that requires insurers to provide specific coverage for people residing in their states. If you have employees residing in any of these states, please select the states that would apply.

- ☐ APO/FPO Americas
- ☐ APO/FPO Europe
- ☐ APO/FPO Pacific
- ☐ Alabama
- ☐ Alaska
- ☐ American Samoa
- ☐ Arizona
- ☐ Arkansas
- ☐ BR Virgin Isl
- ☐ CANAL Zone
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia
- ☐ Fed St of Micronesia
- ☐ Florida
- ☐ Foreign
- ☐ Georgia
- ☐ Guam
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Marshall Islands
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ N Mariana Islands
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Palau
- ☐ Panama
- ☐ Pennsylvania
- ☐ Puerto Rico
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virgin Islands
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

ERISA
Employee Retirement Income Security Act of 1974 (ERISA) is the federal law that sets minimum standards for most employer-sponsored benefits plans. For more information on ERISA, visit the U.S. Department of Labor (DOL) website at https:\\www.dol.gov/dol/topic/health-plans/erisa.htm.

1. Are your benefit plan(s) subject to ERISA?
   Nearly 90% of our clients are ERISA plans. Corporations, partnerships, sole proprietorships, and non-profit organizations are covered, **but governmental employers and churches are not**, and are exempt from the application of ERISA.
   ☐ Yes ☒ No

If yes, you must complete numbers 2-4 on this page.

2. Provide the ERISA plan administrator contact information below. This person is employed at your company and will receive information for annual reporting to the DOL.

Name	
Email Address	
Mailing Address	
Phone	

3. In the boxes below, please provide the three-digit Plan Number (beginning with a '5'), Plan Year and type of coverage. This information can be found on your welfare benefit plan Form 5500.

Plan Number	5	5	5	5	5	5
Plan Anniversary (mm/dd)	/	/	/	/	/	/
Type of Coverage						

Summary Plan Document (SPD) materials include ERISA plan numbers and anniversary dates. Plan anniversary dates also indicate when you need information for your annual 5500 Schedule A DOL filing.

4. Would you like your ERISA information included in your Certificate booklet(s)?
   This relates to ERISA SPD requirements.
   ☐ Yes ☐ No

Note: The employer is ultimately responsible under ERISA for the benefits it agrees to provide its employees.

Mutual of Omaha

Policy Administration

ACCEPTANCE OF TERMS AND CONDITIONS

I confirm that I have reviewed and completed all appropriate sections of the Group Insurance Application and the Policy Administration document included in this Guide.

I agree to and accept the terms and conditions of the Group Insurance Proposal, the Group Insurance Application, and eligibility, benefit, cost details and other information provided in this Guide.

Company Name: City of Neosho

Printed name of Authorized Company Representative: _____

Signature of Authorized Company Representative: _____

Title: _____ Date: _____

An implementation call will take place during the setup of your new coverage. Who should be contacted in this call?

☑ Primary Contact ☐ Producer ☐ Other _____

Name: Krysti Mulnic, HR Director

Phone: 417-451-8017

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022

ITEM: BILL NO. 2022-64: ALLSTATE FOR ACCIDENT, CANCER, AND CRITICAL ILLNESS INSURANCE

ORIGINATING DEPARTMENT: Human Resources Department

ATTACHMENT:

1. **Bill No. 2022-64 agreement w Allstate RE Accident Cancer and Critical Illness Insurance**
2. **Allstate Customer Agreement**

PURPOSE:

The purpose of this item approves the agreement with Allstate for accident, cancer, and critical illness insurance and terminates the agreement with Colonial for the same.

BACKGROUND:

Staff has been working with Insurance Benefits Consultants to find benefit providers more appropriate for both cost and service for the employees of Neosho. Staff believes switching the accident, cancer, and critical illness insurance from Colonial to Allstate will provide the employees with greater services.

RECOMMENDATION:

Staff requests council's approval to allow the Mayor to sign the Allstate customer agreement.

COUNCIL BILL NO. 2022-64 **ORDINANCE NO. 335-2022**

AN ORDINANCE authorizing the City of Neosho, Missouri, to enter into an Agreement with Allstate Insurance Company, an Illinois Corporation, for the purpose of offering group accident, group cancer, and group critical illness insurance; authorizing the City of Neosho to terminate an Agreement with Colonial Life & Accident Insurance Company, a South Carolina Corporation, for the purpose of offering group accident, group cancer, and group critical illness insurance; and authorizing the Mayor to execute the foregoing by and on behalf of the City of Neosho.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, as follows:

Section 1. That the Agreement by and between the City of Neosho, Missouri, and Allstate Insurance Company, an Illinois Corporation, for the purpose of offering group accident, group cancer, and group critical illness insurance, a true and accurate copy of said Agreement being attached hereto and incorporated as Exhibit "A," be and the same is hereby approved.

Section 2. That the Agreement by and between the City of Neosho, Missouri, and Colonial Life & Accident Insurance Company, a South Carolina Corporation, for the purpose of offering group accident, group cancer, and group critical illness insurance, account number E5347869, be and the same is hereby terminated with an effective date of October 1, 2022.

Section 3. That the Mayor of the City of Neosho, Missouri, is hereby authorized and directed to execute the foregoing by and on behalf of the City of Neosho.

PASSED BY THE COUNCIL OF THE CITY OF NEOSHO, MISSOURI, this _____ day of _____, 2022, by a vote of _____.

_____
Tyler DeWitt, Mayor

ATTEST:

_____
Cheyenne Wright, City Clerk

APPROVED AS TO FORM:

_____
Jordan L. Paul, City Attorney

Allstate BENEFITS

Customer Agreement

American Heritage Life Insurance Company (AHL)
Jacksonville, Florida

Group/Account Number _____ Master Account Number _____ Effective Date 10/01/22

1. Account Profile

A. Group/Account Name City of Neosho

B. Situs State Mo **C.** SIC code 9199 **D.** Federal ID No. 44-6000230 **E.** Years in Business 100

F. Type of Business Municipality

G. Physical Address* 203 East Main St.

City Neosho State Mo Zip 64850 * For Group products, address must be based on situs state of Group policy.

☑ Check this box if the Billing Address is the same as the Physical Address.

Contact Person(s):

Responsible Officer of Employer David Kennedy

Title City Manager Phone 417-451-8050 Email dkennedy@neoshomo.org

☐ If Administrative Contact is the same as Responsible Officer of Employer check here.

Administrative Contact Name Krysti Muhic

Administrative Contact Email kmuhic@neoshomo.org Phone 417-451-8050 Fax _____

2. Group Insurance (This section pertains to Group Products only)

A. Subsidiaries to be included in coverage:

Name	Address	City	State	Zip

Number of Employees _____ Wholly-owned Subsidiary of Policyholder?* ☐ Yes ☐ No

B. Requested Effective Date for Plan year _____ to _____ First Payroll Deduction Date _____

C. ☐ Check here and complete the information below if the AHL insurance will be part of an Employee Welfare Benefit Plan established and maintained by the employer/union under the Employee Retirement Income Security Act (ERISA).

ERISA Plan No. _____ Plan Year: From: _____ through: _____ each year.

Plan Name

(If different than above) Plan Address _____

City _____ State _____ Zip _____

The above should be as it appears on the most recent Form 5500 or ***as it will appear*** *on the first form 5500 for a new plan.*

***If the "subsidiary" is not owned by the Policyholder, please describe the relationship under item 6, "Comments".**

3. Proposed Insureds

A. Eligible Employees

1. Total number of employees eligible for coverage: 105
2. Eligible Employees are (check all that apply):
   - ☑ Full-time employees who work 20 or more hours per week.
   - ☐ Part-time employees who work 20 or more hours per week.
   - ☐ Full-time employees who work 25 or more hours per week.
   - ☐ Other (explain): _____
   - ☐ Full-time employees who work 30 or more hours per week.
3. Describe any class of employees/members to be excluded: _____

B. New Hire Waiting Period is 0 days after hire date.

New Hire Enrollment Period includes the 31 days following the New Hire Waiting Period

Coverage for New Hire begins ☑ On the first day of the month following enrollment or ☐ the Next Day

C. Eligible Individuals in the Waiting Period on the policy effective date will:

☑ Complete Waiting Period or ☐ Be eligible immediately

D. Annual Enrollment Period is:

☑ The Calendar Month before the Policy Anniversary Date ☐ Other (explain): _____

E. Individuals first eligible after the policy effective date may enroll (applies to Allstate Benefits Products ONLY):

☑ Within 31 days of eligibility or ☐ Only at the next Annual Enrollment Period.

F. Will Domestic Partners be excluded from coverage? *(Exclusion is only available for accounts with 500 or more eligible employees.)* ☐ Yes ☑ No

4. Billing Information For Both Group and Individual Products

A. Account Name City of Neosho

B. Billing Address 203 East Main St.

City Neosho State Mo Zip 64850

C. Billing Contact Renee Johnson

Telephone (417) 451-8050 Fax _____ Email rjohnson@neoshomo.org

Enter additional billing location(s):

Billing Address _____

City _____ State _____ Zip _____

Billing Contact _____

Account Number _____ Telephone _____ Fax _____

Email _____

D. Billing Method

☑ Bill to Employer

☐ Account's Designated Payroll Administrator/Service

Name of Account's Designated Payroll Administrator/Service _____

E. Employees will be identified by: ☑ Social Security Number ☐ Employee ID

F. Bill will be identified by: ☐ Social Security Number ☐ Employee ID ☑ Employee Name

4. Billing Information For Both Group and Individual Products

G. Payroll Deduction Frequency

Payroll Frequency	Location Name**	Deductions Per Year	Bills Per Year
☐ Weekly		52 deductions	13 Bills a year
☐ Bi-Weekly		26 deductions	13 Bills a year
☑ Semi-Monthly		24 deductions	12 Bills a year
☐ Monthly		12 deductions	12 Bills a year
☐ Tenthly*		Varies	10 Bills a year
☐ Other			

* Payroll deduction frequency is not allowed for the following true group products: GAP, GIM, GCIP3, GVCIP1 (New Generation), GVDI (New Generation), and STD

** If you **select** more than one payroll deduction **frequency** you will need to provide the corresponding location name.

First Payroll Period Start Date Oct 1, 2022 First Payroll Period End Date Oct 1, 2022

H. Choose billing method:

☑ Combined Billing: For AB Products Only (Combined Invoice is only available electronically through EasyBill Online)

☐ Combined Billing: For AB Group Products with Ameritas Dental (Can also include Ameritas Vision, US Legal and/or AIP Select)

5. Product Offerings

Select Products

GROUP PRODUCTS

☑ Group Accident (GVAP1 - 24 Hour Coverage)
☐ Group Accident (GVAP2 - Off the Job)
☐ Group Accident (GVAP6 - 24 Hour/Off the Job Coverage)
☐ Group Accident (GAI7*)
☐ Group Critical Illness (GVCIP1)
☑ Group Critical Illness (GVCIP2)
☐ Group Critical Illness (GCIP3)
☐ Group Critical Illness (GVCIP4)
☐ Group Critical Illness (GCIP4 - Employer Paid)
☐ Group Critical Illness (GCI5**)
☐ Group Cancer/Specified Disease (GVCP2)
☑ Group Cancer/Specified Disease (GVCP3)
☐ Group Universal Life (GUL23)
☐ Group Term to Age 100 Life (GPTL)
☐ Group Whole Life (GWL)
☐ Group Voluntary Disability Income (GVDI)
☐ Group SHOP (GVSP1)
☐ Group Indemnity Medical 2 (GIM2 - HSA)
☐ Group Indemnity Medical 2 (GIM2 - Non-HSA)
☐ Major Medical Complement (GAP)

*Product available for new accounts of 250 lives or more, with select enrollment partners, using the Group Administration model.
**Product is available for 1,000 lives or more on the Choice Group Administration model.

SMALL MARKET SOLUTIONS GROUP PRODUCTS*

SMS: 3 - 99 lives / SMS+: 100 - 249 lives

☐ Group Accident (GVAP1-SMS & SMS+)
☐ Group Accident (GVAP2 - SMS & SMS+)
☐ Group Accident (GVAP6 - SMS & SMS+)
☐ Group Critical Illness (GVCIP2 - SMS & SMS+)
☐ Group Critical Illness (GVCIP4 - SMS & SMS+)
☐ Group Voluntary Disability Income (GVDI - SMS & SMS+)
☐ Group SHOP (GVSP1 - SMS & SMS+)
☐ Group Indemnity Medical 2 (GIM2 - SMS+)
☐ Group Term to Age 100 Life (GPTL - SMS & SMS+)
☐ Group Whole Life (GWL - SMS & SMS+)
☐ Accident (AP6 - SMS & SMS+)**--FL, MI, MN**

***If any SMS product is chosen, then all products must be chosen from the SMS portfolio of products.**

INDIVIDUAL PRODUCTS

☐ Accident (AP2)
☐ Accident (AP3)
☐ Accident (AP6 - 2Tier)
☐ Accident (AP6 - 4Tier)
☐ Cancer (CP10)
☐ Cancer (CP12)
☐ Critical Illness (CILP1)
☐ Disability (DI5)
☐ Hospital Indemnity (SHOP)
☐ Individual Whole Life (IWL)

OTHER PRODUCTS AND SERVICES

☐ Allstate Identity Protection*
☐ Ameritas Dental
☐ Ameritas Vision
☐ PinnacleCare with CI
☐ PinnacleCare ER Paid Standalone
☐ Legal Protection

*See attached addendum for terms and conditions.

6. Account Agreement

A. Electronic Delivery of Certificates of Coverage (Group Products Only)--*Not applicable to Puerto Rico*

The certificate of coverage and its accompanying notices (the "Certificate") provides important information to insureds about their coverage under the AHL group insurance policy (the "Policy"). Because of its responsibility for delivering the Certificate to each insured, the Group Policyholder has the right to receive a paper copy of the Certificate, as well as the Policy. However, as a service to the Group Policyholder, AHL provides the following electronic delivery service:

- On behalf of the Group Policyholder, AHL will deliver electronically to insureds the Certificate by making the Certificate available on www.allstatebenefits.com/mybenefits (or other website address, as AHL may designate). Insureds will receive instructions from AHL on how to access their Certificate on the website and will need a personal computer with Internet access, appropriate browser software, and Adobe Acrobat Reader®. Electronic delivery may be limited in some states and/or by product. In those circumstances, AHL will deliver the Certificate (or required parts of the Certificate) to the insured via U.S. Mail.

By signing this Customer Agreement, you are authorizing, and affirmatively consenting to, these electronic delivery methods, as applicable, in place of receiving paper versions of the Certificate and the Policy.

B. Effective Date

If issued, the coverage selected as indicated on the attached addendum(s) will become effective on the date stated in the Policy(ies). The Policy(ies) issued and any amendments, riders, and/or endorsements thereto, along with the application, will constitute the entire contract.

C. Acceptance of Voluntary Insurance

Upon the approval of American Heritage Life Insurance Company, we (the Account) agree to establish a voluntary insurance program for the benefit of our employees/members. We agree to make the insurance available to all eligible employees/members and their eligible dependents and to distribute information and documents to enrolled employees/members as needed. We agree to maintain records and furnish AHL any information required in connection with administration of the insurance coverage. For each employee/member who executes a payroll deduction request, we will withhold the amount authorized. We will forward this money either: (i) directly to AHL upon notice of the premium due from each employee/member, or (ii) to the Account's Designated Payroll Administrator if named in item 3, "Billing Information".

We may, upon written notice to AHL and to our employees/members, discontinue our participation in AHL's Insurance Program. In such event, the continued payment of premiums will be a matter directly between each employee/member and AHL.

We assume no responsibility for forwarding premiums from anyone other than current employees/members.

We understand that AHL does not disclose personal information about our employees/members to companies or organizations not affiliated with AHL that would use the information to market their own products and services. However, AHL may share with us personal information about our employees/members, and other persons, in order to carry out the purpose of AHL's Insurance Program. Personal Information includes all personally identifiable health information and other information about a person that:

- a person provides to AHL to obtain insurance,
- results from an insurance transaction, or
- is otherwise obtained in connection with providing insurance.

We agree not to disclose or use this personal information except as necessary for our participation in AHL's Insurance Program. We may be provided access to this information in electronic form and are responsible for limiting this access to those necessary for our participation.

For all group insurance coverage, we understand we may receive from AHL paper versions of the certificate of coverage and its accompanying notices (the "Certificate") and the AHL group insurance policy (the "Policy"). However, we instead affirmatively consent to AHL providing the following electronic delivery service, as applicable:

- We affirmatively consent to AHL, on behalf of the Group Policyholder, delivering electronically to each insured the Certificate. Where electronic delivery is not available, we request AHL deliver the Certificate and/or the Policy (or required parts thereof) via U.S. Mail.

Employer Authorized Officer - Printed Name: David Kennedy

Employer Authorized Officer - Signature: _____ Date Signed: _____

Comments

Item #	Additional Information
01	

D. Agent Signature

By signing below, I affirm that I have personally met with the Account, verified all of the above information and the Account is ready to be processed.

Agent of Record: IBC

	Agent Number	Name	Date Signed
Agent of Record	4HPN0	IBC	
Servicing Agent	5R2E0	IBC	
Other			
Other			

AOR Sales Channel (select one) ☐ Allstate (EA/EFS) ☑ Independent Agent

7. Servicing Agent

Email Address jayboice@ibcneosho.com

Signature

☑ Group Accident* (GVAP1)

Section 125: ☑ Yes ☐ No (Employer and Association / Union Groups)

Base Units ☑ **Option 1** 2 Units ☑ **Option 2** 3 Units

☑ **Benefit Enhancement Rider Units** ☑ **Option 1** 1 Units ☑ **Option 2** 1 Units

☑ Enhanced Family Fracture Option

Optional Disability Riders for Employees

	☐ Option 1	☐ Option 2		☐ Option 1	☐ Option 2
☐ Off the Job Accident	____ Units	____ Units	☐ Off the Job Accident and Sickness	____ Units	____ Units
☐ On and Off the Job Accident	____ Units	____ Units	☐ On and Off the Job Accident and Sickness	____ Units	____ Units

Optional Disability Riders for Insured Spouse* ☐ **Option 1** ☐ **Option 2**

☐ On and Off the Job Accident ____ Units ____ Units

☐ On and Off the Job Accident and Sickness ____ Units ____ Units

*** Available only with Individual & Spouse or Family coverage when Insured Spouse has worked 25 hours per week for 3 consecutive months.**

Will this replace similar group coverage? ☐ Yes ☑ No If yes: Termination date of similar plan ____

Name of similar insurer ____ (Attach copy of Certificate or SPD)

Policyholder contributes $0.00 or ____ % of each Employee's/Member's Total Monthly Premium.

Policyholder contributes $0.00 or ____ % of each Dependent's Unit Total Monthly Premium .

☐ Check here if this coverage will be part of an Employee Welfare Benefit Plan (ERISA)

***4 tiers except in CO, WA and WV.**

☑ **Group Critical Illness (GVCIP2)** Section 125: ☑ Yes ☐ No (Employer and Association / Union Groups)

Option 1 Amount $10,000.00 Option 2 Amount $20,000.00

☑ Waive Pre-existing Condition ☐ Continuation of Insurance Coverage Option to age 70

Optional Benefits

☑ Cancer Critical Illness Benefit ☑ Wellness Benefit 2 Units

☐ Supplemental Critical Illness I* (with Occupational HIV) ☑ Supplemental Critical Illness II (without Occupational HIV)

☑ Second Event Initial Critical Illness Benefit ☑ 2nd Evaluation Benefit Rider (CI Enhancement)

☑ Second Event Cancer Critical Illness Benefit

Will this replace similar group coverage? ☐ Yes ☑ No If yes: Termination date of similar plan. _____

Name of similar insurer _____ (Attach copy of certificate or SPD)

Policyholder contributes $0.00 or ____ % of each Employee's/Member's Total Monthly Premium.

Policyholder contributes $0.00 or ____ % of each Dependent's Unit Total Monthly Premium.

*** Medical Industries ONLY**

☐ Check here if this coverage will be part of an Employee Welfare Benefit Plan (ERISA)

☑ **Group Cancer/Specified Disease (GVCP3)** Section 125: ☑ Yes ☐ No (Employer and Association / Union Groups)

☐ 2-Tier (EE Only or Family) ☑ 4-Tier (EE Only, EE + Spouse, EE + Child(ren), or Family)

BENEFITS (Select Units)

	☑ Option 1	☑ Option 2
☑ Hospital Benefits	2 Units	3 Units
☑ Radiation/Chemotherapy Benefits	4 Units	6 Units
☑ Surgery/Related Benefits	2 Units	3 Units
☑ Miscellaneous Benefits	1 Units	1 Units

OPTIONAL BENEFITS (Select Units)

	☑ Option 1	☑ Option 2
☑ Initial Diagnosis	2 Units	5 Units
☐ Intensive Care	____ Units	____ Units
☑ Wellness	2 Units	2 Units
☐ Initial Diagnosis Progressive Option	____ Units	____ Units

Will this replace similar group coverage? ☐ Yes ☑ No If yes: Termination date similar plan _____

Name of similar insurer _____ (Attach copy of Certificate or SPD)

Policyholder contributes $0.00 or ____ % of each Employee's/Member's Total Monthly Premium.

Policyholder contributes $0.00 or ____ % of each Dependent's Unit Total Monthly Premium.

☐ Check here if this coverage will be part of an Employee Welfare Benefit Plan (ERISA)

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022
ITEM: CITY BOARDS AND COMMISSIONS

ORIGINATING DEPARTMENT: City Clerk
ATTACHMENT:
1. City Board Cheat Sheet

PURPOSE:
TO SEEK COUNCIL'S GUIDANCE ON THE CODES FOR COUNCIL BOARDS AND COMMISSIONS.

BACKGROUND:
IT HAS COME TO THE CITY STAFF'S ATTENTION THAT NOT ALL OF THE COUNCIL BOARDS AND COMMISSIONS ARE THE SAME WHEN IT COMES TO THE APPOINTMENT OF MEMBERS. STAFF WOULD LIKE TO GET COUNCIL DIRECTION ON WHETHER OR NOT TO HAVE ALL BOARDS BE CONSISTENT TO EITHER BE APPOINTED BY THE MAYOR WITH THE CONSENT OF THE COUNCIL OR APPOINTED AND VOTED ON BY COUNCIL.

RECOMMENDATION:
TO SEEK DIRECTION FROM THE CITY COUNCIL ON THE CODES FOR BOARDS AND COMMISSIONS.

The City Charter Section 2.05 *Duties.* The Mayor shall preside at all meetings of the Council and shall have a voice and vote in all proceedings, but no veto. *This official shall appoint all committees, the appointment or election of which is not otherwise provided.* The Mayor shall have no administrative duties but shall be recognized as the official head of City for civil, military, and ceremonial purposes, and shall perform such other duties imposed by this office or as may be assigned by the Council.

BOARDS	**PROCESS for Appointing Members**
AIRPORT INDUSTRIAL DEVELOPMENT BOARD	Follow Sec 2.05 of the City Charter for appointment of Members.
BOARD OF ADJUSTMENTS *(Zoning)*	Appointed by the Mayor with the approval of the City Council Section 405.270 City Code
BOARD OF APPEALS *(Dangerous Buildings & Structures)*	Setup under Section 525.150 Article II
CITY COUNTY LIBRARY BOARD	Mayor appoints four (4) members to this board.
ECONOMIC DEVELOPMENT SALES TAX COMMITTEE	Appointed by the Mayor with the consent of the majority of the Neosho City Council. Section 140.110
ENHANCED ENTERPRISE ZONE BOARD	Appointed by the Mayor with the Consent of a Majority of Council Members. Section 125.210 (3)
ETHICS BOARD	Appointed by the Mayor and confirmed by a majority vote of the City Council. Section 105.105 C (b)
EVENTS BOARD	Appointed by the City Council. Section 125.340
GOLF COURSE BOARD	Appointed by the City Council. Section 125.060
HISTORIC DISTRICT COMMISSION	Appointed by the City Council. Section 125.140
IOOF CEMETERY BOARD	Appointed by the City Council. Section 125.260
NEOSHO HOUSING AUTHORITY *(OAKES)*	Appointed by the Mayor of the City with the approval of the City Council. Section 225.060 Fair Housing Committee
PARKS & RECREATION BOARD	Appointed by the City Council. Section 125.110
PLANNING & ZONING COMMISSION	Appointed by the City Council. Section 400.030
SENIOR CITIZEN COMMITTEE	Appointed by the Mayor after approval by a majority vote of the City Council. Section 125.180
TIF COMMISSION	Six Members Appointed by the City of Neosho. Section 125.130
TRAFFIC COMMISSION	Appointed by the Mayor. Section 305.120

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022
ITEM: BICYCLE TRAIL DEVELOPMENT PHASE 2

ORIGINATING DEPARTMENT: Development Services Department
ATTACHMENT: None

PURPOSE:
REVISIONS TO THE "FEDERAL RECREATIONAL TRAILS PROGRAM" GRANT APPLICATION FOR THE BICYCLE TRAIL DEVELOPMENT PHASE II

BACKGROUND:
THE COUNCIL WAS PREVIOUSLY ADVISED OF THIS "FEDERAL RECREATIONAL TRAILS PROGRAM" GRANT APPLICATION. AT THAT TIME, THE PLAN INCLUDED USING A CITY-OWNED REPURPOSED FOOT BRIDGE (VALUED AT $60,000.00) IN THE PROJECT AS AN OFFSET TO THE CITY MATCH PORTION OF THIS GRANT. THIS PROPOSAL WAS DENIED BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES. THE GRANT APPLICATION HAS BEEN RE-FIGURED WITH THE VALUE OF THE FOOT BRIDGE REMOVED FROM THE PROPOSAL. THE RECALCULATED MATCH, SHOULD THE PROPOSAL BE ACCEPTED BY MO DNR, IS $64,800.

RECOMMENDATION:
THE STAFF IS SEEKING THE COUNCIL'S RECOMMENDATION WHETHER TO CONTINUE THE GRANT PROCESS AND BUDGET $64,800 IN THE 2022-23 BUDGET OR LET THE APPLICATION PROCESS EXPIRE AND SEEK FUNDING FROM ANOTHER SOURCE.

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022
ITEM: FIRST COMMUNITY BANK - NEW ACCOUNT

ORIGINATING DEPARTMENT: Finance Department
ATTACHMENT: None

PURPOSE:
PERMISSION TO OPEN A NEW BANK ACCOUNT TO BE USED FOR ACH TRANSACTIONS ONLY.

BACKGROUND:
SEVERAL VENDORS AND CUSTOMERS ARE REQUESTING THE ABILITY TO PROVIDE PAYMENTS USING ACH. STAFF WOULD LIKE A SEPARATE ACCOUNT FOR THIS PURPOSE. THE ACCOUNT WOULD SWEEP TO THE INVESTMENT ACCOUNT AS ITEMS ARE PRESENTED.

RECOMMENDATION:
STAFF REQUESTS PERMISSION TO OPEN THE NEW BANK ACCOUNT WITH SAME ACCESS AND SECURITIES AS THE OTHER CITY ACCOUNTS.

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022
ITEM: PARKS DIRECTOR POSITION

ORIGINATING DEPARTMENT: City Manager
ATTACHMENT: None

PURPOSE:
To seek council approval for a new position to be titled golf course manager to oversee the day to day operations.

BACKGROUND:
The current budget has the Parks Director overseeing both the golf course and the parks department. I had moved the parks position to a director to oversee the operations of the recreational activities throughout the city. With the recent resignation of our parks director, I would now like to separate both positions for managers to oversee the day to day operations of both entities. This will be a new position for the city as well as budget amendments to cover the salary. The estimated decrease for parks would be around $ 5,000.00 in salaries and an increase of $ 63,000.00 for the golf course. This position would be funded by the general fund.

RECOMMENDATION:
Staff recommends approval of the additional position to separate golf and the parks department.

City of Neosho CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE: August 16, 2022
ITEM: BUDGET WORKSHOP HOTEL/MOTEL FUNDING APPROVALS

ORIGINATING DEPARTMENT: City Manager
ATTACHMENT: None

PURPOSE:
THE APPROVAL OF APPLICATIONS AND FUNDING AMOUNTS FOR FISCAL YEAR 2022/2023.

BACKGROUND:
THE CITY CODE REQUIRES AN APPLICATION PROCESS TO DESIGNATE THE HOTEL MOTEL FUNDS AND AMOUNTS TO BE FUNDED FOR THE UPCOMING YEAR. I HAVE PRESENTED REQUESTS FOR APPROVAL OF THESE FUNDS.

RECOMMENDATION:
STAFF NEEDS THE AMOUNTS TO DESIGNATE FOR EACH REQUEST TO BE PLACED INTO THE UPCOMING BUDGET.

CITY OF NEOSHO
INVESTMENT ACCOUNT
CASH BALANCES (RECONCILED)*
July 31, 2022

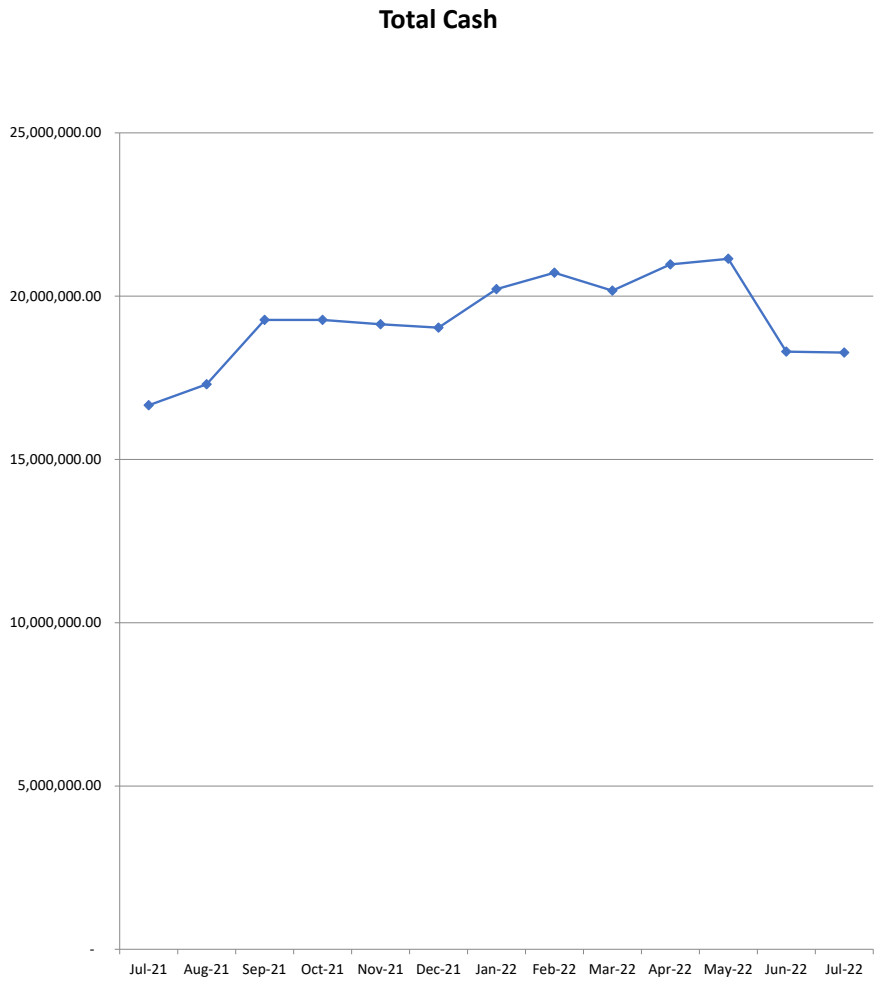
Description of Account	TOTAL	General Fund	Fire	Drainage	Senior Center	Parks	Auditorium	Economic Development	Streets	Street Bridge	Golf	Water/ Wastewater
General Operations	12,686,129.32	3,858,379.93	556,466.61	979,834.89	177,749.91	218,558.94	732,236.31	405,334.55	2,081,084.38	634,901.06	227,079.09	2,524,170.73
Public Safety	996,575.59	996,575.59										
Restricted	1,288,195.41	1,197,883.71			33,330.00						56,981.70	
Reward Donations	19,832.00	19,832.00										
I.O.O.F. Cemetery	(176,867.14)	(176,867.14)										
Cleaning Deposits	2,362.98	2,362.98										
Water Meter Deposits	68,098.12											68,098.12
Cash in Bank - PD	5,920.38	5,920.38										
Shop With A Cop	1,463.18											
D.A.R.E Program	540.07											
Hotel/Motel Tax	344,561.37											
Replacement reserves	683,330.00											683,330.00
Meter Replacement Reserv	375,270.96											375,270.96
W/WW Replacement Reserves	1,918,676.92											1,918,676.92
Sewer District 17 - Debt & Mtce	-											-
City Held Debt Service Reserves	2,728.79											
FEMA DR	55,601.24											
	18,272,419.19	**5,904,087.45**	**556,466.61**	**979,834.89**	**211,079.91**	**218,558.94**	**732,236.31**	**405,334.55**	**2,081,084.38**	**634,901.06**	**284,060.79**	**5,569,546.73**

Description of Account	FEMA	Police Grant/ Spec Rev		Hotel/Motel Tax	Transportation Grants	Community Dev Grants	TIF	Employee Insurance	Payroll Revolving	Debt Service Funds	Abbott/Morse Trusts
General Operations					-	-	260,007.58	(29,040.86)	-	16,262.35	43,103.85
City Held Debt Service Reserves										2,728.79	
D.A.R.E Program		540.07									
Shop With A Cop		1,463.18									
Police Grants											
Hotel/Motel Tax				344,561.37							
FEMA DR4250	25,573.84										
FEMA DR4317	30,027.40										
	55,601.24	**2,003.25**	-	**344,561.37**	-	-	**260,007.58**	**(29,040.86)**	-	**18,991.14**	**43,103.85**

Negative Funds	**(29,040.86)**
Net General Fund	**$ 5,875,046.59**

Reconciled cash balances above do not reflect the effect of pending reconciling items shown on bank reconcilations.

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Total Cash	16,399,708.62	16,658,540.67	17,303,351.47	19,271,324.22	19,271,325.22	19,138,449.96	19,033,264.74	20,212,010.53	20,719,144.16	20,167,043.30	20,970,565.11	21,142,806.66	18,300,956.41
Days Cash on hand	249.50	253.43	263.24	293.18	287.42	285.44	283.87	301.45	309.01	300.78	312.76	315.33	272.95



General Ledger

Budget Status

User: lforest
Printed: 8/11/2022 - 7:56 AM
Period: 10, 2022

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
Fund 100	General Fund							
Dept 100-000	Non-Departmental							
R10	NON-OPERATING REVENUES							
100-000-2500-000	Unearned Grant Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R10 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
R90	TRANSFERS IN							
100-000-3305-120	Trns from Public Safety Fund	372,961.00	21,213.00	212,130.00	160,831.00	0.00	160,831.00	43.12
100-000-3305-144	Trns from Public Safety Fund	19,024.00	0.00	0.00	19,024.00	0.00	19,024.00	100.00
100-000-3310-000	Transfer fm Hotel/Motel Admin	2,400.00	200.00	2,000.00	400.00	0.00	400.00	16.67
100-000-3316-000	Transfer fm Street >Land	5,660.00	471.67	4,245.03	1,414.97	0.00	1,414.97	25.00
	R90 Sub Totals:	400,045.00	21,884.67	218,375.03	181,669.97	0.00	181,669.97	45.41
	Revenue Sub Totals:	400,045.00	21,884.67	218,375.03	181,669.97	0.00	181,669.97	45.41
E90	TRANSFERS OUT							
100-000-3200-000	Sales Tax to TIF	30,209.00	0.00	0.00	30,209.00	0.00	30,209.00	100.00
100-000-3205-000	Transfer to Fire Dept	993,678.00	15,190.00	695,900.00	297,778.00	0.00	297,778.00	29.97
100-000-3205-120	Trns to Police Department	552,961.00	21,213.00	212,130.00	340,831.00	0.00	340,831.00	61.64
100-000-3205-144	Trns to Emergency Mgmt	19,024.00	0.00	0.00	19,024.00	0.00	19,024.00	100.00
100-000-3224-000	Transfer to Police Grants	1,977.00	0.00	0.00	1,977.00	0.00	1,977.00	100.00
100-000-3230-000	Transfer to Fire fm General	957,443.00	79,787.00	797,870.00	159,573.00	0.00	159,573.00	16.67
100-000-3240-000	Transfer to GC fm General	95,000.00	0.00	0.00	95,000.00	0.00	95,000.00	100.00
100-000-3243-000	Transfer to Parks Department	164,000.00	0.00	0.00	164,000.00	0.00	164,000.00	100.00
100-000-3285-111	Trns to Capital Impr/Purch	13,000.00	0.00	16,530.00	-3,530.00	0.00	-3,530.00	0.00
100-000-3285-112	Trns to Capital Improvement	19,300.00	0.00	19,380.00	-80.00	0.00	-80.00	0.00
100-000-3285-115	Trns to Capital Impr/Purch	32,274.00	0.00	32,274.00	0.00	0.00	0.00	0.00
100-000-3285-118	Trns to Capital Improvement	15,500.00	0.00	14,016.47	1,483.53	0.00	1,483.53	9.57
100-000-3285-120	Trns to Capital Improvement	56,000.00	0.00	104,171.34	-48,171.34	0.00	-48,171.34	0.00
100-000-3285-160	Trns to Capital Improvement	135,000.00	80,147.23	90,610.28	44,389.72	0.00	44,389.72	32.88
100-000-3285-204	Trns to Capital Impr/Purch	50,000.00	0.00	0.00	50,000.00	0.00	50,000.00	100.00
	E90 Sub Totals:	3,135,366.00	196,337.23	1,982,882.09	1,152,483.91	0.00	1,152,483.91	36.76
	Expense Sub Totals:	3,135,366.00	196,337.23	1,982,882.09	1,152,483.91	0.00	1,152,483.91	36.76

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Dept 000 Sub Totals:	2,735,321.00	174,452.56	1,764,507.06	970,813.94	0.00		
Dept 100-110								
R01	TAXES							
100-110-4010-110	Property Tax	430,000.00	1,600.46	468,972.58	-38,972.58	0.00	-38,972.58	0.00
100-110-4020-110	Financial Institution Tax	500.00	0.00	1,145.26	-645.26	0.00	-645.26	0.00
100-110-4030-110	1-Cent City Sales Tax	2,673,141.00	299,495.24	2,722,993.90	-49,852.90	0.00	-49,852.90	0.00
100-110-4050-110	Cigarette Tax	54,000.00	4,461.52	41,024.88	12,975.12	0.00	12,975.12	24.03
100-110-4130-110	Franchises	676,000.00	54,019.04	602,390.60	73,609.40	0.00	73,609.40	10.89
	R01 Sub Totals:	3,833,641.00	359,576.26	3,836,527.22	-2,886.22	0.00	-2,886.22	0.00
R02	LICENSES AND PERMITS							
100-110-4100-110	Occupation Licenses	31,500.00	570.00	24,715.47	6,784.53	0.00	6,784.53	21.54
	R02 Sub Totals:	31,500.00	570.00	24,715.47	6,784.53	0.00	6,784.53	21.54
R03	INTER-GOVERNMENTAL							
100-110-4201-110	CARES/ARPA	11,719.09	0.00	11,719.09	0.00	0.00	0.00	0.00
	R03 Sub Totals:	11,719.09	0.00	11,719.09	0.00	0.00	0.00	0.00
R06	REVENUE FROM USE OF ASSET							
100-110-4700-110	Interest Earned-General Fund	6,200.00	1,194.92	16,522.74	-10,322.74	0.00	-10,322.74	0.00
100-110-4760-110	Insurance Proceeds	8,150.00	0.00	8,150.00	0.00	0.00	0.00	0.00
100-110-4820-110	General Admin Sale of Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	14,350.00	1,194.92	24,672.74	-10,322.74	0.00	-10,322.74	0.00
R07	OTHER INCOME							
100-110-4800-110	General Admin Miscellaneous	0.00	0.00	3,251.05	-3,251.05	0.00	-3,251.05	0.00
	R07 Sub Totals:	0.00	0.00	3,251.05	-3,251.05	0.00	-3,251.05	0.00
	Revenue Sub Totals:	3,891,210.09	361,341.18	3,900,885.57	-9,675.48	0.00	-9,675.48	0.00
E10	PERSONNEL							
100-110-5010-110	General Admin Salaries	228,762.00	26,850.15	194,460.38	34,301.62	0.00	34,301.62	14.99
100-110-5020-110	General Admin Overtime	2,000.00	520.41	2,033.26	-33.26	0.00	-33.26	0.00
100-110-5040-110	Acting City Mgr Per Diem	4,500.00	0.00	0.00	4,500.00	0.00	4,500.00	100.00
100-110-5070-110	Availability Allowance	0.00	30.00	90.00	-90.00	0.00	-90.00	0.00
100-110-5170-110	General Admin Social Security	17,998.00	2,029.99	14,325.65	3,672.35	0.00	3,672.35	20.40
100-110-5180-110	General Admin Retirement	9,881.00	1,122.84	8,088.85	1,792.15	0.00	1,792.15	18.14
100-110-5190-110	General Admin Health Insurance	35,272.00	2,191.28	23,173.90	12,098.10	0.00	12,098.10	34.30
100-110-5210-110	General Admin Workers Comp.	10,305.00	0.00	7,074.76	3,230.24	0.00	3,230.24	31.35
100-110-5360-110	General Admin Memb/Train/Trvl	2,905.00	150.00	915.00	1,990.00	0.00	1,990.00	68.50
100-110-5380-110	Uniforms	400.00	0.00	0.00	400.00	0.00	400.00	100.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	E10 Sub Totals:	312,023.00	32,894.67	250,161.80	61,861.20	0.00	61,861.20	19.83
E20	OPERATING COSTS							
100-110-5260-110	General Admin Prof. Service	76,420.00	1,474.40	32,307.90	44,112.10	0.00	44,112.10	57.72
100-110-5290-110	County Collector Fees	17,200.00	60.30	17,119.85	80.15	0.00	80.15	0.47
100-110-5300-110	General Admin Ins. & Bonds	11,250.00	0.00	7,999.71	3,250.29	0.00	3,250.29	28.89
100-110-5330-110	General Admin Equipment Maint.	500.00	0.00	0.00	500.00	0.00	500.00	100.00
100-110-5530-110	General Admin Fuels/Lubricants	500.00	58.86	292.05	207.95	0.00	207.95	41.59
100-110-5590-110	General Admin Gen. Supplies	18,000.00	541.82	9,784.94	8,215.06	0.00	8,215.06	45.64
100-110-5700-110	General Admin Comp., Software	22,893.00	0.00	22,178.60	714.40	0.00	714.40	3.12
	E20 Sub Totals:	146,763.00	2,135.38	89,683.05	57,079.95	0.00	57,079.95	38.89
E25	NON-OPERATING EXPENSE							
100-110-5271-110	Master Bank Acct Fees	1,000.00	45.76	465.80	534.20	0.00	534.20	53.42
100-110-5272-110	Investement Acct. Bank Fees	1,200.00	91.24	890.00	310.00	0.00	310.00	25.83
	E25 Sub Totals:	2,200.00	137.00	1,355.80	844.20	0.00	844.20	38.37
	Expense Sub Totals:	460,986.00	35,167.05	341,200.65	119,785.35	0.00	119,785.35	25.98
	Dept 110 Sub Totals:	-3,430,224.09	-326,174.13	-3,559,684.92	129,460.83	0.00		
Dept 100-111								
R04	CHARGES FOR SERVICES							
100-111-4800-111	City Clerk Miscellaneous	0.00	0.00	74.65	-74.65	0.00	-74.65	0.00
	R04 Sub Totals:	0.00	0.00	74.65	-74.65	0.00	-74.65	0.00
	Revenue Sub Totals:	0.00	0.00	74.65	-74.65	0.00	-74.65	0.00
E10	PERSONNEL							
100-111-5010-111	Clerk Salaries	59,811.00	6,901.25	50,224.58	9,586.42	0.00	9,586.42	16.03
100-111-5030-111	Clerk Part Time	2,100.00	165.00	1,430.00	670.00	0.00	670.00	31.90
100-111-5170-111	Clerk Social Security	4,737.00	513.48	3,846.73	890.27	0.00	890.27	18.79
100-111-5180-111	Clerk Retirement	2,513.00	289.86	2,109.45	403.55	0.00	403.55	16.06
100-111-5190-111	Clerk Health Insurance	7,553.00	599.94	5,999.40	1,553.60	0.00	1,553.60	20.57
100-111-5210-111	Clerk Workers Compensation	2,712.00	0.00	1,633.79	1,078.21	0.00	1,078.21	39.76
100-111-5360-111	Clerk Member/Train/Trvl	7,000.00	473.00	3,733.75	3,266.25	0.00	3,266.25	46.66
	E10 Sub Totals:	86,426.00	8,942.53	68,977.70	17,448.30	0.00	17,448.30	20.19
E20	OPERATING COSTS							
100-111-5260-111	Clerk Professional Services	6,705.00	2,479.16	6,641.72	63.28	0.00	63.28	0.94
100-111-5300-111	Clerk Insurance & Bonds	650.00	0.00	680.00	-30.00	0.00	-30.00	0.00
100-111-5430-111	Clerk Elections	10,602.64	0.00	10,602.64	0.00	0.00	0.00	0.00
100-111-5590-111	Clerk General Supplies	660.00	218.34	801.15	-141.15	0.00	-141.15	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	E20 Sub Totals:	18,617.64	2,697.50	18,725.51	-107.87	0.00	-107.87	0.00
	Expense Sub Totals:	105,043.64	11,640.03	87,703.21	17,340.43	0.00	17,340.43	16.51
	Dept 111 Sub Totals:	105,043.64	11,640.03	87,628.56	17,415.08	0.00		
Dept 100-113								
R06	REVENUE FROM USE OF ASSET							
100-113-4470-755	Celebrate Booth Fees	1,000.00	0.00	1,000.00	0.00	0.00	0.00	0.00
100-113-4470-756	Fall Festival Booth Fees	6,000.00	1,710.00	2,720.00	3,280.00	0.00	3,280.00	54.67
100-113-4471-755	Celebrate Race Fees	2,200.00	0.00	0.00	2,200.00	0.00	2,200.00	100.00
	R06 Sub Totals:	9,200.00	1,710.00	3,720.00	5,480.00	0.00	5,480.00	59.57
R08	SALES REVENUE							
100-113-4480-755	Celebrate Neosho Shirt Sales	326.00	32.00	460.00	-134.00	0.00	-134.00	0.00
	R08 Sub Totals:	326.00	32.00	460.00	-134.00	0.00	-134.00	0.00
R87	DONATIONS							
100-113-4990-755	Celebrate Neosho Sponsors	8,410.00	250.00	8,660.00	-250.00	0.00	-250.00	0.00
100-113-4990-756	Fall Festival Sponsorships	7,500.00	250.00	8,625.00	-1,125.00	0.00	-1,125.00	0.00
	R87 Sub Totals:	15,910.00	500.00	17,285.00	-1,375.00	0.00	-1,375.00	0.00
	Revenue Sub Totals:	25,436.00	2,242.00	21,465.00	3,971.00	0.00	3,971.00	15.61
E20	OPERATING COSTS							
100-113-6520-755	Celebrate Neosho Expenses	18,064.82	3,965.87	18,787.70	-722.88	0.00	-722.88	0.00
100-113-6530-756	Fall Festival Expenses	25,644.00	-551.23	1,787.86	23,856.14	0.00	23,856.14	93.03
	E20 Sub Totals:	43,708.82	3,414.64	20,575.56	23,133.26	0.00	23,133.26	52.93
	Expense Sub Totals:	43,708.82	3,414.64	20,575.56	23,133.26	0.00	23,133.26	52.93
	Dept 113 Sub Totals:	18,272.82	1,172.64	-889.44	19,162.26	0.00		
Dept 100-115								
R02	LICENSES AND PERMITS							
100-115-4120-115	Building Permits/Inspec.	98,000.00	5,539.45	101,364.50	-3,364.50	0.00	-3,364.50	0.00
100-115-4770-115	Planning & Zoning Fees	3,000.00	0.00	985.20	2,014.80	0.00	2,014.80	67.16
	R02 Sub Totals:	101,000.00	5,539.45	102,349.70	-1,349.70	0.00	-1,349.70	0.00
R03	INTER-GOVERNMENTAL							
100-115-4200-708	CDBG Grant Revenue	81,984.00	0.00	0.00	81,984.00	0.00	81,984.00	100.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	R03 Sub Totals:	81,984.00	0.00	0.00	81,984.00	0.00	81,984.00	100.00
R06	REVENUE FROM USE OF ASSET							
100-115-4820-115	Sale of Dev. Service Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
R07	OTHER INCOME							
100-115-4800-115	Code Enforcement Miscellaneous	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R07 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	182,984.00	5,539.45	102,349.70	80,634.30	0.00	80,634.30	44.07
E10	PERSONNEL							
100-115-5010-115	Bldg/Inspection Salaries	126,793.00	14,458.89	106,614.69	20,178.31	0.00	20,178.31	15.91
100-115-5020-115	Bldg/Inspection Overtime	1,000.00	53.80	1,205.57	-205.57	0.00	-205.57	0.00
100-115-5070-115	Availability Allowance	1,080.00	60.00	600.00	480.00	0.00	480.00	44.44
100-115-5170-115	Bldg/Inspection Social Sec.	9,777.00	1,106.66	8,043.39	1,733.61	0.00	1,733.61	17.73
100-115-5180-115	Bldg/Inspection Retirement	5,368.00	607.02	4,660.90	707.10	0.00	707.10	13.17
100-115-5190-115	Bldg/Inspection Health Ins.	22,659.00	1,795.28	18,310.71	4,348.29	0.00	4,348.29	19.19
100-115-5210-115	Bldg/Inspection Workers Comp.	5,598.00	0.00	4,041.03	1,556.97	0.00	1,556.97	27.81
100-115-5360-115	Bldg/Inspection Mem/Train/Trvl	5,000.00	0.00	443.60	4,556.40	0.00	4,556.40	91.13
100-115-5380-115	Bldg/Inspection Uniforms	700.00	0.00	576.39	123.61	0.00	123.61	17.66
	E10 Sub Totals:	177,975.00	18,081.65	144,496.28	33,478.72	0.00	33,478.72	18.81
E20	OPERATING COSTS							
100-115-5260-115	Bldg/Inspection Prof. Services	124,264.00	1,153.27	14,737.30	109,526.70	0.00	109,526.70	88.14
100-115-5270-115	Credit Card Fees	1,000.00	14.68	332.51	667.49	0.00	667.49	66.75
100-115-5300-115	Bldg/Inspection Ins. & Bonds	200.00	0.00	200.00	0.00	0.00	0.00	0.00
100-115-5330-115	Bldg/Inspection Equip Maint.	500.00	0.00	223.72	276.28	0.00	276.28	55.26
100-115-5530-115	Bldg/Inspection Fuels	2,000.00	195.18	1,976.61	23.39	0.00	23.39	1.17
100-115-5590-115	Bldg/Inspection Gen. Supplies	7,000.00	329.53	4,539.15	2,460.85	0.00	2,460.85	35.16
	E20 Sub Totals:	134,964.00	1,692.66	22,009.29	112,954.71	0.00	112,954.71	83.69
	Expense Sub Totals:	312,939.00	19,774.31	166,505.57	146,433.43	0.00	146,433.43	46.79
	Dept 115 Sub Totals:	129,955.00	14,234.86	64,155.87	65,799.13	0.00		
Dept 100-118								
R03	INTER-GOVERNMENTAL							
100-118-4200-118	Region M Grant	57,004.00	6,550.60	55,004.00	2,000.00	0.00	2,000.00	3.51
	R03 Sub Totals:	57,004.00	6,550.60	55,004.00	2,000.00	0.00	2,000.00	3.51
R06	REVENUE FROM USE OF ASSET							

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
100-118-4760-118	Insurance Proceeds	0.00	0.00	12,283.40	-12,283.40	0.00	-12,283.40	0.00
100-118-4820-118	Sale of Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	0.00	0.00	12,283.40	-12,283.40	0.00	-12,283.40	0.00
R07	OTHER INCOME							
100-118-4800-118	Recycle Center Miscellaneous	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R07 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
R08	SALES REVENUE							
100-118-4420-118	Recycle Center Sales	40,400.00	0.00	35,119.99	5,280.01	0.00	5,280.01	13.07
	R08 Sub Totals:	40,400.00	0.00	35,119.99	5,280.01	0.00	5,280.01	13.07
	Revenue Sub Totals:	97,404.00	6,550.60	102,407.39	-5,003.39	0.00	-5,003.39	0.00
E10	PERSONNEL							
100-118-5010-118	Recycle Center Salaries	54,080.00	6,240.00	42,278.38	11,801.62	0.00	11,801.62	21.82
100-118-5020-118	Recycle Center Overtime	1,000.00	0.00	423.37	576.63	0.00	576.63	57.66
100-118-5030-118	Recycle Center Part Time	9,378.00	1,823.03	6,054.47	3,323.53	0.00	3,323.53	35.44
100-118-5170-118	Recycle Center Social Sec.	4,934.00	616.38	3,726.31	1,207.69	0.00	1,207.69	24.48
100-118-5180-118	Recycle Center Retirement	2,314.00	262.08	1,746.43	567.57	0.00	567.57	24.53
100-118-5190-118	Recycle Center Health Ins.	15,106.00	1,199.88	11,098.89	4,007.11	0.00	4,007.11	26.53
100-118-5210-118	Recycle Center Workers Comp	2,413.00	0.00	1,873.95	539.05	0.00	539.05	22.34
100-118-5360-118	Recycle Center Memb/Train/Trvl	0.00	0.00	13.00	-13.00	0.00	-13.00	0.00
100-118-5380-118	Recycle Center Uniforms	2,200.00	0.00	205.99	1,994.01	0.00	1,994.01	90.64
	E10 Sub Totals:	91,425.00	10,141.37	67,420.79	24,004.21	0.00	24,004.21	26.26
E20	OPERATING COSTS							
100-118-5260-118	Recycle Ctr Professional Svcs	1,284.00	0.00	408.00	876.00	0.00	876.00	68.22
100-118-5265-118	Shipping/Disposal	8,000.00	1,215.00	2,905.46	5,094.54	0.00	5,094.54	63.68
100-118-5300-118	Recycle Center Ins. & Bonds	1,600.00	0.00	1,179.46	420.54	0.00	420.54	26.28
100-118-5320-118	Recycle Center Facility Maint.	2,800.00	85.57	1,373.29	1,426.71	0.00	1,426.71	50.95
100-118-5330-118	Recycle Center Equipment Maint	2,000.00	0.00	138.38	1,861.62	0.00	1,861.62	93.08
100-118-5530-118	Recycle Center Fuels	1,800.00	51.52	1,137.72	662.28	0.00	662.28	36.79
100-118-5590-118	Recycle Center Gen. Supplies	1,500.00	380.09	1,064.29	435.71	0.00	435.71	29.05
100-118-6300-118	Recycle Center Electricity	2,000.00	173.69	1,254.38	745.62	0.00	745.62	37.28
100-118-6310-118	Recycle Center Heating Fuels	3,500.00	38.57	1,604.26	1,895.74	0.00	1,895.74	54.16
100-118-6350-118	Recycle Center Phones	4,980.00	409.59	4,109.23	870.77	0.00	870.77	17.49
	E20 Sub Totals:	29,464.00	2,354.03	15,174.47	14,289.53	0.00	14,289.53	48.50
	Expense Sub Totals:	120,889.00	12,495.40	82,595.26	38,293.74	0.00	38,293.74	31.68
	Dept 118 Sub Totals:	23,485.00	5,944.80	-19,812.13	43,297.13	0.00		

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
Dept 100-120								
R01	TAXES							
100-120-4130-120	Sanitation Enforcement	85,000.00	23,490.51	100,036.38	-15,036.38	0.00	-15,036.38	0.00
	R01 Sub Totals:	85,000.00	23,490.51	100,036.38	-15,036.38	0.00	-15,036.38	0.00
R02	LICENSES AND PERMITS							
100-120-4080-122	Animal Licenses	500.00	0.00	229.00	271.00	0.00	271.00	54.20
	R02 Sub Totals:	500.00	0.00	229.00	271.00	0.00	271.00	54.20
R03	INTER-GOVERNMENTAL							
100-120-4200-120	Grant Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00
100-120-4205-120	MIRMA Grant	0.00	0.00	0.00	0.00	0.00	0.00	0.00
100-120-4810-120	School Resource Ofcr	101,669.00	5,376.28	94,553.70	7,115.30	0.00	7,115.30	7.00
100-120-4810-121	School Resource Ofcr Crowder	115,876.00	8,978.54	99,445.67	16,430.33	0.00	16,430.33	14.18
	R03 Sub Totals:	217,545.00	14,354.82	193,999.37	23,545.63	0.00	23,545.63	10.82
R04	CHARGES FOR SERVICES							
100-120-4840-120	Security Detail Reimburse	4,000.00	789.06	2,906.56	1,093.44	0.00	1,093.44	27.34
	R04 Sub Totals:	4,000.00	789.06	2,906.56	1,093.44	0.00	1,093.44	27.34
R05	FINES AND FORFEITURES							
100-120-4600-120	Court Fines	250,000.00	21,192.15	176,406.82	73,593.18	0.00	73,593.18	29.44
100-120-4610-120	Police Training Fees	2,000.00	329.50	3,556.63	-1,556.63	0.00	-1,556.63	0.00
100-120-4620-120	C. Victim's Compensation	400.00	60.94	465.52	-65.52	0.00	-65.52	0.00
100-120-4630-120	Recoupment Jail Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00
100-120-4640-120	Recoupment Arrest Fees	6,000.00	325.00	4,675.50	1,324.50	0.00	1,324.50	22.08
	R05 Sub Totals:	258,400.00	21,907.59	185,104.47	73,295.53	0.00	73,295.53	28.37
R06	REVENUE FROM USE OF ASSET							
100-120-4760-120	Insurance Proceeds	0.00	0.00	260.00	-260.00	0.00	-260.00	0.00
100-120-4820-120	Police Sale of Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	0.00	0.00	260.00	-260.00	0.00	-260.00	0.00
R07	OTHER INCOME							
100-120-4800-120	Law Enforcement Miscellaneous	2,160.00	38.90	2,492.07	-332.07	0.00	-332.07	0.00
	R07 Sub Totals:	2,160.00	38.90	2,492.07	-332.07	0.00	-332.07	0.00
R87	DONATIONS							
100-120-4990-120	Police Donations	0.00	0.00	0.00	0.00	0.00	0.00	0.00
100-120-4992-120	Donated Rewards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R87 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Revenue Sub Totals:	567,605.00	60,580.88	485,027.85	82,577.15	0.00	82,577.15	14.55
E10	PERSONNEL							
100-120-5010-120	Police Dept Salaries	1,368,723.00	141,214.49	1,047,181.23	321,541.77	0.00	321,541.77	23.49
100-120-5020-120	Police Dept Overtime	85,000.00	7,809.20	71,949.30	13,050.70	0.00	13,050.70	15.35
100-120-5030-120	Police Dept Part Time	10,224.00	552.50	6,037.75	4,186.25	0.00	4,186.25	40.95
100-120-5070-120	Availability Allowance	4,320.00	360.00	3,457.50	862.50	0.00	862.50	19.97
100-120-5170-120	Police Dept Social Security	111,992.00	11,049.91	82,247.75	29,744.25	0.00	29,744.25	26.56
100-120-5180-120	Police Dept Retirement	97,400.00	9,073.20	68,410.89	28,989.11	0.00	28,989.11	29.76
100-120-5190-120	Police Dept Health Insurance	219,032.00	15,183.87	157,299.03	61,732.97	0.00	61,732.97	28.18
100-120-5210-120	Police Dept Workers Comp.	64,121.00	0.00	46,288.54	17,832.46	0.00	17,832.46	27.81
100-120-5360-120	Police Dept Member/Train/Trvl	20,300.00	2,795.70	11,629.14	8,670.86	1,590.00	7,080.86	34.88
100-120-5361-120	AcademyTraining	0.00	0.00	0.00	0.00	0.00	0.00	0.00
100-120-5380-120	Police Dept Uniforms	19,000.00	956.92	10,887.36	8,112.64	0.00	8,112.64	42.70
	E10 Sub Totals:	2,000,112.00	188,995.79	1,505,388.49	494,723.51	1,590.00	493,133.51	24.66
E20	OPERATING COSTS							
100-120-5260-120	Police Dept Prof. Services	41,016.00	3,023.87	36,680.14	4,335.86	0.00	4,335.86	10.57
100-120-5300-120	Police Dept Insurance & Bonds	9,000.00	0.00	6,641.65	2,358.35	0.00	2,358.35	26.20
100-120-5320-120	Police Dept Facility Maint.	7,000.00	116.00	2,171.69	4,828.31	0.00	4,828.31	68.98
100-120-5330-120	Police Dept Equipment Maint	30,000.00	958.72	11,995.49	18,004.51	0.00	18,004.51	60.02
100-120-5363-120	TSMCS Account	2,000.00	0.00	0.00	2,000.00	0.00	2,000.00	100.00
100-120-5420-120	Police Care of Prisoners	18,000.00	0.00	16,920.00	1,080.00	0.00	1,080.00	6.00
100-120-5500-120	Investigation Account	1,000.00	0.00	63.55	936.45	0.00	936.45	93.65
100-120-5530-120	Police Dept Fuels/Lubricants	60,000.00	7,334.72	53,010.14	6,989.86	0.00	6,989.86	11.65
100-120-5540-120	Police Dept Chemicals	250.00	0.00	218.50	31.50	0.00	31.50	12.60
100-120-5590-120	Police Dept General Supplies	11,000.00	527.74	6,868.14	4,131.86	0.00	4,131.86	37.56
100-120-5590-122	ACO General Supplies	22,000.00	1,906.49	6,014.72	15,985.28	0.00	15,985.28	72.66
100-120-5700-120	Police Dept Comp., Software	4,241.51	0.00	4,241.51	0.00	0.00	0.00	0.00
100-120-6300-120	Police Dept Electricity	12,000.00	1,000.34	8,578.67	3,421.33	0.00	3,421.33	28.51
100-120-6350-120	Police Dept Phones	14,832.00	1,198.92	12,049.11	2,782.89	0.00	2,782.89	18.76
100-120-6390-120	Police Dept Minor Equipment	6,950.00	0.00	3,400.00	3,550.00	0.00	3,550.00	51.08
	E20 Sub Totals:	239,289.51	16,066.80	168,853.31	70,436.20	0.00	70,436.20	29.44
E30	CAPITAL OUTLAY							
100-120-6380-120	Lease Purchase Payments	55,453.00	0.00	55,224.44	228.56	0.00	228.56	0.41
	E30 Sub Totals:	55,453.00	0.00	55,224.44	228.56	0.00	228.56	0.41
	Expense Sub Totals:	2,294,854.51	205,062.59	1,729,466.24	565,388.27	1,590.00	563,798.27	24.57
	Dept 120 Sub Totals:	1,727,249.51	144,481.71	1,244,438.39	482,811.12	1,590.00		
Dept 100-125								
R05	FINES AND FORFEITURES							

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
100-125-4590-125	Court Costs	15,000.00	1,817.65	13,785.38	1,214.62	0.00	1,214.62	8.10
100-125-4611-125	Court Clerk Training Fees	1,300.00	172.00	1,207.71	92.29	0.00	92.29	7.10
	R05 Sub Totals:	16,300.00	1,989.65	14,993.09	1,306.91	0.00	1,306.91	8.02
	Revenue Sub Totals:	16,300.00	1,989.65	14,993.09	1,306.91	0.00	1,306.91	8.02
E10	PERSONNEL							
100-125-5010-125	Municipal Court Salaries	93,842.00	10,666.05	75,952.81	17,889.19	0.00	17,889.19	19.06
100-125-5020-125	Municipal Court Overtime	1,800.00	130.00	1,473.79	326.21	0.00	326.21	18.12
100-125-5170-125	Municipal Court Social Secur.	7,317.00	756.33	5,136.02	2,180.98	0.00	2,180.98	29.81
100-125-5180-125	Municipal Court Retirement	4,017.00	318.48	2,798.66	1,218.34	0.00	1,218.34	30.33
100-125-5190-125	Municipal Court Health Ins.	22,659.00	1,556.26	16,310.56	6,348.44	0.00	6,348.44	28.02
100-125-5210-125	Municipal Court Workers Comp.	4,190.00	0.00	3,025.68	1,164.32	0.00	1,164.32	27.79
100-125-5360-125	Municipal Court Mem/Train/Trvl	2,220.00	0.00	2,225.76	-5.76	0.00	-5.76	0.00
	E10 Sub Totals:	136,045.00	13,427.12	106,923.28	29,121.72	0.00	29,121.72	21.41
E20	OPERATING COSTS							
100-125-5260-125	Municipal Court Prof. Services	3,000.00	203.60	2,571.93	428.07	0.00	428.07	14.27
100-125-5261-125	Court Appointed Expenses	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	100.00
100-125-5263-125	Domestic Violence Expense	2,000.00	348.00	1,969.50	30.50	0.00	30.50	1.53
100-125-5330-125	Municipal Court Equip. Maint.	250.00	0.00	0.00	250.00	0.00	250.00	100.00
100-125-5590-125	Municipal Court Gen Supplies	2,700.00	165.39	1,439.47	1,260.53	0.00	1,260.53	46.69
100-125-5700-125	Municipal Court Comp., Softwre	408.63	0.00	238.63	170.00	0.00	170.00	41.60
100-125-6350-125	Municipal Court Phones	1,200.00	100.00	1,000.00	200.00	0.00	200.00	16.67
	E20 Sub Totals:	10,558.63	816.99	7,219.53	3,339.10	0.00	3,339.10	31.62
	Expense Sub Totals:	146,603.63	14,244.11	114,142.81	32,460.82	0.00	32,460.82	22.14
	Dept 125 Sub Totals:	130,303.63	12,254.46	99,149.72	31,153.91	0.00		
Dept 100-141								
R06	REVENUE FROM USE OF ASSET							
100-141-4820-141	Sale of IT Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E10	PERSONNEL							
100-141-5010-141	IT Salaries	30,285.00	3,425.24	25,505.48	4,779.52	0.00	4,779.52	15.78
100-141-5020-141	IT Overtime	200.00	69.16	171.08	28.92	0.00	28.92	14.46
100-141-5070-141	Availability Allowance	360.00	30.00	300.00	60.00	0.00	60.00	16.67
100-141-5170-141	IT Social Security	2,333.00	267.15	1,962.53	370.47	0.00	370.47	15.88
100-141-5180-141	IT Retirement	1,281.00	148.02	1,090.99	190.01	0.00	190.01	14.83

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
100-141-5190-141	IT Health Insurance	7,553.00	599.94	5,999.40	1,553.60	0.00	1,553.60	20.57
100-141-5210-141	IT Workers Compensation	1,336.00	0.00	963.94	372.06	0.00	372.06	27.85
100-141-5360-141	IT Membership/Training/Travel	1,500.00	0.00	1,500.00	0.00	0.00	0.00	0.00
	E10 Sub Totals:	44,848.00	4,539.51	37,493.42	7,354.58	0.00	7,354.58	16.40
E20	OPERATING COSTS							
100-141-5260-141	IT Professional Services	57,000.00	1,981.32	32,310.38	24,689.62	0.00	24,689.62	43.32
100-141-5590-141	IT General Supplies	200.00	0.00	145.98	54.02	0.00	54.02	27.01
100-141-5700-141	IT Computers, Software, Etc.	3,208.65	3,310.00	6,518.65	-3,310.00	0.00	-3,310.00	0.00
	E20 Sub Totals:	60,408.65	5,291.32	38,975.01	21,433.64	0.00	21,433.64	35.48
	Expense Sub Totals:	105,256.65	9,830.83	76,468.43	28,788.22	0.00	28,788.22	27.35
	Dept 141 Sub Totals:	105,256.65	9,830.83	76,468.43	28,788.22	0.00		
Dept 100-143								
E20	OPERATING COSTS							
100-143-5530-143	Fleet Mtce Fuels	3,000.00	563.53	4,047.71	-1,047.71	0.00	-1,047.71	0.00
100-143-5590-143	Fleet Maint. General Supplies	2,000.00	87.96	452.48	1,547.52	0.00	1,547.52	77.38
100-143-6390-143	Fleet Mtce Minor Equipment	3,000.00	22.99	942.68	2,057.32	0.00	2,057.32	68.58
	E20 Sub Totals:	8,000.00	674.48	5,442.87	2,557.13	0.00	2,557.13	31.96
	Expense Sub Totals:	8,000.00	674.48	5,442.87	2,557.13	0.00	2,557.13	31.96
	Dept 143 Sub Totals:	8,000.00	674.48	5,442.87	2,557.13	0.00		
Dept 100-144								
E20	OPERATING COSTS							
100-144-5260-144	Emergency Mgmt Prof. Services	12,224.00	0.00	12,223.20	0.80	0.00	0.80	0.01
100-144-5300-144	Emergency Mgmt Ins. & Bonds	3,300.00	0.00	2,426.57	873.43	0.00	873.43	26.47
100-144-5330-144	Emergency Mgmt Equip. Mtce	500.00	0.00	0.00	500.00	0.00	500.00	100.00
100-144-6300-144	Emergency Mgmt Electricity	3,000.00	250.79	2,171.86	828.14	0.00	828.14	27.60
	E20 Sub Totals:	19,024.00	250.79	16,821.63	2,202.37	0.00	2,202.37	11.58
	Expense Sub Totals:	19,024.00	250.79	16,821.63	2,202.37	0.00	2,202.37	11.58
	Dept 144 Sub Totals:	19,024.00	250.79	16,821.63	2,202.37	0.00		
Dept 100-145								
E10	PERSONNEL							
100-145-5010-145	Human Resources Salaries	49,894.00	5,757.00	42,218.00	7,676.00	0.00	7,676.00	15.38
100-145-5170-145	Human Resources Social Secur.	3,817.00	402.37	2,849.22	967.78	0.00	967.78	25.35
100-145-5180-145	Human Resources Retirement	2,096.00	241.80	1,773.20	322.80	0.00	322.80	15.40

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
100-145-5190-145	Human Resources Health Ins.	7,553.00	458.34	6,071.59	1,481.41	0.00	1,481.41	19.61
100-145-5210-145	Human Resources Workers Comp.	2,186.00	0.00	1,593.68	592.32	0.00	592.32	27.10
100-145-5360-145	Human Resources Mem/Train/Trvl	1,925.00	43.30	1,525.18	399.82	0.00	399.82	20.77
	E10 Sub Totals:	67,471.00	6,902.81	56,030.87	11,440.13	0.00	11,440.13	16.96
E20	OPERATING COSTS							
100-145-5260-145	Human Resources Prof. Services	3,185.00	173.77	2,813.99	371.01	0.00	371.01	11.65
100-145-5590-145	Human Resources GenSupplies	1,000.00	225.96	567.26	432.74	0.00	432.74	43.27
100-145-5700-145	HR Computer/Software	2,920.00	271.70	2,700.32	219.68	0.00	219.68	7.52
	E20 Sub Totals:	7,105.00	671.43	6,081.57	1,023.43	0.00	1,023.43	14.40
	Expense Sub Totals:	74,576.00	7,574.24	62,112.44	12,463.56	0.00	12,463.56	16.71
	Dept 145 Sub Totals:	74,576.00	7,574.24	62,112.44	12,463.56	0.00		
Dept 100-160								
R03	INTER-GOVERNMENTAL							
100-160-4200-160	Grant Revenue	120,000.00	0.00	0.00	120,000.00	0.00	120,000.00	100.00
100-160-4201-160	Grant Revenue -CARES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R03 Sub Totals:	120,000.00	0.00	0.00	120,000.00	0.00	120,000.00	100.00
R06	REVENUE FROM USE OF ASSET							
100-160-4400-160	Land Lease at Airport	15,000.00	2,000.00	21,767.04	-6,767.04	0.00	-6,767.04	0.00
100-160-4410-160	Airport Land Lease - City	9,700.00	808.37	7,275.33	2,424.67	0.00	2,424.67	25.00
100-160-4500-160	Airport Hangar Rentals	60,120.00	5,200.00	47,994.67	12,125.33	0.00	12,125.33	20.17
100-160-4820-160	Airport Sale of Property	30,000.00	0.00	0.00	30,000.00	0.00	30,000.00	100.00
	R06 Sub Totals:	114,820.00	8,008.37	77,037.04	37,782.96	0.00	37,782.96	32.91
R07	OTHER INCOME							
100-160-4800-160	Miscellaneous Income	0.00	2.50	7.50	-7.50	0.00	-7.50	0.00
	R07 Sub Totals:	0.00	2.50	7.50	-7.50	0.00	-7.50	0.00
R08	SALES REVENUE							
100-160-4540-160	Sale of Jet Fuel	25,000.00	188.09	117,720.52	-92,720.52	0.00	-92,720.52	0.00
100-160-4550-160	Sale of Aviation Gas	60,000.00	23,316.10	84,760.61	-24,760.61	0.00	-24,760.61	0.00
100-160-4560-160	Sale of Pilot Supplies	500.00	72.10	653.92	-153.92	0.00	-153.92	0.00
	R08 Sub Totals:	85,500.00	23,576.29	203,135.05	-117,635.05	0.00	-117,635.05	0.00
	Revenue Sub Totals:	320,320.00	31,587.16	280,179.59	40,140.41	0.00	40,140.41	12.53
E10	PERSONNEL							
100-160-5010-160	Airport Salaries	36,775.00	2,828.80	29,925.80	6,849.20	0.00	6,849.20	18.62
100-160-5020-160	Airport Overtime	900.00	1,414.40	2,216.72	-1,316.72	0.00	-1,316.72	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
100-160-5030-160	Airport Part Time	26,700.00	3,127.58	19,030.31	7,669.69	0.00	7,669.69	28.73
100-160-5070-160	Availability Allowance	360.00	30.00	300.00	60.00	0.00	60.00	16.67
100-160-5170-160	Airport Social Security	4,925.00	566.15	3,937.67	987.33	0.00	987.33	20.05
100-160-5180-160	Airport Retirement	1,583.00	179.46	1,351.30	231.70	0.00	231.70	14.64
100-160-5190-160	Airport Health Insurance	7,553.00	599.94	5,999.40	1,553.60	0.00	1,553.60	20.57
100-160-5210-160	Airport Workers Compensation	2,820.00	0.00	2,069.90	750.10	0.00	750.10	26.60
100-160-5360-160	Membership/Training/Travel	500.00	0.00	0.00	500.00	0.00	500.00	100.00
100-160-5380-160	Airport Uniforms	788.00	0.00	447.04	340.96	0.00	340.96	43.27
	E10 Sub Totals:	82,904.00	8,746.33	65,278.14	17,625.86	0.00	17,625.86	21.26
E20	OPERATING COSTS							
100-160-5260-160	Airport Professional Services	15,000.00	128.68	8,553.36	6,446.64	0.00	6,446.64	42.98
100-160-5300-160	Airport Insurance & Bonds	13,000.00	0.00	10,128.95	2,871.05	0.00	2,871.05	22.09
100-160-5320-160	Airport Facility Maintenance	5,000.00	263.82	3,502.31	1,497.69	0.00	1,497.69	29.95
100-160-5330-160	Airport Equipment Maintenance	3,000.00	0.00	700.17	2,299.83	0.00	2,299.83	76.66
100-160-5460-160	Cost of Av Gas Sold	50,000.00	24,026.44	70,348.58	-20,348.58	0.00	-20,348.58	0.00
100-160-5470-160	Cost of Jet Fuel Sold	20,000.00	1,591.72	94,908.03	-74,908.03	0.00	-74,908.03	0.00
100-160-5480-160	Cost of Pilot Supplies	700.00	0.00	622.09	77.91	0.00	77.91	11.13
100-160-5530-160	Airport Fuels/Lubricants	2,000.00	266.20	1,421.93	578.07	0.00	578.07	28.90
100-160-5590-160	Airport General Supplies	4,000.00	159.87	2,196.67	1,803.33	0.00	1,803.33	45.08
100-160-5700-160	Airport Computer/Software	900.00	0.00	208.63	691.37	0.00	691.37	76.82
100-160-6300-160	Airport Electricity	12,000.00	1,252.78	9,302.00	2,698.00	0.00	2,698.00	22.48
100-160-6350-160	Airport Phones	6,000.00	438.15	4,401.50	1,598.50	0.00	1,598.50	26.64
	E20 Sub Totals:	131,600.00	28,127.66	206,294.22	-74,694.22	0.00	-74,694.22	0.00
	Expense Sub Totals:	214,504.00	36,873.99	271,572.36	-57,068.36	0.00	-57,068.36	0.00
	Dept 160 Sub Totals:	-105,816.00	5,286.83	-8,607.23	-97,208.77	0.00		
Dept 100-199								
R01	TAXES							
100-199-4031-199	Public Safety Tax	1,336,571.00	141,861.49	1,309,355.72	27,215.28	0.00	27,215.28	2.04
	R01 Sub Totals:	1,336,571.00	141,861.49	1,309,355.72	27,215.28	0.00	27,215.28	2.04
R06	REVENUE FROM USE OF ASSET							
100-199-4700-199	Public Safety Interest Earned	500.00	297.18	1,753.20	-1,253.20	0.00	-1,253.20	0.00
	R06 Sub Totals:	500.00	297.18	1,753.20	-1,253.20	0.00	-1,253.20	0.00
	Revenue Sub Totals:	1,337,071.00	142,158.67	1,311,108.92	25,962.08	0.00	25,962.08	1.94
	Dept 199 Sub Totals:	-1,337,071.00	-142,158.67	-1,311,108.92	-25,962.08	0.00		
Dept 100-204	I.O.O.F. Cemetery							

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
R04	CHARGES FOR SERVICES							
100-204-4420-204	Plot Sales	15,000.00	1,300.00	20,150.00	-5,150.00	0.00	-5,150.00	0.00
100-204-4524-204	Burial Fees	25,000.00	2,350.00	24,150.00	850.00	0.00	850.00	3.40
	R04 Sub Totals:	40,000.00	3,650.00	44,300.00	-4,300.00	0.00	-4,300.00	0.00
R06	REVENUE FROM USE OF ASSET							
100-204-4700-204	Interest Earned	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
R07	OTHER INCOME							
100-204-4800-204	Cemetery Miscellaneous Revenue	500.00	104.00	474.00	26.00	0.00	26.00	5.20
	R07 Sub Totals:	500.00	104.00	474.00	26.00	0.00	26.00	5.20
R87	DONATIONS							
100-204-4990-204	Cemetery Donations	3,500.00	0.00	3,924.50	-424.50	0.00	-424.50	0.00
	R87 Sub Totals:	3,500.00	0.00	3,924.50	-424.50	0.00	-424.50	0.00
	Revenue Sub Totals:	44,000.00	3,754.00	48,698.50	-4,698.50	0.00	-4,698.50	0.00
E20	OPERATING COSTS							
100-204-5260-204	I.O.O.F. Professional Services	88,500.00	7,331.00	73,569.82	14,930.18	0.00	14,930.18	16.87
100-204-5262-204	I.O.O.F. Burial Costs	20,000.00	2,040.00	16,845.00	3,155.00	0.00	3,155.00	15.78
100-204-5300-204	Cemetery Insurance & Bonds	900.00	0.00	662.37	237.63	0.00	237.63	26.40
100-204-5320-204	Cemetery Facility Maintenance	5,000.00	0.00	13.08	4,986.92	0.00	4,986.92	99.74
100-204-5325-204	Grounds Maintenance	14,000.00	0.00	5,743.82	8,256.18	0.00	8,256.18	58.97
100-204-5330-204	Cemetery Equipment Maintenance	500.00	1,096.60	1,117.32	-617.32	0.00	-617.32	0.00
100-204-5530-204	Cemetery Fuels/Lubricants	200.00	0.00	0.00	200.00	0.00	200.00	100.00
100-204-5590-204	General Supplies	2,000.00	0.00	0.00	2,000.00	0.00	2,000.00	100.00
100-204-6300-204	I.O.O.F. Electricity Costs	500.00	39.15	348.58	151.42	0.00	151.42	30.28
	E20 Sub Totals:	131,600.00	10,506.75	98,299.99	33,300.01	0.00	33,300.01	25.30
	Expense Sub Totals:	131,600.00	10,506.75	98,299.99	33,300.01	0.00	33,300.01	25.30
	Dept 204 Sub Totals:	87,600.00	6,752.75	49,601.49	37,998.51	0.00		
Dept 100-999	City Hall							
E10	PERSONNEL							
100-999-5200-112	Unemployment Compensation	8,000.00	0.00	6,059.89	1,940.11	0.00	1,940.11	24.25
	E10 Sub Totals:	8,000.00	0.00	6,059.89	1,940.11	0.00	1,940.11	24.25
E20	OPERATING COSTS							
100-999-5320-112	City Hall Facility Maintenance	39,125.00	428.32	19,670.90	19,454.10	0.00	19,454.10	49.72
100-999-6300-112	City Hall Electricity	17,000.00	1,417.65	10,088.85	6,911.15	0.00	6,911.15	40.65

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
100-999-6310-112	City Hall Heating Fuels	4,000.00	55.62	4,307.89	-307.89	0.00	-307.89	0.00
100-999-6350-112	City Hall Phones	22,980.00	1,824.79	17,224.42	5,755.58	0.00	5,755.58	25.05
	E20 Sub Totals:	83,105.00	3,726.38	51,292.06	31,812.94	0.00	31,812.94	38.28
	Expense Sub Totals:	91,105.00	3,726.38	57,351.95	33,753.05	0.00	33,753.05	37.05
	Dept 999 Sub Totals:	91,105.00	3,726.38	57,351.95	33,753.05	0.00		
	Fund Revenue Sub Totals:	6,882,375.09	637,628.26	6,485,565.29	396,809.80	0.00	396,809.80	5.77
	Fund Expense Sub Totals:	7,264,456.25	567,572.82	5,113,141.06	2,151,315.19	1,590.00	2,149,725.19	29.59
	Fund 100 Sub Totals:	382,081.16	-70,055.44	-1,372,424.23	1,754,505.39	1,590.00		
Fund 120	Police Grants							
Dept 120-000	Non-Departmental							
R90	TRANSFERS IN							
120-000-3324-000	Transfer from Police Dept	181,977.00	0.00	0.00	181,977.00	0.00	181,977.00	100.00
	R90 Sub Totals:	181,977.00	0.00	0.00	181,977.00	0.00	181,977.00	100.00
	Revenue Sub Totals:	181,977.00	0.00	0.00	181,977.00	0.00	181,977.00	100.00
	Dept 000 Sub Totals:	-181,977.00	0.00	0.00	-181,977.00	0.00		
Dept 120-128	DWI Grant							
R03	INTER-GOVERNMENTAL							
120-128-4240-120	DWI Grant Revenue	4,725.00	0.00	0.00	4,725.00	0.00	4,725.00	100.00
	R03 Sub Totals:	4,725.00	0.00	0.00	4,725.00	0.00	4,725.00	100.00
	Revenue Sub Totals:	4,725.00	0.00	0.00	4,725.00	0.00	4,725.00	100.00
E10	PERSONNEL							
120-128-5020-120	DWI Overtime	4,725.00	0.00	0.00	4,725.00	0.00	4,725.00	100.00
	E10 Sub Totals:	4,725.00	0.00	0.00	4,725.00	0.00	4,725.00	100.00
E20	OPERATING COSTS							
120-128-5590-120	DWI Grant General Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E20 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Expense Sub Totals:	4,725.00	0.00	0.00	4,725.00	0.00	4,725.00	100.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Dept 128 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
Dept 120-129	HMV Grant							
R03	INTER-GOVERNMENTAL							
120-129-4230-120	HMV Grant Revenue	4,400.00	0.00	390.27	4,009.73	0.00	4,009.73	91.13
	R03 Sub Totals:	4,400.00	0.00	390.27	4,009.73	0.00	4,009.73	91.13
	Revenue Sub Totals:	4,400.00	0.00	390.27	4,009.73	0.00	4,009.73	91.13
E10	PERSONNEL							
120-129-5020-120	HMV Overtime	2,900.00	0.00	390.27	2,509.73	0.00	2,509.73	86.54
120-129-5360-120	HMV Grant Training	1,500.00	0.00	0.00	1,500.00	0.00	1,500.00	100.00
	E10 Sub Totals:	4,400.00	0.00	390.27	4,009.73	0.00	4,009.73	91.13
E20	OPERATING COSTS							
120-129-5590-120	HMV Grant General Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E20 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Expense Sub Totals:	4,400.00	0.00	390.27	4,009.73	0.00	4,009.73	91.13
	Dept 129 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
Dept 120-131	DOJ Grant							
R03	INTER-GOVERNMENTAL							
120-131-4220-120	Justice Dept Vest Grant	1,977.00	0.00	0.00	1,977.00	0.00	1,977.00	100.00
120-131-4250-120	LLEBG Grant Revenue	10,000.00	0.00	9,130.00	870.00	0.00	870.00	8.70
	R03 Sub Totals:	11,977.00	0.00	9,130.00	2,847.00	0.00	2,847.00	23.77
	Revenue Sub Totals:	11,977.00	0.00	9,130.00	2,847.00	0.00	2,847.00	23.77
E10	PERSONNEL							
120-131-5380-120	Police Dept Uniforms-Vests	3,954.00	0.00	3,853.02	100.98	0.00	100.98	2.55
	E10 Sub Totals:	3,954.00	0.00	3,853.02	100.98	0.00	100.98	2.55
E30	CAPITAL OUTLAY							
120-131-5790-120	LLEBG-Law Enf Safety Prog	10,000.00	0.00	0.00	10,000.00	0.00	10,000.00	100.00
	E30 Sub Totals:	10,000.00	0.00	0.00	10,000.00	0.00	10,000.00	100.00
	Expense Sub Totals:	13,954.00	0.00	3,853.02	10,100.98	0.00	10,100.98	72.39
	Dept 131 Sub Totals:	1,977.00	0.00	-5,276.98	7,253.98	0.00		

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Fund Revenue Sub Totals:	203,079.00	0.00	9,520.27	193,558.73	0.00	193,558.73	95.31
	Fund Expense Sub Totals:	23,079.00	0.00	4,243.29	18,835.71	0.00	18,835.71	81.61
	Fund 120 Sub Totals:	-180,000.00	0.00	-5,276.98	-174,723.02	0.00		
Fund 124	Shop With a Cop							
Dept 124-124								
R06	REVENUE FROM USE OF ASSET							
124-124-4700-124	Interest Earned-Shop w/a Cop	10.00	0.44	8.59	1.41	0.00	1.41	14.10
	R06 Sub Totals:	10.00	0.44	8.59	1.41	0.00	1.41	14.10
R87	DONATIONS							
124-124-4830-124	Shop With A Cop	18,434.65	0.00	18,434.65	0.00	0.00	0.00	0.00
	R87 Sub Totals:	18,434.65	0.00	18,434.65	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	18,444.65	0.44	18,443.24	1.41	0.00	1.41	0.01
E20	OPERATING COSTS							
124-124-6440-124	Shop With A Cop Expenses	19,066.45	0.00	19,066.45	0.00	0.00	0.00	0.00
	E20 Sub Totals:	19,066.45	0.00	19,066.45	0.00	0.00	0.00	0.00
	Expense Sub Totals:	19,066.45	0.00	19,066.45	0.00	0.00	0.00	0.00
	Dept 124 Sub Totals:	621.80	-0.44	623.21	-1.41	0.00		
	Fund Revenue Sub Totals:	18,444.65	0.44	18,443.24	1.41	0.00	1.41	0.01
	Fund Expense Sub Totals:	19,066.45	0.00	19,066.45	0.00	0.00	0.00	0.00
	Fund 124 Sub Totals:	621.80	-0.44	623.21	-1.41	0.00		
Fund 126	D.A.R.E Program							
Dept 126-126								
R06	REVENUE FROM USE OF ASSET							
126-126-4700-126	D.A.R.E Interest Earned	2.00	0.16	1.58	0.42	0.00	0.42	21.00
	R06 Sub Totals:	2.00	0.16	1.58	0.42	0.00	0.42	21.00
R87	DONATIONS							
126-126-4990-126	D.A.R.E Program Donations	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R87 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Revenue Sub Totals:	2.00	0.16	1.58	0.42	0.00	0.42	21.00
E20	OPERATING COSTS							
126-126-6430-126	D.A.R.E Program Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E20 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dept 126 Sub Totals:	-2.00	-0.16	-1.58	-0.42	0.00		
	Fund Revenue Sub Totals:	2.00	0.16	1.58	0.42	0.00	0.42	21.00
	Fund Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fund 126 Sub Totals:	-2.00	-0.16	-1.58	-0.42	0.00		
Fund 130	Fire Sales Tax							
Dept 130-000	Non-Departmental							
R90	TRANSFERS IN							
130-000-3305-000	Transfer fm Public Safety Fund	993,678.00	15,190.00	695,900.00	297,778.00	0.00	297,778.00	29.97
130-000-3330-000	Transfer fm General	957,443.00	79,787.00	797,870.00	159,573.00	0.00	159,573.00	16.67
	R90 Sub Totals:	1,951,121.00	94,977.00	1,493,770.00	457,351.00	0.00	457,351.00	23.44
	Revenue Sub Totals:	1,951,121.00	94,977.00	1,493,770.00	457,351.00	0.00	457,351.00	23.44
E90	TRANSFERS OUT							
130-000-3200-000	Sales Tax to TIF	7,553.00	0.00	0.00	7,553.00	0.00	7,553.00	100.00
130-000-3285-000	Trns to Capital Improvement	804,120.00	0.00	822,583.50	-18,463.50	0.00	-18,463.50	0.00
	E90 Sub Totals:	811,673.00	0.00	822,583.50	-10,910.50	0.00	-10,910.50	0.00
	Expense Sub Totals:	811,673.00	0.00	822,583.50	-10,910.50	0.00	-10,910.50	0.00
	Dept 000 Sub Totals:	-1,139,448.00	-94,977.00	-671,186.50	-468,261.50	0.00		
Dept 130-130								
R01	TAXES							
130-130-4030-130	Fire Department Sales Tax	639,841.00	71,044.63	656,899.74	-17,058.74	0.00	-17,058.74	0.00
	R01 Sub Totals:	639,841.00	71,044.63	656,899.74	-17,058.74	0.00	-17,058.74	0.00
R02	LICENSES AND PERMITS							
130-130-4150-130	Fire Department Fees	400.00	0.00	170.00	230.00	0.00	230.00	57.50

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	R02 Sub Totals:	400.00	0.00	170.00	230.00	0.00	230.00	57.50
R03	INTER-GOVERNMENTAL							
130-130-4200-130	Grant Revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00
130-130-4850-130	Contract: Fire District	126,089.00	0.00	125,638.20	450.80	0.00	450.80	0.36
	R03 Sub Totals:	126,089.00	0.00	125,638.20	450.80	0.00	450.80	0.36
R06	REVENUE FROM USE OF ASSET							
130-130-4700-130	Fire Dept Interest Earned	0.00	0.00	0.00	0.00	0.00	0.00	0.00
130-130-4820-130	Fire Sale of Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
R07	OTHER INCOME							
130-130-4800-130	Fire Department Miscellaneous	0.00	0.00	280.00	-280.00	0.00	-280.00	0.00
	R07 Sub Totals:	0.00	0.00	280.00	-280.00	0.00	-280.00	0.00
R87	DONATIONS							
130-130-4990-130	Donations - Fire Dept.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R87 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	766,330.00	71,044.63	782,987.94	-16,657.94	0.00	-16,657.94	0.00
E10	PERSONNEL							
130-130-5010-130	Fire Dept Salaries	1,130,677.00	127,137.18	898,121.68	232,555.32	0.00	232,555.32	20.57
130-130-5020-130	Fire Dept Overtime	125,000.00	19,268.40	128,646.57	-3,646.57	0.00	-3,646.57	0.00
130-130-5030-130	Fire Dept Part Time	2,500.00	0.00	753.00	1,747.00	0.00	1,747.00	69.88
130-130-5070-130	Availability Allowance	1,440.00	90.00	900.00	540.00	0.00	540.00	37.50
130-130-5170-130	Fire Dept Social Security	96,404.00	10,883.16	75,197.57	21,206.43	0.00	21,206.43	22.00
130-130-5180-130	Fire Dept Retirement	132,057.00	13,946.13	97,352.73	34,704.27	0.00	34,704.27	26.28
130-130-5190-130	Fire Dept Health Insurance	203,926.00	15,873.71	155,093.19	48,832.81	0.00	48,832.81	23.95
130-130-5210-130	Fire Dept Workers Compensation	55,196.00	0.00	40,076.84	15,119.16	0.00	15,119.16	27.39
130-130-5360-130	Fire Dept Member/Train/Trvl	0.00	0.00	100.00	-100.00	0.00	-100.00	0.00
130-130-5361-130	Fire Academy Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E10 Sub Totals:	1,747,200.00	187,198.58	1,396,241.58	350,958.42	0.00	350,958.42	20.09
E20	OPERATING COSTS							
130-130-5260-130	Fire Dept Prof. Services	32,600.00	1,094.52	23,427.80	9,172.20	0.00	9,172.20	28.14
130-130-5300-130	Fire Dept Insurance and Bonds	27,000.00	0.00	19,738.78	7,261.22	0.00	7,261.22	26.89
130-130-5320-130	Fire Dept Facility Maintenance	4,000.00	202.71	1,583.04	2,416.96	0.00	2,416.96	60.42
130-130-5330-130	Fire Dept Equipment Maint.	18,000.00	1,388.60	11,173.81	6,826.19	0.00	6,826.19	37.92
130-130-5530-130	Fire Dept Fuels/Lubricants	18,000.00	1,907.53	10,419.10	7,580.90	0.00	7,580.90	42.12
130-130-5540-130	Fire Dept Chemicals	500.00	0.00	0.00	500.00	0.00	500.00	100.00
130-130-5590-130	Fire Dept General Supplies	8,000.00	616.03	4,893.44	3,106.56	0.00	3,106.56	38.83

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
130-130-5700-130	Fire Dept Comp., Software	4,000.00	0.00	2,070.32	1,929.68	0.00	1,929.68	48.24
130-130-6300-130	Fire Dept Electricity	15,000.00	1,696.71	8,459.06	6,540.94	0.00	6,540.94	43.61
130-130-6310-130	Fire Dept Heating Fuels	6,200.00	94.54	5,379.14	820.86	0.00	820.86	13.24
130-130-6350-130	Fire Dept Phones	18,000.00	1,747.00	14,894.69	3,105.31	0.00	3,105.31	17.25
130-130-6390-130	Fire Dept. Minor Equipment	11,503.00	6,631.83	7,468.53	4,034.47	0.00	4,034.47	35.07
	E20 Sub Totals:	162,803.00	15,379.47	109,507.71	53,295.29	0.00	53,295.29	32.74
E30	CAPITAL OUTLAY							
130-130-6380-130	Lease Purchase Payments	47,895.00	0.00	47,697.12	197.88	0.00	197.88	0.41
	E30 Sub Totals:	47,895.00	0.00	47,697.12	197.88	0.00	197.88	0.41
	Expense Sub Totals:	1,957,898.00	202,578.05	1,553,446.41	404,451.59	0.00	404,451.59	20.66
	Dept 130 Sub Totals:	1,191,568.00	131,533.42	770,458.47	421,109.53	0.00		
	Fund Revenue Sub Totals:	2,717,451.00	166,021.63	2,276,757.94	440,693.06	0.00	440,693.06	16.22
	Fund Expense Sub Totals:	2,769,571.00	202,578.05	2,376,029.91	393,541.09	0.00	393,541.09	14.21
	Fund 130 Sub Totals:	52,120.00	36,556.42	99,271.97	-47,151.97	0.00		
Fund 170	Drainage Sales Tax							
Dept 170-000	Non-Departmental							
E90	TRANSFERS OUT							
170-000-3200-000	Sales Tax to TIF	4,532.00	0.00	0.00	4,532.00	0.00	4,532.00	100.00
170-000-3285-000	Trns to Capital Improvement	2,760,000.00	76,654.71	109,604.08	2,650,395.92	0.00	2,650,395.92	96.03
	E90 Sub Totals:	2,764,532.00	76,654.71	109,604.08	2,654,927.92	0.00	2,654,927.92	96.04
	Expense Sub Totals:	2,764,532.00	76,654.71	109,604.08	2,654,927.92	0.00	2,654,927.92	96.04
	Dept 000 Sub Totals:	2,764,532.00	76,654.71	109,604.08	2,654,927.92	0.00		
Dept 170-990								
R01	TAXES							
170-990-4030-990	Sales Tax Drainage	384,077.00	42,626.53	394,139.56	-10,062.56	0.00	-10,062.56	0.00
	R01 Sub Totals:	384,077.00	42,626.53	394,139.56	-10,062.56	0.00	-10,062.56	0.00
R03	INTER-GOVERNMENTAL							
170-990-4200-990	Grant Revenue	2,500,000.00	0.00	0.00	2,500,000.00	0.00	2,500,000.00	100.00
	R03 Sub Totals:	2,500,000.00	0.00	0.00	2,500,000.00	0.00	2,500,000.00	100.00
R06	REVENUE FROM USE OF ASSET							

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
170-990-4700-990	Interest Earned-Drainage Fund	2,500.00	292.19	2,766.16	-266.16	0.00	-266.16	0.00
170-990-4820-990	Sale of Drainage Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	2,500.00	292.19	2,766.16	-266.16	0.00	-266.16	0.00
R07	OTHER INCOME							
170-990-4800-990	Drainage Miscellaneous	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R07 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	2,886,577.00	42,918.72	396,905.72	2,489,671.28	0.00	2,489,671.28	86.25
E10	PERSONNEL							
170-990-5010-990	Drainage Salaries	69,680.00	-1,700.81	59,433.09	10,246.91	0.00	10,246.91	14.71
170-990-5020-990	Drainage Overtime	5,500.00	458.30	3,667.88	1,832.12	0.00	1,832.12	33.31
170-990-5030-990	Drainage Part Time	10,000.00	1,095.50	7,445.15	2,554.85	0.00	2,554.85	25.55
170-990-5070-990	Availability Allowance	721.00	0.00	0.00	721.00	0.00	721.00	100.00
170-990-5170-990	Drainage Social Security	6,517.00	-16.57	5,340.13	1,176.87	0.00	1,176.87	18.06
170-990-5180-990	Drainage Retirement	3,158.00	339.14	2,550.70	607.30	0.00	607.30	19.23
170-990-5190-990	Drainage Health Insurance	15,106.00	-599.94	12,598.74	2,507.26	0.00	2,507.26	16.60
170-990-5210-990	Drainage Workers Compensation	3,731.00	0.00	2,975.31	755.69	0.00	755.69	20.25
170-990-5380-990	Drainage Uniforms	1,500.00	0.00	1,062.90	437.10	0.00	437.10	29.14
	E10 Sub Totals:	115,913.00	-424.38	95,073.90	20,839.10	0.00	20,839.10	17.98
E20	OPERATING COSTS							
170-990-5260-990	Drainage Professional Services	12,750.00	153.90	737.09	12,012.91	0.00	12,012.91	94.22
170-990-5300-990	Drainage Insurance & Bonds	400.00	0.00	229.00	171.00	0.00	171.00	42.75
170-990-5330-990	Drainage Equipment Maintenance	15,000.00	1,850.80	7,214.18	7,785.82	0.00	7,785.82	51.91
170-990-5530-990	Drainage Fuels/Lubricants	6,500.00	828.13	6,215.94	284.06	0.00	284.06	4.37
170-990-5590-990	Drainage General Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00
170-990-5640-990	Drainage Maintenance	20,000.00	2,096.37	3,541.92	16,458.08	0.00	16,458.08	82.29
	E20 Sub Totals:	54,650.00	4,929.20	17,938.13	36,711.87	0.00	36,711.87	67.18
E30	CAPITAL OUTLAY							
170-990-6380-990	Lease Purchase Payments	2,629.00	0.00	2,617.90	11.10	0.00	11.10	0.42
	E30 Sub Totals:	2,629.00	0.00	2,617.90	11.10	0.00	11.10	0.42
	Expense Sub Totals:	173,192.00	4,504.82	115,629.93	57,562.07	0.00	57,562.07	33.24
	Dept 990 Sub Totals:	-2,713,385.00	-38,413.90	-281,275.79	-2,432,109.21	0.00		
	Fund Revenue Sub Totals:	2,886,577.00	42,918.72	396,905.72	2,489,671.28	0.00	2,489,671.28	86.25

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Fund Expense Sub Totals:	2,937,724.00	81,159.53	225,234.01	2,712,489.99	0.00	2,712,489.99	92.33
	Fund 170 Sub Totals:	51,147.00	38,240.81	-171,671.71	222,818.71	0.00		
Fund 175	Senior Center Sales Tax							
Dept 175-000	Non-Departmental							
R90	TRANSFERS IN							
175-000-3303-000	Transfer from General	0.00	0.00	0.00	0.00	0.00	0.00	0.00
175-000-3364-000	Transfer to Mtce Reserve	40,000.00	3,333.00	33,330.00	6,670.00	0.00	6,670.00	16.68
	R90 Sub Totals:	40,000.00	3,333.00	33,330.00	6,670.00	0.00	6,670.00	16.68
	Revenue Sub Totals:	40,000.00	3,333.00	33,330.00	6,670.00	0.00	6,670.00	16.68
E90	TRANSFERS OUT							
175-000-3214-000	Transfer to 2014 Series COP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
175-000-3221-000	Transfer to 2021 Series DS	54,660.00	42,064.99	51,584.99	3,075.01	0.00	3,075.01	5.63
175-000-3264-000	Transfer to Mtce Reserve	40,000.00	3,333.00	33,330.00	6,670.00	0.00	6,670.00	16.68
175-000-3285-000	Trns to Capital Improvement	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E90 Sub Totals:	94,660.00	45,397.99	84,914.99	9,745.01	0.00	9,745.01	10.29
	Expense Sub Totals:	94,660.00	45,397.99	84,914.99	9,745.01	0.00	9,745.01	10.29
	Dept 000 Sub Totals:	54,660.00	42,064.99	51,584.99	3,075.01	0.00		
Dept 175-175								
R01	TAXES							
175-175-4030-175	Sales Tax - 1/16-Cent	160,033.00	17,761.15	164,224.68	-4,191.68	0.00	-4,191.68	0.00
	R01 Sub Totals:	160,033.00	17,761.15	164,224.68	-4,191.68	0.00	-4,191.68	0.00
R06	REVENUE FROM USE OF ASSET							
175-175-4700-175	Interest Earned-Senior Center	3,000.00	53.00	532.78	2,467.22	0.00	2,467.22	82.24
175-175-4820-175	Sale of Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	3,000.00	53.00	532.78	2,467.22	0.00	2,467.22	82.24
R07	OTHER INCOME							
175-175-4800-175	Senior Center Miscellaneous	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R07 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	163,033.00	17,814.15	164,757.46	-1,724.46	0.00	-1,724.46	0.00
E10	PERSONNEL							
175-175-5010-175	Senior Center Salaries	4,914.00	558.98	3,087.56	1,826.44	0.00	1,826.44	37.17

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
175-175-5020-175	Senior Center Overtime	500.00	1.80	76.07	423.93	0.00	423.93	84.79
175-175-5170-175	Senior Center Social Security	415.00	42.91	241.90	173.10	0.00	173.10	41.71
175-175-5180-175	Senior Center Retirement	228.00	0.00	53.22	174.78	0.00	174.78	76.66
175-175-5190-175	Senior Center Health Insurance	1,133.00	95.98	467.93	665.07	0.00	665.07	58.70
175-175-5210-175	Senior Center Workers Comp.	238.00	0.00	165.17	72.83	0.00	72.83	30.60
175-175-5360-175	Senior Center Memb/Train/Trvl	300.00	0.00	18.00	282.00	0.00	282.00	94.00
	E10 Sub Totals:	7,728.00	699.67	4,109.85	3,618.15	0.00	3,618.15	46.82
E20	OPERATING COSTS							
175-175-5260-175	Senior Center Prof. Services	6,580.00	85.00	5,981.58	598.42	0.00	598.42	9.09
175-175-5300-175	Senior Center Ins. & Bonds	4,100.00	0.00	3,028.94	1,071.06	0.00	1,071.06	26.12
175-175-5320-175	Senior Center Facility Maint.	12,000.00	1,393.31	12,758.75	-758.75	0.00	-758.75	0.00
175-175-5330-175	Senior Center Equipment Maint.	500.00	0.00	495.00	5.00	0.00	5.00	1.00
175-175-5590-175	Senior Center General Supplies	1,000.00	20.99	352.79	647.21	0.00	647.21	64.72
175-175-5610-175	Senior Center Activity/Event	2,500.00	125.52	519.96	1,980.04	0.00	1,980.04	79.20
175-175-5700-175	Senior Center Comp., Software	2,000.00	0.00	1,626.00	374.00	0.00	374.00	18.70
175-175-6300-175	Senior Center Electricity	28,000.00	1,769.81	18,375.19	9,624.81	0.00	9,624.81	34.37
175-175-6350-175	Senior Center Phones	4,260.00	352.47	3,524.70	735.30	0.00	735.30	17.26
	E20 Sub Totals:	60,940.00	3,747.10	46,662.91	14,277.09	0.00	14,277.09	23.43
	Expense Sub Totals:	68,668.00	4,446.77	50,772.76	17,895.24	0.00	17,895.24	26.06
	Dept 175 Sub Totals:	-94,365.00	-13,367.38	-113,984.70	19,619.70	0.00		
	Fund Revenue Sub Totals:	203,033.00	21,147.15	198,087.46	4,945.54	0.00	4,945.54	2.44
	Fund Expense Sub Totals:	163,328.00	49,844.76	135,687.75	27,640.25	0.00	27,640.25	16.92
	Fund 175 Sub Totals:	-39,705.00	28,697.61	-62,399.71	22,694.71	0.00		
Fund 180	Parks Sales Tax							
Dept 180-000	Non-Departmental							
R90	TRANSFERS IN							
180-000-3343-000	Transfer from Other Funds	164,000.00	0.00	0.00	164,000.00	0.00	164,000.00	100.00
180-000-3390-000	Transfer from Parks Sales Tax	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R90 Sub Totals:	164,000.00	0.00	0.00	164,000.00	0.00	164,000.00	100.00
	Revenue Sub Totals:	164,000.00	0.00	0.00	164,000.00	0.00	164,000.00	100.00
E90	TRANSFERS OUT							
180-000-3200-000	Sales Tax to TIF	6,797.00	0.00	0.00	6,797.00	0.00	6,797.00	100.00
180-000-3241-000	Transfer to GC fm Parks -Mtce	119,338.00	9,945.00	99,450.00	19,888.00	0.00	19,888.00	16.67
180-000-3285-000	Trns to Capital Improvement	565,599.78	26,219.17	358,040.69	207,559.09	0.00	207,559.09	36.70

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
180-000-3290-000	Transfer to Parks Recreation	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E90 Sub Totals:	691,734.78	36,164.17	457,490.69	234,244.09	0.00	234,244.09	33.86
	Expense Sub Totals:	691,734.78	36,164.17	457,490.69	234,244.09	0.00	234,244.09	33.86
	Dept 000 Sub Totals:	527,734.78	36,164.17	457,490.69	70,244.09	0.00		
Dept 180-750								
R01	TAXES							
180-750-4030-750	Sales Tax Parks	576,116.00	63,939.79	591,209.31	-15,093.31	0.00	-15,093.31	0.00
	R01 Sub Totals:	576,116.00	63,939.79	591,209.31	-15,093.31	0.00	-15,093.31	0.00
R03	INTER-GOVERNMENTAL							
180-750-4200-750	Grant Revenue	162,534.00	0.00	0.00	162,534.00	0.00	162,534.00	100.00
	R03 Sub Totals:	162,534.00	0.00	0.00	162,534.00	0.00	162,534.00	100.00
R04	CHARGES FOR SERVICES							
180-750-4530-750	Fish Food Monies	4,500.00	521.27	4,555.21	-55.21	0.00	-55.21	0.00
	R04 Sub Totals:	4,500.00	521.27	4,555.21	-55.21	0.00	-55.21	0.00
R06	REVENUE FROM USE OF ASSET							
180-750-4500-750	Park Fees	3,500.00	240.00	1,375.00	2,125.00	0.00	2,125.00	60.71
180-750-4500-752	RV Pad Rental	2,000.00	1,297.00	5,999.00	-3,999.00	0.00	-3,999.00	0.00
180-750-4700-750	Interest Earned-Parks Fund	1,400.00	74.13	1,406.96	-6.96	0.00	-6.96	0.00
180-750-4760-750	Insurance Proceeds	0.00	0.00	0.00	0.00	0.00	0.00	0.00
180-750-4820-750	Sale and Use of Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	6,900.00	1,611.13	8,780.96	-1,880.96	0.00	-1,880.96	0.00
R07	OTHER INCOME							
180-750-4800-750	Parks Miscellaneous	0.00	0.00	546.00	-546.00	0.00	-546.00	0.00
	R07 Sub Totals:	0.00	0.00	546.00	-546.00	0.00	-546.00	0.00
R87	DONATIONS							
180-750-4990-750	Donations Parks	0.00	500.00	2,636.78	-2,636.78	0.00	-2,636.78	0.00
180-750-4990-753	Skate Park Donations	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R87 Sub Totals:	0.00	500.00	2,636.78	-2,636.78	0.00	-2,636.78	0.00
	Revenue Sub Totals:	750,050.00	66,572.19	607,728.26	142,321.74	0.00	142,321.74	18.97
E10	PERSONNEL							
180-750-5010-750	Parks Salaries	230,555.00	26,158.64	193,717.40	36,837.60	0.00	36,837.60	15.98
180-750-5020-750	Parks Overtime	5,000.00	1,301.07	4,980.71	19.29	0.00	19.29	0.39

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
180-750-5070-750	Availability Allowance	1,080.00	90.00	900.00	180.00	0.00	180.00	16.67
180-750-5170-750	Parks Social Security	18,020.00	2,046.95	14,652.30	3,367.70	0.00	3,367.70	18.69
180-750-5180-750	Parks Retirement	9,894.00	890.66	7,061.49	2,832.51	0.00	2,832.51	28.63
180-750-5190-750	Parks Health Insurance	52,870.00	3,956.02	39,827.97	13,042.03	0.00	13,042.03	24.67
180-750-5210-750	Parks Workers Compensation	10,318.00	0.00	8,360.17	1,957.83	0.00	1,957.83	18.97
180-750-5360-750	Parks Member/Training/Travel	1,000.00	0.00	418.00	582.00	0.00	582.00	58.20
180-750-5380-750	Parks Uniforms	3,500.00	0.00	2,546.93	953.07	0.00	953.07	27.23
	E10 Sub Totals:	332,237.00	34,443.34	272,464.97	59,772.03	0.00	59,772.03	17.99
E20	OPERATING COSTS							
180-750-5260-750	Parks Professional Services	2,100.00	111.18	2,264.67	-164.67	0.00	-164.67	0.00
180-750-5300-750	Parks Insurance and Bonds	12,000.00	0.00	19,710.00	-7,710.00	0.00	-7,710.00	0.00
180-750-5320-750	Parks Facility Maintenance	41,785.51	2,914.51	25,402.03	16,383.48	0.00	16,383.48	39.21
180-750-5320-753	Skatepark Facility Maintenance	1,000.00	0.00	122.49	877.51	0.00	877.51	87.75
180-750-5330-750	Parks Equipment Maintenance	22,483.00	884.80	16,212.68	6,270.32	0.00	6,270.32	27.89
180-750-5530-750	Parks Fuels/Lubricants	9,600.00	2,259.53	14,776.24	-5,176.24	0.00	-5,176.24	0.00
180-750-5590-750	Parks General Supplies	10,000.00	707.00	5,987.59	4,012.41	0.00	4,012.41	40.12
180-750-5590-752	RV Park Expenses	1,000.00	0.00	418.00	582.00	0.00	582.00	58.20
180-750-5610-750	Christmas Lighting	4,000.00	0.00	3,889.32	110.68	0.00	110.68	2.77
180-750-5630-750	Wading Pool Expenses	1,000.00	232.46	939.36	60.64	0.00	60.64	6.06
180-750-5700-750	Parks Computer/Software	500.00	0.00	351.35	148.65	0.00	148.65	29.73
180-750-6300-750	Parks Electricity	12,000.00	2,338.65	12,067.10	-67.10	0.00	-67.10	0.00
180-750-6310-750	Parks Heating Fuels	5,300.00	99.08	1,643.62	3,656.38	0.00	3,656.38	68.99
180-750-6350-750	Parks Phones	4,620.00	381.03	3,816.97	803.03	0.00	803.03	17.38
180-750-6410-750	Flowers & Plants	4,000.00	203.36	3,488.71	511.29	0.00	511.29	12.78
	E20 Sub Totals:	131,388.51	10,131.60	111,090.13	20,298.38	0.00	20,298.38	15.45
	Expense Sub Totals:	463,625.51	44,574.94	383,555.10	80,070.41	0.00	80,070.41	17.27
	Dept 750 Sub Totals:	-286,424.49	-21,997.25	-224,173.16	-62,251.33	0.00		
Dept 180-940								
E20	OPERATING COSTS							
180-940-5260-940	Pool Professional Services	40,000.00	10,020.00	35,578.64	4,421.36	0.00	4,421.36	11.05
180-940-5320-940	Parks - Swim Facility Maint.	6,000.00	308.53	2,378.55	3,621.45	0.00	3,621.45	60.36
180-940-6300-940	Parks - Pool Electricity	4,327.00	640.08	1,248.77	3,078.23	0.00	3,078.23	71.14
	E20 Sub Totals:	50,327.00	10,968.61	39,205.96	11,121.04	0.00	11,121.04	22.10
	Expense Sub Totals:	50,327.00	10,968.61	39,205.96	11,121.04	0.00	11,121.04	22.10
	Dept 940 Sub Totals:	50,327.00	10,968.61	39,205.96	11,121.04	0.00		

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Fund Revenue Sub Totals:	914,050.00	66,572.19	607,728.26	306,321.74	0.00	306,321.74	33.51
	Fund Expense Sub Totals:	1,205,687.29	91,707.72	880,251.75	325,435.54	0.00	325,435.54	26.99
	Fund 180 Sub Totals:	291,637.29	25,135.53	272,523.49	19,113.80	0.00		
Fund 195	Auditorium Sales Tax							
Dept 195-000	Non-Departmental							
E90	TRANSFERS OUT							
195-000-3214-000	Transfer to 2014 COP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
195-000-3221-000	Transfer to 2021 Series DS	217,640.00	168,259.94	206,339.94	11,300.06	0.00	11,300.06	5.19
195-000-3285-000	Trns to Capital Improvement	84,500.00	86.05	35,898.45	48,601.55	0.00	48,601.55	57.52
	E90 Sub Totals:	302,140.00	168,345.99	242,238.39	59,901.61	0.00	59,901.61	19.83
	Expense Sub Totals:	302,140.00	168,345.99	242,238.39	59,901.61	0.00	59,901.61	19.83
	Dept 000 Sub Totals:	302,140.00	168,345.99	242,238.39	59,901.61	0.00		
Dept 195-114								
R06	REVENUE FROM USE OF ASSET							
195-114-4500-114	Lampo Rental Fees	13,000.00	1,715.00	11,004.81	1,995.19	0.00	1,995.19	15.35
	R06 Sub Totals:	13,000.00	1,715.00	11,004.81	1,995.19	0.00	1,995.19	15.35
	Revenue Sub Totals:	13,000.00	1,715.00	11,004.81	1,995.19	0.00	1,995.19	15.35
E20	OPERATING COSTS							
195-114-5260-114	Lampo Professional Services	1,100.00	75.00	1,227.51	-127.51	0.00	-127.51	0.00
195-114-5300-114	Lampo Insurance and Bonds	1,900.00	0.00	0.00	1,900.00	0.00	1,900.00	100.00
195-114-5320-114	Lampo Facility Maintenance	9,850.00	40.41	6,770.87	3,079.13	0.00	3,079.13	31.26
195-114-5330-114	Lampo Equipment Mtce	500.00	0.00	395.00	105.00	0.00	105.00	21.00
195-114-5590-114	Lampo General Supplies	1,000.00	121.25	721.87	278.13	0.00	278.13	27.81
195-114-6300-114	Lampo Electricity	7,000.00	246.52	1,606.50	5,393.50	0.00	5,393.50	77.05
195-114-6310-114	Lampo Heating Fuels	3,000.00	84.65	3,104.52	-104.52	0.00	-104.52	0.00
	E20 Sub Totals:	24,350.00	567.83	13,826.27	10,523.73	0.00	10,523.73	43.22
	Expense Sub Totals:	24,350.00	567.83	13,826.27	10,523.73	0.00	10,523.73	43.22
	Dept 114 Sub Totals:	11,350.00	-1,147.17	2,821.46	8,528.54	0.00		
Dept 195-195								
R01	TAXES							
195-195-4030-195	Auditorium Sales Tax	480,096.00	53,283.44	492,674.06	-12,578.06	0.00	-12,578.06	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	R01 Sub Totals:	480,096.00	53,283.44	492,674.06	-12,578.06	0.00	-12,578.06	0.00
R06	REVENUE FROM USE OF ASSET							
195-195-4500-195	Auditorium Rental Fees	37,000.00	2,400.00	37,897.31	-897.31	0.00	-897.31	0.00
195-195-4520-195	Auditorium Sound Fees	4,500.00	1,545.00	5,572.50	-1,072.50	0.00	-1,072.50	0.00
195-195-4700-195	Interest Earned-Auditorium Fd	1,000.00	218.35	2,142.76	-1,142.76	0.00	-1,142.76	0.00
	R06 Sub Totals:	42,500.00	4,163.35	45,612.57	-3,112.57	0.00	-3,112.57	0.00
	Revenue Sub Totals:	522,596.00	57,446.79	538,286.63	-15,690.63	0.00	-15,690.63	0.00
E10	PERSONNEL							
195-195-5010-195	Auditorium Salaries	20,639.00	3,143.61	17,007.71	3,631.29	0.00	3,631.29	17.59
195-195-5020-195	Auditorium Overtime	6,000.00	7.31	317.27	5,682.73	0.00	5,682.73	94.71
195-195-5030-195	Auditorium Part Time	2,000.00	52.50	397.50	1,602.50	0.00	1,602.50	80.13
195-195-5170-195	Auditorium Social Security	2,191.00	245.05	1,355.53	835.47	0.00	835.47	38.13
195-195-5180-195	Auditorium Retirement	1,119.00	32.99	383.57	735.43	0.00	735.43	65.72
195-195-5190-195	Auditorium Health Insurance	4,759.00	389.98	1,925.86	2,833.14	0.00	2,833.14	59.53
195-195-5210-195	Auditorium Workers Comp.	1,255.00	0.00	887.69	367.31	0.00	367.31	29.27
	E10 Sub Totals:	37,963.00	3,871.44	22,275.13	15,687.87	0.00	15,687.87	41.32
E20	OPERATING COSTS							
195-195-5260-195	Auditorium Prof. Services	7,500.00	80.00	5,864.45	1,635.55	0.00	1,635.55	21.81
195-195-5300-195	Auditorium Insurance & Bonds	16,000.00	0.00	13,006.43	2,993.57	0.00	2,993.57	18.71
195-195-5320-195	Auditorium Facility Maint.	43,818.00	1,204.85	33,281.12	10,536.88	0.00	10,536.88	24.05
195-195-5330-195	Auditorium Equipment Maint.	5,000.00	0.00	3,823.82	1,176.18	0.00	1,176.18	23.52
195-195-5590-195	Auditorium General Supplies	2,500.00	227.64	2,021.10	478.90	0.00	478.90	19.16
195-195-6300-195	Auditorium Electricity	32,000.00	3,348.11	23,115.37	8,884.63	0.00	8,884.63	27.76
195-195-6310-195	Auditorium Heating Fuels	11,200.00	235.76	11,997.39	-797.39	0.00	-797.39	0.00
195-195-6350-195	Auditorium Phones	4,236.00	352.47	3,524.70	711.30	0.00	711.30	16.79
	E20 Sub Totals:	122,254.00	5,448.83	96,634.38	25,619.62	0.00	25,619.62	20.96
	Expense Sub Totals:	160,217.00	9,320.27	118,909.51	41,307.49	0.00	41,307.49	25.78
	Dept 195 Sub Totals:	-362,379.00	-48,126.52	-419,377.12	56,998.12	0.00		
	Fund Revenue Sub Totals:	535,596.00	59,161.79	549,291.44	-13,695.44	0.00	-13,695.44	0.00
	Fund Expense Sub Totals:	486,707.00	178,234.09	374,974.17	111,732.83	0.00	111,732.83	22.96
	Fund 195 Sub Totals:	-48,889.00	119,072.30	-174,317.27	125,428.27	0.00		
Fund 212	2012 A&B							
Dept 212-000	Non-Departmental							

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
R90	TRANSFERS IN							
212-000-3314-000	Transfer To Other Account	0.00	0.00	0.00	0.00	0.00	0.00	0.00
212-000-3320-000	Transfer fm Other Funds	3,466.00	0.00	3,501.73	-35.73	0.00	-35.73	0.00
	R90 Sub Totals:	3,466.00	0.00	3,501.73	-35.73	0.00	-35.73	0.00
	Revenue Sub Totals:	3,466.00	0.00	3,501.73	-35.73	0.00	-35.73	0.00
	Dept 000 Sub Totals:	-3,466.00	0.00	-3,501.73	35.73	0.00		
Dept 212-212	2012 A&B COPs							
R06	REVENUE FROM USE OF ASSET							
212-212-4700-212	Interest Income-2012 COPs	500.00	0.00	0.00	500.00	0.00	500.00	100.00
	R06 Sub Totals:	500.00	0.00	0.00	500.00	0.00	500.00	100.00
	Revenue Sub Totals:	500.00	0.00	0.00	500.00	0.00	500.00	100.00
E50	DEBT SERVICE - INTEREST & FI							
212-212-5920-212	2012 A & B Interest	122.00	0.00	327.36	-205.36	0.00	-205.36	0.00
212-212-5930-212	2012 Paying Agent Fees	1,000.00	0.00	-2,048.24	3,048.24	0.00	3,048.24	304.82
	E50 Sub Totals:	1,122.00	0.00	-1,720.88	2,842.88	0.00	2,842.88	253.38
E55	DEBT SERVICE - PRINCIPLE							
212-212-5910-212	2012 B Principal	2,344.00	0.00	2,109.37	234.63	0.00	234.63	10.01
	E55 Sub Totals:	2,344.00	0.00	2,109.37	234.63	0.00	234.63	10.01
	Expense Sub Totals:	3,466.00	0.00	388.49	3,077.51	0.00	3,077.51	88.79
	Dept 212 Sub Totals:	2,966.00	0.00	388.49	2,577.51	0.00		
	Fund Revenue Sub Totals:	3,966.00	0.00	3,501.73	464.27	0.00	464.27	11.71
	Fund Expense Sub Totals:	3,466.00	0.00	388.49	3,077.51	0.00	3,077.51	88.79
	Fund 212 Sub Totals:	-500.00	0.00	-3,113.24	2,613.24	0.00		
Fund 213	2013 Series Spc Obl Bond							
Dept 213-000	Non-Departmental							
R90	TRANSFERS IN							
213-000-3373-000	Transfer from Street Bridge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R90 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Revenue Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dept 000 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
Dept 213-200								
R90	TRANSFERS IN							
213-200-0331-400	Transfer To Other Account	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R90 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dept 200 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
Dept 213-213								
R06	REVENUE FROM USE OF ASSET							
213-213-4700-213	Interest Earned	0.00	3.46	33.88	-33.88	0.00	-33.88	0.00
	R06 Sub Totals:	0.00	3.46	33.88	-33.88	0.00	-33.88	0.00
	Revenue Sub Totals:	0.00	3.46	33.88	-33.88	0.00	-33.88	0.00
E50	DEBT SERVICE - INTEREST & FI							
213-213-5920-213	2013 Series Interest Payment	0.00	0.00	0.00	0.00	0.00	0.00	0.00
213-213-5940-213	2013 Series Admin Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E50 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E55	DEBT SERVICE - PRINCIPLE							
213-213-5910-213	2013 SpObl Principal Pymt	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E55 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dept 213 Sub Totals:	0.00	-3.46	-33.88	33.88	0.00		
	Fund Revenue Sub Totals:	0.00	3.46	33.88	-33.88	0.00	-33.88	0.00
	Fund Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fund 213 Sub Totals:	0.00	-3.46	-33.88	33.88	0.00		
Fund 214	2014 A&B Series							
Dept 214-000	Non-Departmental							
R90	TRANSFERS IN							

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
214-000-3314-000	Transfer from Other Funds	0.00	0.00	0.00	0.00	0.00	0.00	0.00
214-000-3320-000	Transfer to	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R90 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dept 000 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
Dept 214-214								
R06	REVENUE FROM USE OF ASSET							
214-214-4700-214	Interest Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E50	DEBT SERVICE - INTEREST & FI							
214-214-5920-214	2014 Series Interest Payment	0.00	0.00	0.00	0.00	0.00	0.00	0.00
214-214-5940-214	2014 Series Admin Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E50 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E55	DEBT SERVICE - PRINCIPLE							
214-214-5910-214	2014 Series Principal Payment	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E55 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dept 214 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
	Fund Revenue Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fund Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fund 214 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
Fund 216	2016 Series COPs							
Dept 216-000								
R90	TRANSFERS IN							
216-000-3376-000	Transfer in from Other Funds	288,550.00	0.00	184,311.96	104,238.04	0.00	104,238.04	36.12
	R90 Sub Totals:	288,550.00	0.00	184,311.96	104,238.04	0.00	104,238.04	36.12
	Revenue Sub Totals:	288,550.00	0.00	184,311.96	104,238.04	0.00	104,238.04	36.12

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Dept 000 Sub Totals:	-288,550.00	0.00	-184,311.96	-104,238.04	0.00		
Dept 216-216								
R06	REVENUE FROM USE OF ASSET							
216-216-4700-216	Interest Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E50	DEBT SERVICE - INTEREST & FI							
216-216-5920-216	Interest Expense 2016 Series	63,800.00	0.00	31,900.00	31,900.00	0.00	31,900.00	50.00
216-216-5940-216	2016 Series Admin Fees	4,750.00	0.00	625.00	4,125.00	0.00	4,125.00	86.84
	E50 Sub Totals:	68,550.00	0.00	32,525.00	36,025.00	0.00	36,025.00	52.55
E55	DEBT SERVICE - PRINCIPLE							
216-216-5910-216	Principal Paid 2016 COP	220,000.00	0.00	151,786.96	68,213.04	0.00	68,213.04	31.01
	E55 Sub Totals:	220,000.00	0.00	151,786.96	68,213.04	0.00	68,213.04	31.01
	Expense Sub Totals:	288,550.00	0.00	184,311.96	104,238.04	0.00	104,238.04	36.12
	Dept 216 Sub Totals:	288,550.00	0.00	184,311.96	104,238.04	0.00		
	Fund Revenue Sub Totals:	288,550.00	0.00	184,311.96	104,238.04	0.00	104,238.04	36.12
	Fund Expense Sub Totals:	288,550.00	0.00	184,311.96	104,238.04	0.00	104,238.04	36.12
	Fund 216 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
Fund 221	2021 Special Obligation Bonds							
Dept 221-000	Non-Departmental							
R90	TRANSFERS IN							
221-000-3320-000	Transfer to 2021 Series DS	0.00	476,000.00	476,000.00	-476,000.00	0.00	-476,000.00	0.00
221-000-3321-000	Transfer in 2021 Series DS	504,501.00	0.00	476,000.00	28,501.00	0.00	28,501.00	5.65
	R90 Sub Totals:	504,501.00	476,000.00	952,000.00	-447,499.00	0.00	-447,499.00	0.00
	Revenue Sub Totals:	504,501.00	476,000.00	952,000.00	-447,499.00	0.00	-447,499.00	0.00
	Dept 000 Sub Totals:	-504,501.00	-476,000.00	-952,000.00	447,499.00	0.00		
Dept 221-221	2021 Special Obligation Bonds							
R06	REVENUE FROM USE OF ASSET							
221-221-4700-221	Interest Earned 2021 Series	0.00	0.74	7.76	-7.76	0.00	-7.76	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	R06 Sub Totals:	0.00	0.74	7.76	-7.76	0.00	-7.76	0.00
R10	NON-OPERATING REVENUES							
221-221-4750-221	Bond Proceeds	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R10 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	0.00	0.74	7.76	-7.76	0.00	-7.76	0.00
E50	DEBT SERVICE - INTEREST & FI							
221-221-5920-221	2021 Series Interest	52,001.00	26,000.00	52,000.00	1.00	0.00	1.00	0.00
221-221-5940-221	2021 Series Admin Fees	2,500.00	0.00	318.00	2,182.00	0.00	2,182.00	87.28
221-221-5950-221	2021 Series Cost of Issuance	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E50 Sub Totals:	54,501.00	26,000.00	52,318.00	2,183.00	0.00	2,183.00	4.01
E55	DEBT SERVICE - PRINCIPLE							
221-221-5910-221	2021 Series Principal	450,000.00	450,000.00	900,000.00	-450,000.00	0.00	-450,000.00	0.00
	E55 Sub Totals:	450,000.00	450,000.00	900,000.00	-450,000.00	0.00	-450,000.00	0.00
	Expense Sub Totals:	504,501.00	476,000.00	952,318.00	-447,817.00	0.00	-447,817.00	0.00
	Dept 221 Sub Totals:	504,501.00	475,999.26	952,310.24	-447,809.24	0.00		
	Fund Revenue Sub Totals:	504,501.00	476,000.74	952,007.76	-447,506.76	0.00	-447,506.76	0.00
	Fund Expense Sub Totals:	504,501.00	476,000.00	952,318.00	-447,817.00	0.00	-447,817.00	0.00
	Fund 221 Sub Totals:	0.00	-0.74	310.24	-310.24	0.00		
Fund 290	Employee Insurance							
Dept 290-290								
R06	REVENUE FROM USE OF ASSET							
290-290-4700-290	Interest Earned-Employee Ins.	100.00	0.00	68.38	31.62	0.00	31.62	31.62
	R06 Sub Totals:	100.00	0.00	68.38	31.62	0.00	31.62	31.62
R10	NON-OPERATING REVENUES							
290-290-4951-290	City Portion for Ins Shortage	0.00	0.00	0.00	0.00	0.00	0.00	0.00
290-290-4960-290	Employee Portion-Insurance	158,000.00	10,675.16	110,546.66	47,453.34	0.00	47,453.34	30.03
	R10 Sub Totals:	158,000.00	10,675.16	110,546.66	47,453.34	0.00	47,453.34	30.03
R90	TRANSFERS IN							
290-290-4950-290	City's Portion - Insur.	845,923.00	59,276.48	587,632.94	258,290.06	0.00	258,290.06	30.53

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	R90 Sub Totals:	845,923.00	59,276.48	587,632.94	258,290.06	0.00	258,290.06	30.53
	Revenue Sub Totals:	1,004,023.00	69,951.64	698,247.98	305,775.02	0.00	305,775.02	30.45
E25	NON-OPERATING EXPENSE							
290-290-6140-290	Health Insurance Fees Employee	845,925.00	128,664.16	659,934.05	185,990.95	0.00	185,990.95	21.99
290-290-6150-290	Health Insurance Fees Dependnt	158,000.00	15,012.74	113,537.71	44,462.29	0.00	44,462.29	28.14
	E25 Sub Totals:	1,003,925.00	143,676.90	773,471.76	230,453.24	0.00	230,453.24	22.96
	Expense Sub Totals:	1,003,925.00	143,676.90	773,471.76	230,453.24	0.00	230,453.24	22.96
	Dept 290 Sub Totals:	-98.00	73,725.26	75,223.78	-75,321.78	0.00		
	Fund Revenue Sub Totals:	1,004,023.00	69,951.64	698,247.98	305,775.02	0.00	305,775.02	30.45
	Fund Expense Sub Totals:	1,003,925.00	143,676.90	773,471.76	230,453.24	0.00	230,453.24	22.96
	Fund 290 Sub Totals:	-98.00	73,725.26	75,223.78	-75,321.78	0.00		
Fund 300	Capital Improvement Sales Tax							
Dept 300-000	Non-Departmental							
R90	TRANSFERS IN							
300-000-3385-000	Transfer From Other Funds	0.00	-920,250.35	0.00	0.00	0.00	0.00	0.00
300-000-3385-111	Transfer fm City Clerk	13,000.00	0.00	4,580.00	8,420.00	0.00	8,420.00	64.77
300-000-3385-112	Transfer fm General Admin	19,300.00	0.00	19,380.00	-80.00	0.00	-80.00	0.00
300-000-3385-115	Transfer from Development	32,274.00	0.00	32,274.00	0.00	0.00	0.00	0.00
300-000-3385-118	Transfer fm Recycle Center	15,500.00	0.00	14,016.47	1,483.53	0.00	1,483.53	9.57
300-000-3385-120	Transfer fm Police Dept	56,000.00	54,081.11	104,171.34	-48,171.34	0.00	-48,171.34	0.00
300-000-3385-130	Transfer fm Fire Department	804,120.00	776,470.29	822,583.50	-18,463.50	0.00	-18,463.50	0.00
300-000-3385-160	Transfer fm Airport	135,000.00	80,147.23	90,610.28	44,389.72	0.00	44,389.72	32.88
300-000-3385-170	Transfer fm Drainage	2,760,000.00	76,654.71	109,604.08	2,650,395.92	0.00	2,650,395.92	96.03
300-000-3385-180	Transfer fm Parks & Rec	565,599.78	8,253.31	340,074.83	225,524.95	0.00	225,524.95	39.87
300-000-3385-195	Transfer fm Auditorium	84,500.00	12,035.00	35,898.45	48,601.55	0.00	48,601.55	57.52
300-000-3385-204	Transfer fm Cemetery	50,000.00	0.00	0.00	50,000.00	0.00	50,000.00	100.00
300-000-3385-450	Transfer fm Golf Course	145,000.00	22,352.51	92,352.51	52,647.49	0.00	52,647.49	36.31
300-000-3385-800	Transfer fm Streets Dept	67,000.00	37,575.00	66,775.00	225.00	0.00	225.00	0.34
	R90 Sub Totals:	4,747,293.78	147,318.81	1,732,320.46	3,014,973.32	0.00	3,014,973.32	63.51
	Revenue Sub Totals:	4,747,293.78	147,318.81	1,732,320.46	3,014,973.32	0.00	3,014,973.32	63.51
E90	TRANSFERS OUT							
300-000-3200-000	Sales Tax to TIF	3,777.00	0.00	0.00	3,777.00	0.00	3,777.00	100.00
300-000-3220-000	Transfer to 2012A&B Fund	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
300-000-3242-000	Transfer to Golf Cap Imp Debt	300,000.00	25,000.00	250,000.00	50,000.00	0.00	50,000.00	16.67
300-000-3243-000	Transfer to Parks Department	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E90 Sub Totals:	303,777.00	25,000.00	250,000.00	53,777.00	0.00	53,777.00	17.70
	Expense Sub Totals:	303,777.00	25,000.00	250,000.00	53,777.00	0.00	53,777.00	17.70
	Dept 000 Sub Totals:	-4,443,516.78	-122,318.81	-1,482,320.46	-2,961,196.32	0.00		
Dept 300-300	Capital Improvement							
R01	TAXES							
300-300-4030-300	Capital Improvement Sales Tax	320,064.00	35,521.99	328,448.78	-8,384.78	0.00	-8,384.78	0.00
	R01 Sub Totals:	320,064.00	35,521.99	328,448.78	-8,384.78	0.00	-8,384.78	0.00
R06	REVENUE FROM USE OF ASSET							
300-300-4700-300	Interest Earned-Econ Develop	1,200.00	120.87	742.40	457.60	0.00	457.60	38.13
	R06 Sub Totals:	1,200.00	120.87	742.40	457.60	0.00	457.60	38.13
R07	OTHER INCOME							
300-300-4800-300	Miscellaneous Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R07 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	321,264.00	35,642.86	329,191.18	-7,927.18	0.00	-7,927.18	0.00
E30	CAPITAL OUTLAY							
300-300-5790-111	Capital Impr./Purchase Clerk	13,000.00	0.00	4,580.00	8,420.00	0.00	8,420.00	64.77
300-300-5790-112	Capital Impr./Purchase GenAdm	19,300.00	0.00	19,380.00	-80.00	0.00	-80.00	0.00
300-300-5790-115	Capital Impr/Purch Development	32,000.00	0.00	32,274.00	-274.00	0.00	-274.00	0.00
300-300-5790-130	Capital Impr/Purch Fire Dept	804,120.00	0.00	822,583.50	-18,463.50	35,960.00	-54,423.50	0.00
300-300-5790-195	Capital Impr/Purch Auditorium	84,500.00	12,035.00	35,898.45	48,601.55	0.00	48,601.55	57.52
300-300-5790-204	Capital Impr/Purch IOOF	50,000.00	0.00	0.00	50,000.00	49,276.48	723.52	1.45
300-300-5790-300	Capital Improvement/Purchases	0.00	-29,825.00	0.00	0.00	5,850.00	-5,850.00	0.00
300-300-5790-430	Capital Impr/Purch Golf Course	145,000.00	22,352.51	92,352.51	52,647.49	0.00	52,647.49	36.31
300-300-5790-750	Capital Impr/Purch Parks & Rec	438,430.00	12,251.35	340,074.83	98,355.17	0.00	98,355.17	22.43
300-300-5790-800	Capital Impr/Purch Street Dept	67,000.00	29,825.00	66,775.00	225.00	486,196.67	-485,971.67	0.00
300-300-5790-990	Capital Impr/Purch Drainage	2,760,000.00	76,654.71	109,604.08	2,650,395.92	667,850.92	1,982,545.00	71.83
	E30 Sub Totals:	4,413,350.00	123,293.57	1,523,522.37	2,889,827.63	1,245,134.07	1,644,693.56	37.27
E90	TRANSFERS OUT							
300-300-5790-118	Capital Impr/Purch Recycle Ctr	15,500.00	0.00	14,016.47	1,483.53	0.00	1,483.53	9.57
300-300-5790-120	Capital Impr/Purch Police Dept	56,000.00	0.00	104,171.34	-48,171.34	56,245.13	-104,416.47	0.00
300-300-5790-160	Capital Impr/Purch Airport	135,000.00	80,147.23	90,610.28	44,389.72	45,289.72	-900.00	0.00
	E90 Sub Totals:	206,500.00	80,147.23	208,798.09	-2,298.09	101,534.85	-103,832.94	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Expense Sub Totals:	4,619,850.00	203,440.80	1,732,320.46	2,887,529.54	1,346,668.92	1,540,860.62	33.35
	Dept 300 Sub Totals:	4,298,586.00	167,797.94	1,403,129.28	2,895,456.72	1,346,668.92		
	Fund Revenue Sub Totals:	5,068,557.78	182,961.67	2,061,511.64	3,007,046.14	0.00	3,007,046.14	59.33
	Fund Expense Sub Totals:	4,923,627.00	228,440.80	1,982,320.46	2,941,306.54	1,346,668.92	1,594,637.62	32.39
	Fund 300 Sub Totals:	-144,930.78	45,479.13	-79,191.18	-65,739.60	1,346,668.92		
Fund 310	Hotel/Motel Tax							
Dept 310-000	Non-Departmental							
E90	TRANSFERS OUT							
310-000-3210-000	Tran to General Adm 3% Adm Cst	2,400.00	200.00	2,000.00	400.00	0.00	400.00	16.67
310-000-3255-000	Transfer to -Celebrate	4,300.00	0.00	0.00	4,300.00	0.00	4,300.00	100.00
310-000-3256-000	Tran to -Fall Festival	12,144.00	0.00	0.00	12,144.00	0.00	12,144.00	100.00
310-000-3257-000	Transfer to-Bluegrass	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E90 Sub Totals:	18,844.00	200.00	2,000.00	16,844.00	0.00	16,844.00	89.39
	Expense Sub Totals:	18,844.00	200.00	2,000.00	16,844.00	0.00	16,844.00	89.39
	Dept 000 Sub Totals:	18,844.00	200.00	2,000.00	16,844.00	0.00		
Dept 310-310								
R01	TAXES							
310-310-4040-330	Motel Tax Revenue	80,000.00	10,037.29	83,933.24	-3,933.24	0.00	-3,933.24	0.00
	R01 Sub Totals:	80,000.00	10,037.29	83,933.24	-3,933.24	0.00	-3,933.24	0.00
R06	REVENUE FROM USE OF ASSET							
310-310-4700-330	Interest Earned-Hotel/Motel	900.00	102.75	949.82	-49.82	0.00	-49.82	0.00
	R06 Sub Totals:	900.00	102.75	949.82	-49.82	0.00	-49.82	0.00
	Revenue Sub Totals:	80,900.00	10,140.04	84,883.06	-3,983.06	0.00	-3,983.06	0.00
E20	OPERATING COSTS							
310-310-5240-330	Motel Promotions	56,653.68	10,093.62	46,377.30	10,276.38	0.00	10,276.38	18.14
310-310-6520-330	Easter Event	375.00	0.00	375.00	0.00	0.00	0.00	0.00
	E20 Sub Totals:	57,028.68	10,093.62	46,752.30	10,276.38	0.00	10,276.38	18.02
	Expense Sub Totals:	57,028.68	10,093.62	46,752.30	10,276.38	0.00	10,276.38	18.02

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Dept 310 Sub Totals:	-23,871.32	-46.42	-38,130.76	14,259.44	0.00		
	Fund Revenue Sub Totals:	80,900.00	10,140.04	84,883.06	-3,983.06	0.00	-3,983.06	0.00
	Fund Expense Sub Totals:	75,872.68	10,293.62	48,752.30	27,120.38	0.00	27,120.38	35.74
	Fund 310 Sub Totals:	-5,027.32	153.58	-36,130.76	31,103.44	0.00		
Fund 360	Tax Incremental Financing							
Dept 360-000	Non-Departmental							
R01	TAXES							
360-000-3300-000	Sales Tax TIF City	71,750.00	0.00	0.00	71,750.00	0.00	71,750.00	100.00
	R01 Sub Totals:	71,750.00	0.00	0.00	71,750.00	0.00	71,750.00	100.00
	Revenue Sub Totals:	71,750.00	0.00	0.00	71,750.00	0.00	71,750.00	100.00
	Dept 000 Sub Totals:	-71,750.00	0.00	0.00	-71,750.00	0.00		
Dept 360-360								
R01	TAXES							
360-360-4900-360	Real Est. Tax TIF County	300,000.00	-92.84	356,985.09	-56,985.09	0.00	-56,985.09	0.00
360-360-4910-360	Sales Tax TIF County	655,181.39	0.00	154,149.39	501,032.00	0.00	501,032.00	76.47
	R01 Sub Totals:	955,181.39	-92.84	511,134.48	444,046.91	0.00	444,046.91	46.49
R06	REVENUE FROM USE OF ASSET							
360-360-4700-360	Interest Earned-TIF Fund	5,000.00	77.54	7,286.57	-2,286.57	0.00	-2,286.57	0.00
	R06 Sub Totals:	5,000.00	77.54	7,286.57	-2,286.57	0.00	-2,286.57	0.00
R10	NON-OPERATING REVENUES							
360-360-4900-000	CDBG Grant	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R10 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	960,181.39	-15.30	518,421.05	441,760.34	0.00	441,760.34	46.01
E25	NON-OPERATING EXPENSE							
360-360-5590-360	TIF Expenses	3,668,081.87	22,121.43	3,668,081.87	0.00	0.00	0.00	0.00
	E25 Sub Totals:	3,668,081.87	22,121.43	3,668,081.87	0.00	0.00	0.00	0.00
E90	TRANSFERS OUT							
360-360-6980-360	TIF Reim. W/WW 2012A&B	52,135.00	0.00	46,701.31	5,433.69	0.00	5,433.69	10.42
	E90 Sub Totals:	52,135.00	0.00	46,701.31	5,433.69	0.00	5,433.69	10.42

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Expense Sub Totals:	3,720,216.87	22,121.43	3,714,783.18	5,433.69	0.00	5,433.69	0.15
	Dept 360 Sub Totals:	2,760,035.48	22,136.73	3,196,362.13	-436,326.65	0.00		
	Fund Revenue Sub Totals:	1,031,931.39	-15.30	518,421.05	513,510.34	0.00	513,510.34	49.76
	Fund Expense Sub Totals:	3,720,216.87	22,121.43	3,714,783.18	5,433.69	0.00	5,433.69	0.15
	Fund 360 Sub Totals:	2,688,285.48	22,136.73	3,196,362.13	-508,076.65	0.00		
Fund 450	Golf Course							
Dept 450-000	Non-Departmental							
R90	TRANSFERS IN							
450-000-3340-000	Transfer fm General	95,000.00	0.00	0.00	95,000.00	0.00	95,000.00	100.00
450-000-3341-000	Transfer fm Parks -Mtce	119,338.00	9,945.00	99,450.00	19,888.00	0.00	19,888.00	16.67
450-000-3342-000	Transfer fm Capital Imp	300,000.00	25,000.00	250,000.00	50,000.00	0.00	50,000.00	16.67
	R90 Sub Totals:	514,338.00	34,945.00	349,450.00	164,888.00	0.00	164,888.00	32.06
	Revenue Sub Totals:	514,338.00	34,945.00	349,450.00	164,888.00	0.00	164,888.00	32.06
E90	TRANSFERS OUT							
450-000-3276-000	Transfer to 2016 DS	288,550.00	0.00	184,311.96	104,238.04	0.00	104,238.04	36.12
450-000-3285-000	Trns to Capital Improvement	145,000.00	-65,613.35	74,386.65	70,613.35	0.00	70,613.35	48.70
	E90 Sub Totals:	433,550.00	-65,613.35	258,698.61	174,851.39	0.00	174,851.39	40.33
	Expense Sub Totals:	433,550.00	-65,613.35	258,698.61	174,851.39	0.00	174,851.39	40.33
	Dept 000 Sub Totals:	-80,788.00	-100,558.35	-90,751.39	9,963.39	0.00		
Dept 450-150								
R04	CHARGES FOR SERVICES							
450-150-4350-430	Golf Course Fees	135,000.00	18,816.50	117,947.58	17,052.42	0.00	17,052.42	12.63
450-150-4352-430	City Tournament Fees	14,400.00	0.00	900.00	13,500.00	0.00	13,500.00	93.75
450-150-4370-430	Passes for Fees	75,500.00	4,385.00	81,378.50	-5,878.50	0.00	-5,878.50	0.00
450-150-4993-430	Advertising Revenue	4,000.00	0.00	2,737.00	1,263.00	0.00	1,263.00	31.58
	R04 Sub Totals:	228,900.00	23,201.50	202,963.08	25,936.92	0.00	25,936.92	11.33
R06	REVENUE FROM USE OF ASSET							
450-150-4360-430	Golf Cart Rentals	113,000.00	16,662.50	103,933.25	9,066.75	0.00	9,066.75	8.02
450-150-4390-430	Driving Range Revenue	4,000.00	691.00	3,331.00	669.00	0.00	669.00	16.73
450-150-4500-430	Communtity Room Rental	1,700.00	0.00	0.00	1,700.00	0.00	1,700.00	100.00
450-150-4700-430	Interest Earned-Golf Course	0.00	17.00	133.59	-133.59	0.00	-133.59	0.00
450-150-4760-430	Insurance Proceeds	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
450-150-4820-430	Sale of Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	118,700.00	17,370.50	107,397.84	11,302.16	0.00	11,302.16	9.52
R07	OTHER INCOME							
450-150-4800-430	Golf Course Miscellaneous	0.00	-58.00	1,971.63	-1,971.63	0.00	-1,971.63	0.00
	R07 Sub Totals:	0.00	-58.00	1,971.63	-1,971.63	0.00	-1,971.63	0.00
R08	SALES REVENUE							
450-150-4380-430	Pro Shop Revenue	30,000.00	5,450.50	28,137.60	1,862.40	0.00	1,862.40	6.21
450-150-4420-430	Golf Concessions Revenue	26,000.00	7,502.00	37,015.35	-11,015.35	0.00	-11,015.35	0.00
	R08 Sub Totals:	56,000.00	12,952.50	65,152.95	-9,152.95	0.00	-9,152.95	0.00
	Revenue Sub Totals:	403,600.00	53,466.50	377,485.50	26,114.50	0.00	26,114.50	6.47
E10	PERSONNEL							
450-150-5010-430	Golf Course Salaries	106,180.00	10,652.06	74,991.03	31,188.97	0.00	31,188.97	29.37
450-150-5020-430	Golf Course Overtime	5,000.00	1,589.98	4,355.01	644.99	0.00	644.99	12.90
450-150-5030-430	Golf Course Part Time	76,600.00	16,699.06	55,201.21	21,398.79	0.00	21,398.79	27.94
450-150-5170-430	Golf Course Social Security	14,366.00	2,211.59	10,216.50	4,149.50	0.00	4,149.50	28.88
450-150-5180-430	Golf Course Retirement	4,670.00	382.02	2,385.97	2,284.03	0.00	2,284.03	48.91
450-150-5190-430	Golf Course Health Insurance	23,037.00	1,799.82	13,596.87	9,440.13	0.00	9,440.13	40.98
450-150-5210-430	Golf Course Workers Comp.	8,225.00	0.00	6,158.60	2,066.40	0.00	2,066.40	25.12
450-150-5360-430	Golf Course Member/Train/Trvl	1,000.00	0.00	36.00	964.00	0.00	964.00	96.40
450-150-5380-430	Uniforms	3,000.00	333.00	1,979.93	1,020.07	0.00	1,020.07	34.00
	E10 Sub Totals:	242,078.00	33,667.53	168,921.12	73,156.88	0.00	73,156.88	30.22
E20	OPERATING COSTS							
450-150-5260-430	Golf Course Prof. Services	14,000.00	1,507.98	8,326.54	5,673.46	0.00	5,673.46	40.52
450-150-5270-430	Golf Course Credit Card Fees	9,000.00	1,057.13	6,759.89	2,240.11	0.00	2,240.11	24.89
450-150-5300-430	Golf Insurance & Bonds	10,200.00	0.00	7,592.20	2,607.80	0.00	2,607.80	25.57
450-150-5310-430	Golf Course Concession Cost	20,000.00	5,563.73	18,635.18	1,364.82	0.00	1,364.82	6.82
450-150-5314-430	Golf Course Accessories	20,000.00	10,417.72	23,338.96	-3,338.96	0.00	-3,338.96	0.00
450-150-5320-430	Golf Facility Maintenance	10,000.00	2,661.49	7,468.48	2,531.52	0.00	2,531.52	25.32
450-150-5325-430	Grounds Maintenance	16,000.00	2,711.06	13,873.39	2,126.61	0.00	2,126.61	13.29
450-150-5330-430	Golf Equipment Maintenance	15,000.00	552.96	11,387.07	3,612.93	0.00	3,612.93	24.09
450-150-5335-430	Golf Cart Maintenance	2,500.00	0.00	2,848.36	-348.36	0.00	-348.36	0.00
450-150-5350-430	Driving Range Expense	1,500.00	600.00	825.00	675.00	0.00	675.00	45.00
450-150-5530-430	Golf Course Fuels/Lubricants	16,000.00	6,990.98	16,617.57	-617.57	0.00	-617.57	0.00
450-150-5540-430	Golf Course Chemicals	48,000.00	1,298.94	44,462.60	3,537.40	0.00	3,537.40	7.37
450-150-5590-430	Golf Course General Supplies	4,000.00	218.11	3,720.60	279.40	0.00	279.40	6.99
450-150-5610-430	City Tournament Expense	6,920.00	0.00	240.00	6,680.00	0.00	6,680.00	96.53
450-150-5700-430	Golf Course Computer/Software	0.00	0.00	0.00	0.00	0.00	0.00	0.00
450-150-6300-430	Golf Course Electricity	16,000.00	1,463.97	17,114.95	-1,114.95	0.00	-1,114.95	0.00
450-150-6350-430	Golf Course Phones	4,980.00	409.59	4,109.23	870.77	0.00	870.77	17.49

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	E20 Sub Totals:	214,100.00	35,453.66	187,320.02	26,779.98	0.00	26,779.98	12.51
E30	CAPITAL OUTLAY							
450-150-6380-430	Lease Payments	28,210.00	2,350.78	23,507.80	4,702.20	0.00	4,702.20	16.67
	E30 Sub Totals:	28,210.00	2,350.78	23,507.80	4,702.20	0.00	4,702.20	16.67
	Expense Sub Totals:	484,388.00	71,471.97	379,748.94	104,639.06	0.00	104,639.06	21.60
	Dept 150 Sub Totals:	80,788.00	18,005.47	2,263.44	78,524.56	0.00		
	Fund Revenue Sub Totals:	917,938.00	88,411.50	726,935.50	191,002.50	0.00	191,002.50	20.81
	Fund Expense Sub Totals:	917,938.00	5,858.62	638,447.55	279,490.45	0.00	279,490.45	30.45
	Fund 450 Sub Totals:	0.00	-82,552.88	-88,487.95	88,487.95	0.00		
Fund 500	Water/Wastewater							
Dept 500-000	Non-Departmental							
R10	NON-OPERATING REVENUES							
500-000-2590-000	Deferred Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R10 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
R90	TRANSFERS IN							
500-000-3353-000	Transfer fm Water -Rplcmt Rsrv	202,790.00	16,899.00	168,990.00	33,800.00	0.00	33,800.00	16.67
500-000-3361-000	Transfer fm WW -Rplcmt Rsrv	91,021.00	7,585.00	75,850.00	15,171.00	0.00	15,171.00	16.67
500-000-3363-000	Slip Lining Reserve	150,000.00	12,500.00	125,000.00	25,000.00	0.00	25,000.00	16.67
500-000-3364-000	Trns to Main Replacement	250,000.00	20,833.00	208,330.00	41,670.00	0.00	41,670.00	16.67
	R90 Sub Totals:	693,811.00	57,817.00	578,170.00	115,641.00	0.00	115,641.00	16.67
	Revenue Sub Totals:	693,811.00	57,817.00	578,170.00	115,641.00	0.00	115,641.00	16.67
E90	TRANSFERS OUT							
500-000-3253-000	Transfer to Water Rplcmt Resrv	202,790.00	16,899.00	168,990.00	33,800.00	0.00	33,800.00	16.67
500-000-3261-000	Transfer to WW Rplcmt Reserve	91,021.00	7,585.00	75,850.00	15,171.00	0.00	15,171.00	16.67
500-000-3263-000	Slip Lining Reserve	150,000.00	12,500.00	125,000.00	25,000.00	0.00	25,000.00	16.67
500-000-3264-000	Trns to Main Replacement	250,000.00	20,833.00	208,330.00	41,670.00	0.00	41,670.00	16.67
	E90 Sub Totals:	693,811.00	57,817.00	578,170.00	115,641.00	0.00	115,641.00	16.67
	Expense Sub Totals:	693,811.00	57,817.00	578,170.00	115,641.00	0.00	115,641.00	16.67
	Dept 000 Sub Totals:	0.00	0.00	0.00	0.00	0.00		

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
Dept 500-212	2012 A&B COPs							
E50	DEBT SERVICE - INTEREST & FI							
500-212-5920-212	Interest Expense 2012A	3,810.68	0.00	3,810.68	0.00	0.00	0.00	0.00
500-212-5930-212	Admin. Fee 2012 A	2,000.00	0.00	2,048.24	-48.24	0.00	-48.24	0.00
	E50 Sub Totals:	5,810.68	0.00	5,858.92	-48.24	0.00	-48.24	0.00
	Expense Sub Totals:	5,810.68	0.00	5,858.92	-48.24	0.00	-48.24	0.00
	Dept 212 Sub Totals:	5,810.68	0.00	5,858.92	-48.24	0.00		
Dept 500-500								
E02	DEPRECIATION EXPENSE							
500-500-5990-500	Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E02 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dept 500 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
Dept 500-510								
R04	CHARGES FOR SERVICES							
500-510-3510-510	Penalties/Utility Bills	110,000.00	8,827.49	84,654.00	25,346.00	0.00	25,346.00	23.04
500-510-3530-510	Residential Trash Billing	525,600.00	50,080.07	478,819.26	46,780.74	0.00	46,780.74	8.90
500-510-3540-510	Service Application Fee	8,500.00	735.00	6,510.00	1,990.00	0.00	1,990.00	23.41
500-510-3580-510	Trash Tag Sales	0.00	0.00	-37.08	37.08	0.00	37.08	0.00
500-510-3600-510	Billing Customers-Water	2,200,000.00	215,665.87	1,849,578.14	350,421.86	0.00	350,421.86	15.93
500-510-4792-510	Online Surcharge Fees	3,000.00	354.51	3,796.65	-796.65	0.00	-796.65	0.00
	R04 Sub Totals:	2,847,100.00	275,662.94	2,423,320.97	423,779.03	0.00	423,779.03	14.88
R06	REVENUE FROM USE OF ASSET							
500-510-3560-510	Lease Pmt. Tower Space	48,630.00	6,940.41	42,559.71	6,070.29	0.00	6,070.29	12.48
500-510-4700-510	Interest Earned-Water/WW	14,000.00	1,660.95	16,785.77	-2,785.77	0.00	-2,785.77	0.00
	R06 Sub Totals:	62,630.00	8,601.36	59,345.48	3,284.52	0.00	3,284.52	5.24
R07	OTHER INCOME							
500-510-4800-510	Water Admin Miscellaneous	0.00	107.79	1,020.61	-1,020.61	0.00	-1,020.61	0.00
	R07 Sub Totals:	0.00	107.79	1,020.61	-1,020.61	0.00	-1,020.61	0.00
	Revenue Sub Totals:	2,909,730.00	284,372.09	2,483,687.06	426,042.94	0.00	426,042.94	14.64
E10	PERSONNEL							
500-510-5010-510	Water Admin Salaries	285,648.00	30,463.40	220,652.98	64,995.02	0.00	64,995.02	22.75
500-510-5020-510	Water Admin Overtime	3,000.00	706.49	2,699.66	300.34	0.00	300.34	10.01

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
500-510-5170-510	Water Admin Social Security	22,082.00	2,298.06	16,295.22	5,786.78	0.00	5,786.78	26.21
500-510-5180-510	Water Admin Retirement	12,124.00	1,309.14	7,222.50	4,901.50	0.00	4,901.50	40.43
500-510-5185-510	Pension Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
500-510-5190-510	Water Admin Health Insurance	49,094.00	3,643.44	34,609.69	14,484.31	0.00	14,484.31	29.50
500-510-5210-510	Water Admin Workers Comp.	12,643.00	0.00	8,536.72	4,106.28	0.00	4,106.28	32.48
500-510-5360-510	Water Admin Member/Train/Trvl	5,185.00	725.00	2,472.75	2,712.25	0.00	2,712.25	52.31
	E10 Sub Totals:	389,776.00	39,145.53	292,489.52	97,286.48	0.00	97,286.48	24.96
E20	OPERATING COSTS							
500-510-5260-510	Water Admin Prof. Services	87,300.00	1,981.31	67,030.31	20,269.69	0.00	20,269.69	23.22
500-510-5270-510	Water Admin Credit Card Fees	38,000.00	3,727.52	32,770.39	5,229.61	0.00	5,229.61	13.76
500-510-5273-510	Collection Agency Charges	3,000.00	89.18	1,382.68	1,617.32	0.00	1,617.32	53.91
500-510-5300-510	Water Admin Insurance & Bonds	600.00	0.00	100.00	500.00	0.00	500.00	83.33
500-510-5330-510	Water Admin Equipment Maint.	1,000.00	0.00	415.93	584.07	0.00	584.07	58.41
500-510-5590-510	Water Admin General Supplies	55,000.00	682.22	31,255.28	23,744.72	0.00	23,744.72	43.17
500-510-5700-510	Water Admin Comp., Software	1,000.00	0.00	294.36	705.64	0.00	705.64	70.56
500-510-6260-510	Trash Service Paid	499,320.00	45,084.10	401,769.45	97,550.55	0.00	97,550.55	19.54
500-510-6350-510	Water Admin Phones	4,800.00	400.00	4,000.00	800.00	0.00	800.00	16.67
	E20 Sub Totals:	690,020.00	51,964.33	539,018.40	151,001.60	0.00	151,001.60	21.88
E30	CAPITAL OUTLAY							
500-510-5790-510	Water Admin Capital Purchase	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E30 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Expense Sub Totals:	1,079,796.00	91,109.86	831,507.92	248,288.08	0.00	248,288.08	22.99
	Dept 510 Sub Totals:	-1,829,934.00	-193,262.23	-1,652,179.14	-177,754.86	0.00		
Dept 500-530								
R04	CHARGES FOR SERVICES							
500-530-3500-531	Meter Fee	130,000.00	11,235.31	110,157.91	19,842.09	0.00	19,842.09	15.26
500-530-3610-531	Water Taps	45,000.00	3,690.00	35,075.12	9,924.88	0.00	9,924.88	22.06
	R04 Sub Totals:	175,000.00	14,925.31	145,233.03	29,766.97	0.00	29,766.97	17.01
R06	REVENUE FROM USE OF ASSET							
500-530-4760-530	Insurance Proceeds	2,477.00	0.00	2,477.00	0.00	0.00	0.00	0.00
500-530-4820-530	Sale of Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	2,477.00	0.00	2,477.00	0.00	0.00	0.00	0.00
R07	OTHER INCOME							
500-530-4800-530	D&M Miscellaneous	0.00	25.00	998.20	-998.20	0.00	-998.20	0.00
500-530-4800-531	Meter Misc. Revenue	0.00	0.00	-5.40	5.40	0.00	5.40	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	R07 Sub Totals:	0.00	25.00	992.80	-992.80	0.00	-992.80	0.00
	Revenue Sub Totals:	177,477.00	14,950.31	148,702.83	28,774.17	0.00	28,774.17	16.21
E02	DEPRECIATION EXPENSE							
500-530-5990-530	Depreciation	220,000.00	0.00	0.00	220,000.00	0.00	220,000.00	100.00
	E02 Sub Totals:	220,000.00	0.00	0.00	220,000.00	0.00	220,000.00	100.00
E10	PERSONNEL							
500-530-5010-530	Water Distribution Salaries	318,103.00	34,212.44	245,473.80	72,629.20	0.00	72,629.20	22.83
500-530-5010-531	Meter Read/Mtnce. Salaries	104,956.00	11,804.45	85,349.70	19,606.30	0.00	19,606.30	18.68
500-530-5020-530	Water Distribution Overtime	19,000.00	2,179.92	14,551.20	4,448.80	0.00	4,448.80	23.41
500-530-5020-531	Meter Reading Overtime	8,000.00	200.62	4,674.51	3,325.49	0.00	3,325.49	41.57
500-530-5070-530	Availability Allowance	1,800.00	90.00	900.00	900.00	0.00	900.00	50.00
500-530-5070-531	Availability Allowance	1,080.00	90.00	900.00	180.00	0.00	180.00	16.67
500-530-5170-530	Water Distribution Soc'l Sec.	25,789.00	2,769.86	19,761.80	6,027.20	0.00	6,027.20	23.37
500-530-5170-531	Meter Program Social Security	8,642.00	902.51	6,727.91	1,914.09	0.00	1,914.09	22.15
500-530-5180-530	Water Distribution Retirement	14,159.00	1,394.14	9,691.32	4,467.68	0.00	4,467.68	31.55
500-530-5180-531	Meter Program Retirement	4,745.00	507.99	3,804.12	940.88	0.00	940.88	19.83
500-530-5185-530	Pension Expense	40,000.00	0.00	0.00	40,000.00	0.00	40,000.00	100.00
500-530-5190-530	Water Distribution Health Ins.	67,976.00	5,399.46	50,394.96	17,581.04	0.00	17,581.04	25.86
500-530-5190-531	Meter Prog Health Insurance	22,659.00	1,799.82	17,998.20	4,660.80	0.00	4,660.80	20.57
500-530-5210-530	Water Distribution Work Comp	14,766.00	0.00	11,835.50	2,930.50	0.00	2,930.50	19.85
500-530-5210-531	Meter Program Workers Comp.	4,948.00	0.00	3,978.04	969.96	0.00	969.96	19.60
500-530-5360-530	Water Distrib. Mem/Train/Trvl	5,000.00	0.00	243.25	4,756.75	0.00	4,756.75	95.14
500-530-5380-530	Water Distribution Uniforms	5,900.00	0.00	3,618.82	2,281.18	0.00	2,281.18	38.66
500-530-5380-531	Meter Program Uniforms	2,200.00	0.00	886.14	1,313.86	0.00	1,313.86	59.72
	E10 Sub Totals:	669,723.00	61,351.21	480,789.27	188,933.73	0.00	188,933.73	28.21
E20	OPERATING COSTS							
500-530-5260-530	Water Distribution Prof. Svcs	32,900.00	951.73	11,586.84	21,313.16	2,685.00	18,628.16	56.62
500-530-5300-530	Water Distribution Ins & Bonds	17,000.00	0.00	13,065.94	3,934.06	0.00	3,934.06	23.14
500-530-5300-531	Meter Program Insurance & Bond	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	100.00
500-530-5320-530	Water Distrib. Facility Maint	94,000.00	0.00	85,836.19	8,163.81	0.00	8,163.81	8.68
500-530-5330-530	Water Distribution Equip Maint	40,000.00	839.72	21,384.93	18,615.07	0.00	18,615.07	46.54
500-530-5330-531	Meter Program Equipment Maint.	25,000.00	0.00	1,988.45	23,011.55	8,700.00	14,311.55	57.25
500-530-5530-530	Water Distribution Fuels	25,000.00	3,396.01	25,017.95	-17.95	0.00	-17.95	0.00
500-530-5530-531	Meter Program Fuels/Lubricants	7,000.00	749.08	5,041.69	1,958.31	0.00	1,958.31	27.98
500-530-5590-530	Water Distrib. Gen Supplies	4,000.00	220.15	2,030.89	1,969.11	0.00	1,969.11	49.23
500-530-5590-531	Meter Program General Supplies	1,500.00	0.00	365.64	1,134.36	0.00	1,134.36	75.62
500-530-5620-530	Water Distribution Line Repair	80,000.00	3,191.96	51,661.16	28,338.84	356.21	27,982.63	34.98
500-530-5650-531	Meter Program Meter Sets	55,000.00	6,236.62	31,598.55	23,401.45	20,923.68	2,477.77	4.51
500-530-5700-530	Water Distrib. Comp., Software	3,400.00	0.00	866.24	2,533.76	0.00	2,533.76	74.52
500-530-5700-531	Meter Reading Comp/Software	688.63	112.91	899.04	-210.41	0.00	-210.41	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
500-530-6300-530	Water Distribution Electricity	5,625.00	667.69	4,014.62	1,610.38	0.00	1,610.38	28.63
500-530-6310-530	Water Distrib. Heating Fuels	2,000.00	44.30	2,361.56	-361.56	0.00	-361.56	0.00
500-530-6350-530	Water Dist Telephones	4,980.00	487.01	4,783.82	196.18	0.00	196.18	3.94
500-530-6390-530	Water Distribution Minor Equip	6,000.00	0.00	2,804.62	3,195.38	0.00	3,195.38	53.26
	E20 Sub Totals:	405,093.63	16,897.18	265,308.13	139,785.50	32,664.89	107,120.61	26.44
E30	CAPITAL OUTLAY							
500-530-5660-531	Meter Replacement Program	19,950.00	0.00	19,950.00	0.00	0.00	0.00	0.00
500-530-5780-530	D&M Vehicle	0.00	0.00	0.00	0.00	0.00	0.00	0.00
500-530-5790-530	Water Dist Capital Purchases	108,500.00	8,950.00	102,374.00	6,126.00	18,582.82	-12,456.82	0.00
500-530-5790-531	Meter Program Capital Equip	364,460.00	0.00	203,589.50	160,870.50	0.00	160,870.50	44.14
500-530-6380-530	Lease Purchase Payments	7,227.00	0.00	7,197.19	29.81	0.00	29.81	0.41
500-530-8200-530	PW Facility-Building	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E30 Sub Totals:	500,137.00	8,950.00	333,110.69	167,026.31	18,582.82	148,443.49	29.68
E50	DEBT SERVICE - INTEREST & FI							
500-530-5920-596	2011 DNR SRF Interest Exp	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E50 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Expense Sub Totals:	1,794,953.63	87,198.39	1,079,208.09	715,745.54	51,247.71	664,497.83	37.02
	Dept 530 Sub Totals:	1,617,476.63	72,248.08	930,505.26	686,971.37	51,247.71		
Dept 500-610								
R03	INTER-GOVERNMENTAL							
500-610-4200-520	Grant Revenue	700,000.00	0.00	0.00	700,000.00	0.00	700,000.00	100.00
500-610-4205-610	MIRMA Grant	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R03 Sub Totals:	700,000.00	0.00	0.00	700,000.00	0.00	700,000.00	100.00
R04	CHARGES FOR SERVICES							
500-610-3520-610	Pretreatment/Surcharge WW	80,000.00	12,998.98	64,899.67	15,100.33	0.00	15,100.33	18.88
500-610-3590-610	Billings to Customers WW	2,132,000.00	199,341.79	1,750,140.10	381,859.90	0.00	381,859.90	17.91
500-610-3610-610	Sewer Saddle Charges	2,000.00	0.00	2,445.00	-445.00	0.00	-445.00	0.00
	R04 Sub Totals:	2,214,000.00	212,340.77	1,817,484.77	396,515.23	0.00	396,515.23	17.91
R06	REVENUE FROM USE OF ASSET							
500-610-4760-520	Filtration Insurance Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.00
500-610-4760-610	Insurance Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.00
500-610-4820-610	Wastewater Sale of Property	15,900.00	0.00	15,900.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	15,900.00	0.00	15,900.00	0.00	0.00	0.00	0.00
R07	OTHER INCOME							
500-610-4800-520	Filtration Miscellaneous	27,955.25	0.00	27,955.25	0.00	0.00	0.00	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
500-610-4800-610	Wastewater Misc. Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R07 Sub Totals:	27,955.25	0.00	27,955.25	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	2,957,855.25	212,340.77	1,861,340.02	1,096,515.23	0.00	1,096,515.23	37.07
E02	DEPRECIATION EXPENSE							
500-610-5990-610	Depreciation	600,000.00	0.00	0.00	600,000.00	0.00	600,000.00	100.00
	E02 Sub Totals:	600,000.00	0.00	0.00	600,000.00	0.00	600,000.00	100.00
E10	PERSONNEL							
500-610-5185-520	Pension Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
500-610-5185-610	Pension Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E10 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E20	OPERATING COSTS							
500-610-5250-610	Wastewater Rent Expense	9,700.00	808.37	7,275.33	2,424.67	0.00	2,424.67	25.00
500-610-5260-520	Water Plant Prof. Services	31,780.00	40.00	1,066.05	30,713.95	7,339.00	23,374.95	73.55
500-610-5260-610	Wastewater Prof. Services	71,600.00	1,892.14	21,700.53	49,899.47	0.00	49,899.47	69.69
500-610-5300-520	Water Plant Insurance & Bonds	70,000.00	0.00	52,217.54	17,782.46	0.00	17,782.46	25.40
500-610-5300-610	Wastewater Insurance & Bonds	12,000.00	0.00	8,594.51	3,405.49	0.00	3,405.49	28.38
500-610-5320-520	Water Plant Facility Maint.	9,500.00	0.00	9,361.42	138.58	0.00	138.58	1.46
500-610-5320-610	Wastewater Facility Maint.	20,000.00	0.00	8,044.42	11,955.58	0.00	11,955.58	59.78
500-610-5330-520	Water Plant Equipment Maint.	22,428.00	0.00	2,821.83	19,606.17	0.00	19,606.17	87.42
500-610-5330-610	Wastewater Equipment Maint.	35,000.00	6,271.84	19,432.04	15,567.96	0.00	15,567.96	44.48
500-610-5530-520	Water Plant Fuels/Lubricants	3,000.00	303.04	3,371.93	-371.93	0.00	-371.93	0.00
500-610-5530-610	Wastewater Fuels/Lubricants	32,000.00	2,609.49	13,453.73	18,546.27	0.00	18,546.27	57.96
500-610-5590-520	Water Plant General Supplies	990.00	0.00	990.00	0.00	0.00	0.00	0.00
500-610-5590-610	Wastewater General Supplies	500.00	0.00	241.74	258.26	0.00	258.26	51.65
500-610-5620-610	Wastewater Line Repair	3,000.00	0.00	761.31	2,238.69	0.00	2,238.69	74.62
500-610-5700-520	Filtration Comp., Software	0.00	0.00	0.00	0.00	0.00	0.00	0.00
500-610-5700-610	Wastewater Comp., Software	351.35	0.00	351.35	0.00	0.00	0.00	0.00
500-610-5800-520	Alliance Contract	355,947.00	29,449.33	285,085.03	70,861.97	0.00	70,861.97	19.91
500-610-5800-610	Alliance Contract	683,442.00	57,166.34	553,400.33	130,041.67	0.00	130,041.67	19.03
500-610-6300-520	Filtration Electricity	290,000.00	29,124.22	235,578.16	54,421.84	0.00	54,421.84	18.77
500-610-6300-610	Wastewater Electricity	240,000.00	27,592.82	194,569.33	45,430.67	0.00	45,430.67	18.93
500-610-6310-520	Filtration Heating Fuels	6,100.00	114.88	6,254.21	-154.21	0.00	-154.21	0.00
500-610-6310-610	Wastewater Heating Fuels	7,000.00	810.20	3,900.63	3,099.37	0.00	3,099.37	44.28
500-610-6350-520	Filtration Phones	10,000.00	1,106.20	8,875.58	1,124.42	0.00	1,124.42	11.24
500-610-6350-610	Wastewater Phones	9,240.00	762.06	7,670.17	1,569.83	0.00	1,569.83	16.99
500-610-6390-610	Wastewater Minor Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E20 Sub Totals:	1,923,578.35	158,050.93	1,445,017.17	478,561.18	7,339.00	471,222.18	24.50
E30	CAPITAL OUTLAY							
500-610-5780-520	Filtration Cap. Vehicles	32,000.00	0.00	0.00	32,000.00	0.00	32,000.00	100.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
500-610-5780-610	WW Vehicle	0.00	0.00	0.00	0.00	0.00	0.00	0.00
500-610-5790-520	Filtration Capital- Other	912,000.00	0.00	48,731.36	863,268.64	176,219.34	687,049.30	75.33
500-610-5790-610	WW Capital Equipment	158,700.00	0.00	14,067.53	144,632.47	5,950.00	138,682.47	87.39
500-610-5810-619	WW Line Capital Improvemt	1,080,040.97	253,043.80	368,068.46	711,972.51	712,301.33	-328.82	0.00
	E30 Sub Totals:	2,182,740.97	253,043.80	430,867.35	1,751,873.62	894,470.67	857,402.95	39.28
	Expense Sub Totals:	4,706,319.32	411,094.73	1,875,884.52	2,830,434.80	901,809.67	1,928,625.13	40.98
	Dept 610 Sub Totals:	1,748,464.07	198,753.96	14,544.50	1,733,919.57	901,809.67		
Dept 500-640								
R90	TRANSFERS IN							
500-640-3990-641	Transfer for TIF 2012	52,135.00	0.00	46,701.31	5,433.69	0.00	5,433.69	10.42
	R90 Sub Totals:	52,135.00	0.00	46,701.31	5,433.69	0.00	5,433.69	10.42
	Revenue Sub Totals:	52,135.00	0.00	46,701.31	5,433.69	0.00	5,433.69	10.42
E02	DEPRECIATION EXPENSE							
500-640-5980-640	Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E02 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E50	DEBT SERVICE - INTEREST & FI							
500-640-5920-646	Interest on 2009B	39,957.00	0.00	30,506.13	9,450.87	0.00	9,450.87	23.65
500-640-5920-648	2011 Water Imprm Interest Exp.	90,487.00	0.00	65,597.76	24,889.24	0.00	24,889.24	27.51
500-640-5930-645	Other Debt Charges	0.00	0.00	0.00	0.00	0.00	0.00	0.00
500-640-5930-646	Paying Agent Fee - 2009B	13,231.00	7,164.88	14,686.76	-1,455.76	0.00	-1,455.76	0.00
500-640-5930-648	2011 Water Impr. Adm Fees	30,000.00	15,185.98	30,985.67	-985.67	0.00	-985.67	0.00
	E50 Sub Totals:	173,675.00	22,350.86	141,776.32	31,898.68	0.00	31,898.68	18.37
	Expense Sub Totals:	173,675.00	22,350.86	141,776.32	31,898.68	0.00	31,898.68	18.37
	Dept 640 Sub Totals:	121,540.00	22,350.86	95,075.01	26,464.99	0.00		
	Fund Revenue Sub Totals:	6,791,008.25	569,480.17	5,118,601.22	1,672,407.03	0.00	1,672,407.03	24.63
	Fund Expense Sub Totals:	8,454,365.63	669,570.84	4,512,405.77	3,941,959.86	953,057.38	2,988,902.48	35.35
	Fund 500 Sub Totals:	1,663,357.38	100,090.67	-606,195.45	2,269,552.83	953,057.38		
Fund 653	FEMA DR 4250 Flooding							
Dept 653-653	FEMA DR 4250 Flooding							
R03	INTER-GOVERNMENTAL							

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
653-653-4660-653	FEMA Flooding Revenue	16,812.15	0.00	16,812.15	0.00	0.00	0.00	0.00
	R03 Sub Totals:	16,812.15	0.00	16,812.15	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	16,812.15	0.00	16,812.15	0.00	0.00	0.00	0.00
E20	OPERATING COSTS							
653-653-5590-653	FEMA Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E20 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dept 653 Sub Totals:	-16,812.15	0.00	-16,812.15	0.00	0.00		
	Fund Revenue Sub Totals:	16,812.15	0.00	16,812.15	0.00	0.00	0.00	0.00
	Fund Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fund 653 Sub Totals:	-16,812.15	0.00	-16,812.15	0.00	0.00		
Fund 654	FEMA DR Flooding							
Dept 654-654	FEMA DR Flooding							
R03	INTER-GOVERNMENTAL							
654-654-4660-654	FEMA DR Flooding Revenue	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R03 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dept 654 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
	Fund Revenue Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fund Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fund 654 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
Fund 700	Abbott Brothers Trust							
Dept 700-000	Non-Departmental							
E90	TRANSFERS OUT							
700-000-3243-000	Transfer to Parks Department	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E90 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dept 000 Sub Totals:	0.00	0.00	0.00	0.00	0.00		
Dept 700-700								
R06	REVENUE FROM USE OF ASSET							
700-700-4570-700	Farm Proceeds	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	100.00
700-700-4700-700	Int. Earned-Abbott Brothers Fd	50.00	11.76	115.47	-65.47	0.00	-65.47	0.00
	R06 Sub Totals:	1,050.00	11.76	115.47	934.53	0.00	934.53	89.00
R07	OTHER INCOME							
700-700-4760-700	Farm Insurance Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R07 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	1,050.00	11.76	115.47	934.53	0.00	934.53	89.00
E20	OPERATING COSTS							
700-700-5300-700	Insurance and Bonds	200.00	0.00	0.00	200.00	0.00	200.00	100.00
700-700-5440-700	Real Estate Taxes	158.00	0.00	157.00	1.00	0.00	1.00	0.63
	E20 Sub Totals:	358.00	0.00	157.00	201.00	0.00	201.00	56.15
	Expense Sub Totals:	358.00	0.00	157.00	201.00	0.00	201.00	56.15
	Dept 700 Sub Totals:	-692.00	-11.76	41.53	-733.53	0.00		
	Fund Revenue Sub Totals:	1,050.00	11.76	115.47	934.53	0.00	934.53	89.00
	Fund Expense Sub Totals:	358.00	0.00	157.00	201.00	0.00	201.00	56.15
	Fund 700 Sub Totals:	-692.00	-11.76	41.53	-733.53	0.00		
Fund 710	Morse Park Trust							
Dept 710-710								
R06	REVENUE FROM USE OF ASSET							
710-710-4700-710	Interest Earned-Morse Park Fd	13.00	1.09	10.69	2.31	0.00	2.31	17.77
	R06 Sub Totals:	13.00	1.09	10.69	2.31	0.00	2.31	17.77
	Revenue Sub Totals:	13.00	1.09	10.69	2.31	0.00	2.31	17.77
	Dept 710 Sub Totals:	-13.00	-1.09	-10.69	-2.31	0.00		

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Fund Revenue Sub Totals:	13.00	1.09	10.69	2.31	0.00	2.31	17.77
	Fund Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fund 710 Sub Totals:	-13.00	-1.09	-10.69	-2.31	0.00		
Fund 800	Street Department Sales Tax							
Dept 800-000	Non-Departmental							
E90	TRANSFERS OUT							
800-000-3200-000	Sales Tax to TIF	11,329.00	0.00	0.00	11,329.00	0.00	11,329.00	100.00
800-000-3216-000	Transfer to Airport -Land	5,660.00	471.67	4,245.03	1,414.97	0.00	1,414.97	25.00
800-000-3220-000	Transfer to 2012A&B Fund	3,466.00	0.00	3,501.73	-35.73	0.00	-35.73	0.00
800-000-3285-000	Trns to Capital Improvement	67,000.00	29,825.00	66,775.00	225.00	0.00	225.00	0.34
	E90 Sub Totals:	87,455.00	30,296.67	74,521.76	12,933.24	0.00	12,933.24	14.79
	Expense Sub Totals:	87,455.00	30,296.67	74,521.76	12,933.24	0.00	12,933.24	14.79
	Dept 000 Sub Totals:	87,455.00	30,296.67	74,521.76	12,933.24	0.00		
Dept 800-800	Street Dept							
R01	TAXES							
800-800-4030-800	Transportation Sales Tax	960,276.00	106,566.33	985,560.87	-25,284.87	0.00	-25,284.87	0.00
800-800-4090-800	Vehicle Sales Tax	106,000.00	10,825.50	96,060.65	9,939.35	0.00	9,939.35	9.38
800-800-4130-800	Sanitation Enforcement	15,800.00	2,985.03	13,365.85	2,434.15	0.00	2,434.15	15.41
800-800-4280-800	Gasoline Tax	315,000.00	32,058.17	290,824.38	24,175.62	0.00	24,175.62	7.67
	R01 Sub Totals:	1,397,076.00	152,435.03	1,385,811.75	11,264.25	0.00	11,264.25	0.81
R02	LICENSES AND PERMITS							
800-800-4180-800	Vehicle License Fees	56,000.00	4,769.86	46,708.84	9,291.16	0.00	9,291.16	16.59
	R02 Sub Totals:	56,000.00	4,769.86	46,708.84	9,291.16	0.00	9,291.16	16.59
R03	INTER-GOVERNMENTAL							
800-800-4850-800	TDD Road Mtce Contract	24,025.00	0.00	0.00	24,025.00	0.00	24,025.00	100.00
	R03 Sub Totals:	24,025.00	0.00	0.00	24,025.00	0.00	24,025.00	100.00
R06	REVENUE FROM USE OF ASSET							
800-800-4700-800	Interest Earned-Street Fund	3,500.00	595.75	4,986.40	-1,486.40	0.00	-1,486.40	0.00
800-800-4820-800	Street Sale of Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	R06 Sub Totals:	3,500.00	595.75	4,986.40	-1,486.40	0.00	-1,486.40	0.00
R07	OTHER INCOME							
800-800-4800-800	Street Department Misc.	1,800.00	0.00	1,800.00	0.00	0.00	0.00	0.00

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	R07 Sub Totals:	1,800.00	0.00	1,800.00	0.00	0.00	0.00	0.00
	Revenue Sub Totals:	1,482,401.00	157,800.64	1,439,306.99	43,094.01	0.00	43,094.01	2.91
E10	PERSONNEL							
800-800-5010-800	Street Salaries	297,517.00	42,012.03	235,060.07	62,456.93	0.00	62,456.93	20.99
800-800-5020-800	Street Overtime	16,000.00	1,976.47	9,742.28	6,257.72	0.00	6,257.72	39.11
800-800-5030-800	Street Part Time	10,000.00	0.00	0.00	10,000.00	0.00	10,000.00	100.00
800-800-5070-800	Availability Allowance	1,440.00	90.00	900.00	540.00	0.00	540.00	37.50
800-800-5170-800	Street Social Security	24,750.00	3,285.21	17,908.64	6,841.36	0.00	6,841.36	27.64
800-800-5180-800	Street Retirement	13,168.00	1,309.33	9,458.23	3,709.77	0.00	3,709.77	28.17
800-800-5190-800	Street Health Insurance	60,423.00	6,355.78	45,434.82	14,988.18	0.00	14,988.18	24.81
800-800-5210-800	Street Workers Compensation	14,171.00	0.00	11,375.23	2,795.77	0.00	2,795.77	19.73
800-800-5360-800	Street Member/Training/Travel	1,500.00	0.00	200.00	1,300.00	0.00	1,300.00	86.67
800-800-5380-800	Street Uniforms	5,650.00	0.00	3,156.51	2,493.49	0.00	2,493.49	44.13
	E10 Sub Totals:	444,619.00	55,028.82	333,235.78	111,383.22	0.00	111,383.22	25.05
E20	OPERATING COSTS							
800-800-5260-360	Street TIF Professional Srvc	0.00	10,406.00	10,406.00	-10,406.00	0.00	-10,406.00	0.00
800-800-5260-800	Street Professional Services	21,032.00	424.87	4,678.04	16,353.96	0.00	16,353.96	77.76
800-800-5300-800	Street Insurance & Bonds	15,000.00	0.00	10,796.41	4,203.59	0.00	4,203.59	28.02
800-800-5320-800	Street Facility Maintenance	10,000.00	194.80	832.69	9,167.31	0.00	9,167.31	91.67
800-800-5330-800	Street Equipment Maintenance	50,000.00	5,511.64	45,988.84	4,011.16	0.00	4,011.16	8.02
800-800-5530-800	Street Fuels/Lubricants	35,000.00	8,870.48	28,244.22	6,755.78	0.00	6,755.78	19.30
800-800-5580-800	Street Maintenance Materials	70,000.00	6,243.04	32,125.00	37,875.00	2,078.53	35,796.47	51.14
800-800-5590-800	Street General Supplies	3,500.00	370.76	1,992.65	1,507.35	0.00	1,507.35	43.07
800-800-5600-800	Street Signs and Markings	20,000.00	4,432.27	15,115.14	4,884.86	906.65	3,978.21	19.89
800-800-5700-800	Street Computers, Software	1,500.00	0.00	575.77	924.23	0.00	924.23	61.62
800-800-6300-800	Street Electricity	6,000.00	667.69	4,014.66	1,985.34	0.00	1,985.34	33.09
800-800-6310-800	Street Heating Fuels	2,500.00	44.31	2,361.54	138.46	0.00	138.46	5.54
800-800-6340-800	Street Lights	147,696.00	13,558.00	115,418.49	32,277.51	0.00	32,277.51	21.85
800-800-6350-800	Street Phones	5,040.00	404.81	3,747.32	1,292.68	0.00	1,292.68	25.65
800-800-6390-800	Street Minor Equipment	4,500.00	87.34	1,701.25	2,798.75	0.00	2,798.75	62.19
	E20 Sub Totals:	391,768.00	51,216.01	277,998.02	113,769.98	2,985.18	110,784.80	28.28
E30	CAPITAL OUTLAY							
800-800-5800-800	Street Contracts Street	1,000,874.00	0.00	377,912.25	622,961.75	173,882.88	449,078.87	44.87
800-800-6380-800	Lease Purchase Payments	7,852.00	0.00	7,851.71	0.29	0.00	0.29	0.00
	E30 Sub Totals:	1,008,726.00	0.00	385,763.96	622,962.04	173,882.88	449,079.16	44.52
	Expense Sub Totals:	1,845,113.00	106,244.83	996,997.76	848,115.24	176,868.06	671,247.18	36.38

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
	Dept 800 Sub Totals:	362,712.00	-51,555.81	-442,309.23	805,021.23	176,868.06		
	Fund Revenue Sub Totals:	1,482,401.00	157,800.64	1,439,306.99	43,094.01	0.00	43,094.01	2.91
	Fund Expense Sub Totals:	1,932,568.00	136,541.50	1,071,519.52	861,048.48	176,868.06	684,180.42	35.40
	Fund 800 Sub Totals:	450,167.00	-21,259.14	-367,787.47	817,954.47	176,868.06		
Fund 833	Transportation Development							
Dept 833-833								
R03	INTER-GOVERNMENTAL							
833-833-4851-833	TDD Road Mtce Agreement	0.00	0.00	26,327.00	-26,327.00	0.00	-26,327.00	0.00
	R03 Sub Totals:	0.00	0.00	26,327.00	-26,327.00	0.00	-26,327.00	0.00
R06	REVENUE FROM USE OF ASSET							
833-833-4700-833	Interest Earned-TDD Mtce	0.00	26.38	212.78	-212.78	0.00	-212.78	0.00
	R06 Sub Totals:	0.00	26.38	212.78	-212.78	0.00	-212.78	0.00
	Revenue Sub Totals:	0.00	26.38	26,539.78	-26,539.78	0.00	-26,539.78	0.00
	Dept 833 Sub Totals:	0.00	-26.38	-26,539.78	26,539.78	0.00		
	Fund Revenue Sub Totals:	0.00	26.38	26,539.78	-26,539.78	0.00	-26,539.78	0.00
	Fund Expense Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fund 833 Sub Totals:	0.00	-26.38	-26,539.78	26,539.78	0.00		
Fund 900	Street/Bridge Sales Tax							
Dept 900-000	Non-Departmental							
E55	DEBT SERVICE - PRINCIPLE							
900-000-3273-000	Transfer to 2013 SpObl Bond	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	E55 Sub Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E90	TRANSFERS OUT							
900-000-3221-000	Transfer to 2021 Series DS	232,201.00	-210,324.93	218,075.07	14,125.93	0.00	14,125.93	6.08
	E90 Sub Totals:	232,201.00	-210,324.93	218,075.07	14,125.93	0.00	14,125.93	6.08
	Expense Sub Totals:	232,201.00	-210,324.93	218,075.07	14,125.93	0.00	14,125.93	6.08
	Dept 000 Sub Totals:	232,201.00	-210,324.93	218,075.07	14,125.93	0.00		

Account Number	Description	Budget Amount	Period Amount	YTD Amount	YTD Var	Encumbered Amount	Available	% Available
Dept 900-900								
R01	TAXES							
900-900-4030-900	Street/Bridge Sales Tax	320,012.00	35,521.94	328,448.33	-8,436.33	0.00	-8,436.33	0.00
	R01 Sub Totals:	320,012.00	35,521.94	328,448.33	-8,436.33	0.00	-8,436.33	0.00
R06	REVENUE FROM USE OF ASSET							
900-900-4700-900	Interest Earned-Street Bridge	0.00	189.33	1,593.30	-1,593.30	0.00	-1,593.30	0.00
	R06 Sub Totals:	0.00	189.33	1,593.30	-1,593.30	0.00	-1,593.30	0.00
	Revenue Sub Totals:	320,012.00	35,711.27	330,041.63	-10,029.63	0.00	-10,029.63	0.00
	Dept 900 Sub Totals:	-320,012.00	-35,711.27	-330,041.63	10,029.63	0.00		
	Fund Revenue Sub Totals:	320,012.00	35,711.27	330,041.63	-10,029.63	0.00	-10,029.63	0.00
	Fund Expense Sub Totals:	232,201.00	-210,324.93	218,075.07	14,125.93	0.00	14,125.93	6.08
	Fund 900 Sub Totals:	-87,811.00	-246,036.20	-111,966.56	24,155.56	0.00		
	Revenue Totals:	31,872,271.31	2,583,935.40	22,703,583.69	9,168,687.62	0.00	9,168,687.62	28.77
	Expense Totals:	36,927,208.17	2,653,275.75	23,225,579.45	13,701,628.72	2,478,184.36	11,223,444.36	30.39
	Report Totals:	5,054,936.86	69,340.35	521,995.76	4,532,941.10	2,478,184.36		

General Ledger

Fund Balance

31-Jul-22

Sort Level	Description	FY2022 Fund Balance Beg Bal	Revenue End Bal	Expense End Bal	Total End Bal
100	General Fund	5,633,841.31	$ 6,485,565.29	$ 5,113,141.06	$ 7,006,265.54
120	Police Grants	643.42	$ 9,520.27	$ 4,243.29	$ 5,920.40
124	Shop With a Cop	2,086.13	$ 18,443.24	$ 19,066.45	$ 1,462.92
126	D.A.R.E Program	538.75	$ 1.58	$ -	$ 540.33
130	Fire Sales Tax	728,054.61	$ 2,276,757.94	$ 2,376,029.91	$ 628,782.64
170	Drainage Sales Tax	863,701.85	$ 396,905.72	$ 225,234.01	$ 1,035,373.56
175	Senior Center Sales Tax	175,861.07	$ 198,087.46	$ 135,687.75	$ 238,260.78
180	Parks Sales Tax	575,195.60	$ 607,728.26	$ 880,251.75	$ 302,672.11
195	Auditorium Sales Tax	629,139.22	$ 549,291.44	$ 374,974.17	$ 803,456.49
212	2012 A&B	3,179.15	$ 3,501.73	$ 388.49	$ 6,292.39
213	2013 Series Spc Obl Bond	11,541.95	$ 33.88	$ -	$ 11,575.83
214	2014 A&B Series	331,214.42	$ -	$ -	$ 331,214.42
216	2016 Series COPs	402,757.00	$ 184,311.96	$ 184,311.96	$ 402,757.00
221	2021 Special Obligation Bonds	2,800.59	$ 952,007.76	$ 952,318.00	$ 2,490.35
290	Employee Insurance	97,338.92	$ 698,247.98	$ 773,471.76	$ 22,115.14
300	Economic Development Sales Tax	353,376.69	$ 2,061,511.64	$ 1,982,320.46	$ 432,567.87
310	Hotel/Motel Tax	305,306.60	$ 84,883.06	$ 48,752.30	$ 341,437.36
360	Tax Incremental Financing	2,664,575.19	$ 518,421.05	$ 3,714,783.18	$ (531,786.94)
450	Golf Course	250,979.67	$ 726,935.50	$ 638,447.55	$ 339,467.62
500	Water/Wastewater	7,454,185.03	$ 5,118,601.22	$ 4,512,405.77	$ 8,060,380.48
653	FEMA DR4250	-	$ 16,812.15	$ -	$ 16,812.15
654	FEMA DR-4317	30,027.40	$ -	$ -	$ 30,027.40
700	Abbott Brothers Trust	39,494.31	$ 115.47	$ 157.00	$ 39,452.78
710	Morse Park Trust	3,640.38	$ 10.69	$ -	$ 3,651.07
800	Street Department Sales Tax	1,780,997.16	$ 1,439,306.99	$ 1,071,519.52	$ 2,148,784.63
833	TDD Maintenance	41,077.33	$ 26,539.78	$ -	$ 67,617.11
900	Street/Bridge Sales Tax	577,255.99	$ 330,041.63	$ 218,075.07	$ 689,222.55
Grand Total		**$ 22,958,809.74**	**$ 22,703,583.69**	**$ (23,225,579.45)**	**$ 22,436,813.98**

City of Neosho
Bank Reconciliation - Investment Account
July 31, 2022

Bank:

Bank Balance		$	18,159,191.55
Credit Cards Online Deposit outstanding			3941.50
Credit Cards Deposit outstanding			2719.62
Deposit Outstanding			44,314.15
Reconciled Bank Balance		$	18,210,166.82

Book:

100-000-1200-000	General Fund Investment Acct	$	3,643,963.06
100-000-1202-000	Public Safety Sales Tax	$	996,575.59
100-000-1203-000	Cleaning Deposit Investmt Acct	$	2,362.98
100-000-1204-000	I.O.O.F. Trust	$	153,915.87
100-000-1215-000	ARPA Investment Account	$	1,197,883.71
100-000-1218-000	City Hall Donated Funds	$	287.19
100-000-1219-000	Donated Rewards	$	19,832.00
100-000-1220-000	Confiscated Cash	$	13,673.42
100-000-1224-000	I.O.O.F. Cemetery	$	(176,867.14)
120-000-1200-000	Law Enforcement Investmnt Acct	$	5,920.38
124-000-1200-000	Shop With a Cop Investmnt Acct	$	1,463.18
126-000-1200-000	D.A.R.E. Investment Account	$	540.07
130-000-1200-000	Fire Dept Investment Account	$	556,466.61
170-000-1200-000	Drainage Investment Account	$	952,508.41
170-000-1204-000	Project Grant - Lime Kiln Dam	$	27,326.48
175-000-1200-000	Senior Center Investment Acct	$	177,749.91
175-000-1208-000	Senior Center Maintenance Reserve	$	33,330.00
180-000-1200-000	Parks Investment Account	$	218,558.94
180-000-1205-000	SkatePark Donations	$	-
180-000-1206-000	Park Fund Investmnt Acct	$	-
195-000-1200-000	Auditorium Investment Account	$	732,236.31
212-000-1200-000	2012 A&B Investment Account	$	4,774.87
213-000-1200-000	2013 INVESTMENT ACCOUNT	$	11,487.48
213-000-1234-000	2013 Reserved Cash	$	88.02
214-000-1200-000	2014 Series Investment Account	$	150.42
216-000-1200-000	2016 Series Investment Account	$	-
221-000-1200-000	2021 Series Investment Account	$	2,490.35
260-000-1200-000	2006 Bond Investment Account	$	-
270-000-1200-000	2007 Bond Investment Account	$	-
275-000-1200-000	STAR LOAN Investment Account	$	-
280-000-1200-000	2010 Investment Account	$	-
290-000-1200-000	Employee Ins. Investment Acct	$	(29,040.86)
300-000-1200-000	Economic Devel Investment Acct	$	405,334.55
310-000-1200-000	Hotel/Motel Investment Account	$	344,561.37
310-000-1233-000	Investment Acct Motel Tax	$	-
360-000-1200-000	TIF Sales Tax Investment Acct	$	(2,111,519.76)
360-000-1201-000	TIF Real Estate Investmnt Acct	$	2,371,527.34
450-000-1200-000	Golf Course Investment Account	$	227,079.09
450-000-1205-000	Golf Course Advertising	$	11,958.44
450-000-1209-000	Golf Course Replacement Reserve	$	45,023.26
500-000-1200-000	Water/WW Investment Acct	$	2,524,170.73
500-000-1206-000	Slip Lining Reserve	$	225,000.00
500-000-1207-000	Invest Acct Meter Deposit	$	68,098.12
500-000-1208-000	Main Replacement	$	458,330.00
500-000-1209-000	Meter Replacement Reserve	$	375,270.96
500-000-1210-000	Wastewater Rplcmt Reserve	$	709,773.13
500-000-1214-000	Water Replacement Reserve	$	1,208,903.79
500-000-1269-000	Inv Acct Sewer Dist.#17	$	-
600-000-1200-000	Pedestrian Trail Investmt Acct	$	-
620-000-1200-000	Community Devel. Investmt Acct	$	-
650-000-1200-000	FEMA DR-1961 Investment Acct	$	-
651-000-1200-000	FEMA DR-1980 Investment Acct	$	-
652-000-1200-000	Inv Acct Joplin Disaster	$	-
653-000-1200-000	FEMA DR 4250 Investment	$	25,573.84
654-000-1200-000	FEMA DR 4317 Investment	$	30,027.40
680-000-1200-000	CDBG Public Srvce Pass Through	$	-
700-000-1200-000	Abbott Brothers Investmnt Acct	$	39,452.64
710-000-1200-000	Morse Park Fund Investmnt Acct	$	3,651.21
800-000-1200-000	Street Fund Investment Account	$	1,992,606.54
833-000-1200-000	TDD Maintenance	$	88,477.84
900-000-1200-000	Street/Bridge Fd Investmt Acct	$	634,901.06
			18,225,878.80

Reconciling Items to be JE'd:

Correct void check transfer		(558.90)
Void Check gl 7/7 bank 8/4		(558.90)
Correct void check transfer		(50.00)
Void Check gl 6/21 bank 8/9		(50.00)
Airport fuel saleJE posted July29 deposit to bank 8/3 and 8/9		(14,972.68)
Authorize Net recv'd in 8/1/22	$	478.50
Reconciled Book Balance	**$**	**18,210,166.82**
	$	-

City of Neosho
Bank Reconciliation - Master Account
July 31, 2022

Bank:

Bank Balance	$	162,221.40
O/S Springbrook Checks		(114,463.21)
Reconciled Bank Balance	$	47,758.19

Book:

Description			
100-000-1000-000	General Fund Master Account	$	46,540.39
120-000-1000-000	Law Enforcement Master Account	$	-
124-000-1000-000	Shop With a Cop Master Account	$	-
126-000-1000-000	D.A.R.E Master Account	$	-
130-000-1000-000	Fire Dept Master Account	$	-
170-000-1000-000	Drainage Master Account	$	-
175-000-1000-000	Senior Center Master Account	$	-
180-000-1000-000	Parks Master Account	$	-
195-000-1000-000	Auditorium Master Account	$	-
205-000-1000-000	Payroll Master Account	$	-
212-000-1000-000	2012 A&B Master Account	$	-
213-000-1000-000	2013 SERIES MASTER ACCOUNT	$	-
214-000-1000-000	2014 Series Master Account	$	-
216-000-1000-000	2016 Series Master Account	$	-
230-000-1000-000	2003 COP Master Account	$	-
260-000-1000-000	2006 A&B Master Account	$	-
270-000-1000-000	2007 A&B Master Account	$	-
275-000-1000-000	STAR LOAN Master Account	$	-
280-000-1000-000	2010 Master Account	$	-
290-000-1000-000	Employee Insurance Master Acct	$	-
300-000-1000-000	Economic Develop. Master Acct	$	-
310-000-1000-000	Hotel/Motel Master Account	$	-
360-000-1000-000	TIF Master Account	$	-
450-000-1000-000	Golf Course Master Account	$	-
500-000-1000-000	Water/Wastewater Master Acct	$	-
620-000-1000-000	Community Develop. Master Acct	$	-
650-000-1000-000	FEMA DR-1961 Master Account	$	-
651-000-1000-000	FEMA DR-1980 Master Account	$	-
652-000-1000-000	Cash in Bank/Joplin Disaster	$	-
653-000-1000-000	FEMA DR4250	$	-
680-000-1000-000	CDBG Public Srvce Pass Through	$	-
700-000-1000-000	Abbott Brothers Master Account	$	-
710-000-1000-000	Morse Park Fund Master Account	$	-
800-000-1000-000	Street Fund Master Account	$	-
900-000-1000-000	Street /Bridge Fd Master Acct	$	-
		$	46,540.39

Reconciling Items to be JE'd:

Correct void check transfer		558.90
Void Check gl 7/7 bank 8/4		558.90
Correct void check transfer		50.00
Void Check gl 6/21 bank 8/9		50.00
Reconciled Book Balance		47,758.19
	$	-

Neosho Missouri
FY2022
1% Sales Tax

	Actual Receipts													Monthly			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	5-year average	% of total by month	2022	Prior Year Variance	2022 Budget spread by monthly %	2022 Over Budget spread by month	% over budget
October	194,293.24	184,975.71	176,150.18	220,560.21	211,527.76	219,958.85	241,154.11	205,450.02	200,098.22	252,460.45	223,824.33	0.0822	264,246.26	4.67%	$ 219,603.43	44,642.83	20.33%
November	156,247.12	160,775.59	158,380.23	176,674.54	165,362.92	150,258.73	136,246.10	174,574.42	197,348.99	200,595.68	171,804.78	0.0631	223,225.32	11.28%	$ 168,564.88	54,660.44	32.43%
December	237,447.30	199,491.51	187,161.58	195,370.78	231,689.54	204,307.40	339,372.44	247,392.70	246,336.05	255,475.37	258,576.79	0.0949	320,126.32	25.31%	$ 253,700.53	66,425.79	26.18%
January	185,954.27	163,624.43	157,995.53	225,965.01	184,266.19	237,579.81	181,031.76	216,176.63	204,922.27	236,665.21	215,275.14	0.0790	237,570.16	0.38%	$ 211,215.46	26,354.70	12.48%
February	150,912.22	162,880.68	188,046.45	163,238.48	180,457.81	192,833.92	213,205.12	203,866.93	199,943.60	223,476.02	206,665.12	0.0759	283,084.82	26.67%	$ 202,767.81	80,317.01	39.61%
March	209,903.08	206,310.88	175,722.20	212,134.80	253,960.93	202,291.40	250,967.28	232,500.36	238,268.25	275,232.88	239,852.03	0.0880	253,663.21	-7.84%	$ 235,328.89	18,334.32	7.79%
April	205,182.31	200,282.11	187,452.19	210,118.21	216,941.00	220,818.46	216,692.24	224,656.56	199,984.02	237,300.95	219,890.45	0.0807	293,962.98	23.88%	$ 215,743.74	78,219.24	36.26%
May	134,360.96	141,913.97	217,217.11	166,588.77	167,233.82	175,407.44	178,914.46	179,121.54	217,581.84	237,596.24	197,724.30	0.0726	221,055.27	-6.96%	$ 193,995.61	27,059.66	13.95%
June	241,016.68	216,929.95	183,002.38	225,204.65	266,237.00	206,337.97	228,358.33	259,248.80	268,797.66	294,359.65	251,420.48	0.0923	326,564.32	10.94%	$ 246,679.18	79,885.14	32.38%
July	198,047.75	210,907.15	240,874.42	261,163.17	219,443.69	282,704.20	279,145.77	233,659.87	268,813.00	292,695.15	271,403.60	0.0996	299,495.24	2.32%	$ 266,285.45	33,209.79	12.47%
August	121,394.12	128,487.20	144,321.00	147,130.97	166,229.06	186,845.06	183,401.59	194,290.39	246,460.63	231,497.94	208,499.12	0.0765	307,145.80	32.68%	$ 204,567.23	102,578.57	50.14%
September	237,599.31	249,227.41	219,375.57	270,281.92	261,057.85	202,776.77	242,345.46	274,150.41	290,573.71	288,073.89	259,584.05	0.0953			$ 254,688.79		
	$2,272,358.36	$2,225,806.59	$2,235,698.84	$2,474,431.50	$2,524,407.56	$2,482,120.01	$2,690,834.66	$2,645,088.63	$2,779,128.24	$3,025,429.43	$2,724,520.19	100.00%	$ 3,030,139.70		$ 2,673,141.00		
YTD Variance	**5.51%**	**-2.05%**	**0.44%**	**10.68%**	**2.02%**	**-1.68%**	**8.41%**	**-1.70%**	**5.07%**	**8.86%**			**10.70%**		$ 2,418,452.21 Budget YTD ↑ 25.29% YTD Budg Var ↑		

Neosho Missouri
FY2022
1% Sales Tax

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	% Over/(Under) Prior Year	2022 Budget/12 Mo.	% Over/(Under) 2022 Budget
October	194,293.24	184,975.71	176,150.18	220,560.21	211,527.76	219,958.85	241,154.11	205,450.02	200,098.22	252,460.45	264,246.26	4.67%	222,761.75	18.62%
November	156,247.12	160,775.59	158,380.23	176,674.54	165,362.92	150,258.73	136,246.10	174,574.42	197,348.99	200,595.68	223,225.32	11.28%	222,761.75	0.21%
December	237,447.30	199,491.51	187,161.58	195,370.78	231,689.54	204,307.40	339,372.44	247,392.70	246,336.05	255,475.37	320,126.32	25.31%	222,761.75	43.71%
January	185,954.27	163,624.43	157,995.53	225,965.01	184,266.19	237,579.81	181,031.76	216,176.63	204,922.27	236,665.21	237,570.16	0.38%	222,761.75	6.65%
February	150,912.22	162,880.68	188,046.45	163,238.48	180,457.81	192,833.92	213,205.12	203,866.93	199,943.60	223,476.02	283,084.82	26.67%	222,761.75	27.08%
March	209,903.08	206,310.88	175,722.20	212,134.80	253,960.93	202,291.40	250,967.28	232,500.36	238,268.25	275,232.88	253,663.21	-7.84%	222,761.75	13.87%
April	205,182.31	200,282.11	187,452.19	210,118.21	216,941.00	220,818.46	216,692.24	224,656.56	199,984.02	237,300.95	293,962.98	23.88%	222,761.75	31.96%
May	134,360.96	141,913.97	217,217.11	166,588.77	167,233.82	175,407.44	178,914.46	179,121.54	217,581.84	237,596.24	221,055.27	-6.96%	222,761.75	-0.77%
June	241,016.68	216,929.95	183,002.38	225,204.65	266,237.00	206,337.97	228,358.33	259,248.80	268,797.66	294,359.65	326,564.32	10.94%	222,761.75	46.60%
July	198,047.75	210,907.15	240,874.42	261,163.17	219,443.69	282,704.20	279,145.77	233,659.87	268,813.00	292,695.15	299,495.24	2.32%	222,761.75	34.45%
August	121,394.12	128,487.20	144,321.00	147,130.97	166,229.06	186,845.06	183,401.59	194,290.39	246,460.63	231,497.94	307,145.80	32.68%	222,761.75	37.88%
September	237,599.31	249,227.41	219,375.57	270,281.92	261,057.85	202,776.77	242,345.46	274,150.41	290,573.71	288,073.89			222,761.75	
	$2,272,358.36	$2,225,806.59	$2,235,698.84	$2,474,431.50	$2,524,407.56	$2,482,120.01	$2,690,834.66	$2,645,088.63	$ 2,779,128.24	$ 3,025,429.43	$ 3,030,139.70		$ 2,673,141.00	23.66%
YTD Variance	5.51%	-2.05%	0.44%	10.68%	2.02%	-1.68%	8.41%	-1.70%	5.07%	8.86%	10.70%			

Neosho Missouri
FY2022
1/2% Public Safety Sales Tax

	Receipts 2021	Receipts 2022	% Over/(Under) Prior Year	2022 Budget/12 Mo.	% Over/(Under) 2022 Budget
October	-	128,640.50	0.00%	111,380.92	15.50%
November	7,491.76	110,632.28	1376.72%	111,380.92	-0.67%
December	100,134.22	153,574.02	53.37%	111,380.92	37.88%
January	108,995.23	114,107.06	4.69%	111,380.92	2.45%
February	107,444.28	139,564.14	29.89%	111,380.92	25.30%
March	131,322.49	118,450.88	-9.80%	111,380.92	6.35%
April	104,230.71	134,424.40	28.97%	111,380.92	20.69%
May	117,689.02	108,276.43	-8.00%	111,380.92	-2.79%
June	146,068.03	159,824.52	9.42%	111,380.92	43.49%
July	136,400.20	141,861.49	4.00%	111,380.92	27.37%
August	116,259.78	143,359.47	23.31%	111,380.92	28.71%
September	138,586.81	-		111,380.92	
	$1,214,622.53	$1,452,715.19		$ 1,336,571.00	
YTD Variance	100.00%	35.01%			