

AGENDA  
VILLAGE OF ROUND LAKE  
REGULAR MEETING  
February 29, 2016  
442 N. Cedar Lake Road  
7:00 P.M.

CALL TO ORDER

1. ROLL CALL
2. PLEDGE OF ALLEGIANCE
3. APPROVAL OF MINUTES
  - 3.1 Approve the Minutes of the Regular Meeting of February 16, 2016
4. NOTES/COMMENDATIONS/PUBLIC COMMENT
  - 4.1 Public Comment
5. CONSENT AGENDA
  - 5.1 Approve Accounts Payable in the Amount of \$125,384.83
  - 5.2 Approve Payroll for the Period Ending February 21, 2016 in the Amount of \$144,034.91
  - 5.3 Adopt a Resolution Authorizing the Appointment of Wayde Frerichs as the Illinois Municipal Retirement Fund Authorized Agent for the Village of Round Lake
  - 5.4 Adopt an Ordinance Amending the Fiscal Year End April 30, 2016 Employee Compensation Plan
6. CLERK'S OFFICE
  - 6.1 Reminder: Early Voting February 29 Through March 12, 2016
  - 6.2 Next Village Board Meetings will be Monday, March 21, 2016
7. ADMINISTRATOR
  - 7.1 Adopt NorStates' Bank Resolutions Updating Signatures
  - 7.2 Solid Waste Agency of Lake County Future Electronics Recycling Program Discussion

8. FINANCE

9. POLICE

10. PUBLIC WORKS

- 10.1 Adopt a Resolution Authorizing Sauber Manufacturing Company to Make Repairs to Truck #42 in an Amount not to Exceed \$1,934.35

11. COMMUNITY DEVELOPMENT

12. BUILDING AND ZONING

13. SPECIAL EVENTS

14. MAYOR’S COMMENTS

- 14.1 Mayor’s Comments

- 14.2 Trustee’s Comments

15. EXECUTIVE SESSION

16. ADDITIONAL BUSINESS

17. ADJOURN

MINUTES  
VILLAGE OF ROUND LAKE  
REGULAR MEETING  
February 16, 2016  
442 N. Cedar Lake Road  
7:00 P.M.

CALL TO ORDER

THE REGULAR BOARD MEETING OF THE VILLAGE OF ROUND LAKE WAS CALLED TO ORDER BY DAN MACGILLIS, VILLAGE PRESIDENT AT 7:00 P.M.

1. ROLL CALL

Present: Trustees Foy, Frye, Newby, Rodriguez, Triphahn

Absent: Trustee Kraly

2. PLEDGE OF ALLEGIANCE

3. APPROVAL OF MINUTES

3.1 Approve the Minutes of the Regular Meeting of February 1, 2016

Motion by Trustee Frye, Seconded by Trustee Foy, to approve the Minutes of the Regular Meeting of February 1, 2016. Upon a unanimous voice vote, the Mayor declared the motion carried

4. NOTES/COMMENDATIONS/PUBLIC COMMENT

4.1 Public Comment

NONE

5. CONSENT AGENDA

Motion by Trustee Newby, Seconded by Trustee Rodriguez, to do an Omnibus approval on items 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8 & 5.9

Upon the call of the roll, the following voted:

Ayes: Trustees Foy, Frye, Newby, Rodriguez, Triphahn

Nays: None

Abstain: None

Absent: Trustee Kraly

Mayor MacGillis Declared the Motion carried

5.1 Approve Accounts Payable in the Amount of \$481,346.58

Approved – Omnibus Vote

5.2 Approve Payroll for the Period Ending February 7, 2016 in the Amount of \$124,618.79

Approved – Omnibus Vote

- 5.3 Adopt a Resolution to Upgrade the Village's GIS System with Baxter & Woodman, Inc. in an Amount Not to Exceed \$15,000 in Fiscal Year End 2016

Approved – Omnibus Vote

- 5.4 Adopt a Resolution Amending the Village of Round Lake Snow Removal and Ice Control Plan and Policy

Approved – Omnibus Vote

- 5.5 Adopt an Ordinance Authorizing the Police Department to Dispose of Village Owned Surplus Property Through Public On-Line Auction

Approved – Omnibus Vote

- 5.6 Adopt a Resolution Adopting the Intergovernmental Fee for Service Agreement between the Lake County Health Department and Community Health Center Animal Care and Control Program

Approved – Omnibus Vote

- 5.7 Adopt an Ordinance Amending the Village Code Regarding Hours of Sale for Liquor Licensees

Approved – Omnibus Vote

- 5.8 Accept the December Treasurer's Report as Presented

Approved – Omnibus Vote

- 5.9 Accept the January Treasurer's Report as Presented

Approved – Omnibus Vote

## 6. CLERK'S OFFICE

- 6.1 Swearing In of Officer Lucasz Zdanowski  
Chief Gillette gave a brief introduction of the Village of Round Lake's new officer, Lukasz Zdanowski. After Clerk Blauvelt swore him into office, his Wife pinned his new Shield on. The Board welcomed the new officer to the force

- 6.2 Reminder: Early Voting February 29 Through March 12, 2016  
Clerk Blauvelt reminded everyone on the early voting location in the Village Annex building and the hours of operation of 9:00am – 5:00 pm Monday through Friday and 9:00 am – 2:00pm on Saturdays

## 7. ADMINISTRATOR

## 8. FINANCE

## 9. POLICE

## 10. PUBLIC WORKS

## 11. COMMUNITY DEVELOPMENT

## 12. BUILDING AND ZONING

## 13. SPECIAL EVENTS

## 14. MAYOR’S COMMENTS

14.1 Appointment of Wayde Frerichs as Director of Finance/Treasurer for the Village of Round Lake

Motion by Trustee Frye, Seconded by Trustee Newby to approve the Appointment of Wayde Frerichs as Director of Finance/Treasurer for the Village of Round Lake effective February 19, 2016.

Upon the call of the roll, the following voted:

Ayes:	Trustees Foy, Frye, Newby, Rodriguez, Triphahn
Nays:	None
Abstain:	None
Absent:	Trustee Kraly

Mayor MacGillis Declared the Motion carried

14.2 Mayor’s Comments

The Mayor thanked outgoing Finance Director/AVA Shane Johnson for his time with the Village of Round Lake, commenting on his achievements while here.

14.3 Trustee’s Comments

The Trustees also thanked FD/AVA Johnson for his time here and wished him well in his new endeavors. The Board also welcomed Wayde Frerichs into the new position. Arbor Day has been set for April 30<sup>th</sup> with more details in next few weeks. Pick-ups and drop offs at the Round Lake Sr High School as well as Magee Middle School, had been discussed. Trustee Newby stated the Chief Gillette has been working on a solution to the situation and they should be meeting with the school shortly to work on it further.

## 15. EXECUTIVE SESSION

NONE

## 16. ADDITIONAL BUSINESS

NONE

## 17. ADJOURN

Trustee Triphahn moved, seconded by Trustee Newby, to adjourn. Upon a unanimous voice vote, the Mayor declared the motion carried and the meeting adjourned at 7:16 P.M.

APPROVED:

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Patricia C. Blauvelt  
Village Clerk

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Daniel MacGillis  
Village President

**VILLAGE OF ROUND LAKE**

**THE PRESIDENT AND BOARD OF TRUSTEES OF**

**THE VILLAGE OF ROUND LAKE**

**APPROVES THE ACCOUNTS PAYABLE**

**IN THE AMOUNT OF \$125,384.83**

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**Daniel A. MacGillis, Village President**

**ATTEST:**

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**Patricia C. Blauvelt, Village Clerk**

**Date: February 29, 2016**

GENERAL FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-00-22-22234	PRINCIPAL LIFE INS.-VOLUNTARY PLIC-SBD GRAND ISLAND	P121	VOLUNTARY LIFE INSURANCE-MARCH	181955	02/24/16	272.22
			ACCOUNT TOTAL:			272.22
01-00-24-22500	RETIREE INSURANCE PLIC-SBD GRAND ISLAND	P121	DENTAL INSURANCE-MARCH	181955	02/24/16	124.98
			ACCOUNT TOTAL:			124.98
01-20-71-67107	DENTAL INSURANCE PLIC-SBD GRAND ISLAND	P121	DENTAL INSURANCE-MARCH	181955	02/24/16	240.33
			ACCOUNT TOTAL:			240.33
01-20-71-67109	LIFE INSURANCE PLIC-SBD GRAND ISLAND	P121	LIFE INSURANCE-MARCH	181955	02/24/16	17.21
			ACCOUNT TOTAL:			17.21
01-20-71-67110	HEALTH INSURANCE BLUE CROSS/BLUE SHIELD OF IL UMB	B19 U22	HEALTH INSURANCE-MARCH HSA CONTRIBUTIONS-MARCH	181950 181957	02/24/16 02/24/16	3,264.70 437.49
			ACCOUNT TOTAL:			3,702.19
01-20-72-67208	MEETINGS, TRAVEL, & TRAINING CHARTER ONE	C282	MEETING WITH VILLAGE PLANNER	181971	02/26/16	54.09
			ACCOUNT TOTAL:			54.09
01-20-73-77301	AUDITING EXPENSE SIKICH LLP	S113	FINAL 2015 PROGRESS BILLING	182000	02/26/16	743.25
			ACCOUNT TOTAL:			743.25
01-20-73-77307	ENGINEERING EXPENSES BAXTER & WOODMAN, INC.	B2	STAFF MTGS, UPDATE ZONING MAP	181968	02/26/16	770.14
			ACCOUNT TOTAL:			770.14
01-20-73-77313	LEGAL SERVICES					

GENERAL FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-20-73-77313	LEGAL SERVICES					
	TRESSLER LLP	T110	DECEMBER LIQUOR	182003	02/26/16	2,125.50
	TRESSLER LLP	T110	JANUARY LEGAL	182003	02/26/16	3,937.50
	TRESSLER LLP	T110	JANUARY ZBA MEETINGS	182003	02/26/16	1,852.50
	TRESSLER LLP	T110	BIG HOLLOW ANNEXATION	182003	02/26/16	234.00
	TRESSLER LLP	T110	LEASE OF 545 RR AVE	182003	02/26/16	1,384.50
	TRESSLER LLP	T110	JANUARY LIQUOR	182003	02/26/16	253.50
			ACCOUNT TOTAL:			9,787.50
01-20-74-77430	OFFICE SUPPLIES READY REFRESH	R104	BOTTLED WATER	181997	02/26/16	51.87
			ACCOUNT TOTAL:			51.87
01-20-74-77432	POSTAGE EXPENSE PURCHASE POWER	P30	POSTAGE-PBP26069914	181956	02/24/16	428.99
			ACCOUNT TOTAL:			428.99
01-20-77-77704	SPECIAL EVENTS CHARTER ONE	C282	MACGILLIS FLOWERS	181971	02/26/16	161.95
			ACCOUNT TOTAL:			161.95
01-20-79-77903	B&G CONTRACTS ARAMARK UNIFORM ARAMARK UNIFORM ARAMARK UNIFORM	A119 A119 A119	VH MAT SERVICE 02-16-16 VH SUPPLIES 02-16-16 VH SERVICE CHARGE 02-16-16	181959 181959 181959	02/26/16 02/26/16 02/26/16	43.98 37.13 8.03
			ACCOUNT TOTAL:			89.14
01-20-80-88018	OFFICE EQUIPMENT CHARTER ONE TECHSTAR AMERICA CORPORATION	C282 T12	COFFEE BREWER Q2 SERVICE CONTRACT-GESTETNER	181971 182005	02/26/16 02/26/16	80.99 365.00
			ACCOUNT TOTAL:			445.99
01-20-82-88202	TELEPHONE SERVICE CALL ONE COMCAST CABLE	C139 C156	JANUARY PHONE SERVICE 02/21-03/20/2016 INTERNET	181952 181953	02/24/16 02/24/16	613.71 149.85
			ACCOUNT TOTAL:			763.56
01-20-91-99107	IT MAINTENANCE SERVICES					

GENERAL FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-20-91-99107	IT MAINTENANCE SERVICES MUNICIPAL CODE CORPORATION MUNICIPAL CMS	M119 M179	SUPPLEMENT PAGES WEBSITE DEVELOPMENT	181986 181987	02/26/16 02/26/16	368.54 6,629.00
			ACCOUNT TOTAL:			6,997.54
01-40-71-67107	DENTAL INSURANCE PLIC-SBD GRAND ISLAND	P121	DENTAL INSURANCE-MARCH	181955	02/24/16	1,613.46
			ACCOUNT TOTAL:			1,613.46
01-40-71-67109	LIFE INSURANCE PLIC-SBD GRAND ISLAND	P121	LIFE INSURANCE-MARCH	181955	02/24/16	117.78
			ACCOUNT TOTAL:			117.78
01-40-71-67110	HEALTH INSURANCE BLUE CROSS/BLUE SHIELD OF IL UMB	B19 U22	HEALTH INSURANCE-MARCH HSA CONTRIBUTIONS-MARCH	181950 181957	02/24/16 02/24/16	21,364.18 1,458.30
			ACCOUNT TOTAL:			22,822.48
01-40-72-67202	UNIFORMS GALLS, AN ARAMARK COMPANY	G2	MID RIDE DUTY HOLSTER-BUBEL	181976	02/26/16	117.59
			ACCOUNT TOTAL:			117.59
01-40-72-67234	HIRING PROCESS ADVOCATE OCCUPATIONAL HEALTH INNOVATIVE CREDIT SOLUTIONS INNOVATIVE CREDIT SOLUTIONS INNOVATIVE CREDIT SOLUTIONS PERSONNEL STRATEGIES, LLC	A123 I98 I98 I98 P70	ZDANOWSKI DRUG SCREEN/PHYSICAL BOTTERMAN CREDIT REPORT COOPER CREDIT REPORT FAYTA CREDIT REPORT COOPER-PSYCH ASSESSMENT	181960 181981 181981 181981 181995	02/26/16 02/26/16 02/26/16 02/26/16 02/26/16	114.00 15.00 15.00 15.00 500.00
			ACCOUNT TOTAL:			659.00
01-40-74-77402	AMMO / GUNS CCKC VILLAGE OF FOX LAKE	C180 V28	RANGE MEMBERSHIP-D.CHENEY WEAPONS TRAINING FACILITY USE	181969 182008	02/26/16 02/26/16	75.00 400.00
			ACCOUNT TOTAL:			475.00
01-40-74-77430	OFFICE SUPPLIES					

GENERAL FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-40-74-77430	OFFICE SUPPLIES QUILL CORPORATION	Q2	ORANGE RECYCLED CARD STOCK	181996	02/26/16	25.98
			ACCOUNT TOTAL:			25.98
01-40-74-77432	POSTAGE PURCHASE POWER	P30	POSTAGE--PBP44905453	181956	02/24/16	208.99
			ACCOUNT TOTAL:			208.99
01-40-75-77505	CENCOM CENCOM E 9-1-1	C3	MARCH OPERATIONS AND RENT	181972	02/26/16	21,634.82
			ACCOUNT TOTAL:			21,634.82
01-40-77-77720	COMMUNITY EDUCATION MICHAEL GILLETTE	G93	LCCPA MONTHLY MTG FEE	181977	02/26/16	20.00
			ACCOUNT TOTAL:			20.00
01-40-79-77903	B&G CONTRACTS ARAMARK UNIFORM	A119	PD MAT SERVICE 02-16-16	181959	02/26/16	14.94
			ACCOUNT TOTAL:			14.94
01-40-80-88018	OFFICE EQUIPMENT KONICA MINOLTA	K33	JANUARY USAGE C452-PD	181954	02/24/16	88.24
			ACCOUNT TOTAL:			88.24
01-40-80-88024	VEHICLE EQUIPMENT GALLS, AN ARAMARK COMPANY INTERSTATE BATTERY SYSTEM INTERSTATE BATTERY SYSTEM	G2 I101 I101	TERRALUX LED UPGRADE FOR SL2 FLASHLIGHT BATTERIES/CAR EQPT. FLASHLIGHT BATTERIES/CAR EQPT.	181976 181980 181980	02/26/16 02/26/16 02/26/16	115.00 31.98 113.58
			ACCOUNT TOTAL:			260.56
01-40-82-88202	TELEPHONE SERVICE CALL ONE	C139	JANUARY PHONE SERVICE	181952	02/24/16	166.24
			ACCOUNT TOTAL:			166.24
01-40-84-88402	GAS & OIL					

GENERAL FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-40-84-88402	GAS & OIL BP	B43	JANUARY GAS/OIL USAGE	181951	02/24/16	3,452.73
			ACCOUNT TOTAL:			3,452.73
01-40-84-88404	VEHICLE REPAIRS					
	A TIRE COUNTY SERVICE	A1	REPLACE RR AXLE/BRAKES #110	181958	02/26/16	578.60
	A TIRE COUNTY SERVICE	A1	REPLACE FUEL FILTER #61	181958	02/26/16	59.93
	A TIRE COUNTY SERVICE	A1	REPLACE FAN MOTOR #110	181958	02/26/16	447.24
	A TIRE COUNTY SERVICE	A1	TIRES/ALIGNMENT/BALANCE #42	181958	02/26/16	693.70
	JS COMMUNICATIONS TECHNOLOGIES	J30	KENWOOD MICROPHONE	181983	02/26/16	273.37
	VICTOR FORD	V24	WIPER FLD PUMP MOTOR #31	182007	02/26/16	42.48
	VICTOR FORD	V24	DOME BLACKOUT ENABLE	182007	02/26/16	60.00
			ACCOUNT TOTAL:			2,155.32
01-40-84-88406	VEHICLE MAINTENANCE					
	A TIRE COUNTY SERVICE	A1	OIL/FILTER/CHASSIS LUBE #110	181958	02/26/16	28.95
	A TIRE COUNTY SERVICE	A1	OIL/FILTER/CHASSIS LUBE #42	181958	02/26/16	28.95
			ACCOUNT TOTAL:			57.90
01-60-71-67107	DENTAL INSURANCE PLIC-SBD GRAND ISLAND	P121	DENTAL INSURANCE-MARCH	181955	02/24/16	287.32
			ACCOUNT TOTAL:			287.32
01-60-71-67109	LIFE INSURANCE PLIC-SBD GRAND ISLAND	P121	LIFE INSURANCE-MARCH	181955	02/24/16	21.52
			ACCOUNT TOTAL:			21.52
01-60-71-67110	HEALTH INSURANCE BLUE CROSS/BLUE SHIELD OF IL UMB	B19 U22	HEALTH INSURANCE-MARCH HSA CONTRIBUTIONS-MARCH	181950 181957	02/24/16 02/24/16	4,489.42 364.57
			ACCOUNT TOTAL:			4,853.99
01-60-72-67234	HIRING PROCESS ADVOCATE OCCUPATIONAL HEALTH ADVOCATE OCCUPATIONAL HEALTH	A123 A123	FROST DRUG SCREEN ACCIDENT DRUG SCREEN	181960 181960	02/26/16 02/26/16	29.00 45.50
			ACCOUNT TOTAL:			74.50
01-60-73-77307	ENGINEERING EXPENSES					

GENERAL FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-60-73-77307	ENGINEERING EXPENSES BAXTER & WOODMAN, INC.	B2	SMC REGULATION ASST FYE 2016	181968	02/26/16	41.58
			ACCOUNT TOTAL:			41.58
01-60-74-77418	ICE CONTROL COMPASS MINERALS AMERICA	C186	ROAD SALT	181970	02/26/16	1,637.01
			ACCOUNT TOTAL:			1,637.01
01-60-75-77543	TRAFFIC SIGNAL MAINT. CONTRACT STATE TREASURER	S16	Q4 SIGNAL MAINT.-IL134/HART RD	182001	02/26/16	609.90
	STATE TREASURER	S16	Q4 SIGNAL MAINT.-IL60/CEDAR LK	182001	02/26/16	304.95
			ACCOUNT TOTAL:			914.85
01-60-79-77901	B&G MAINTENANCE NORTHWEST ELECTRICAL SUPPLY	N39	FOR LIQUID TRFR STATION WIRING	181990	02/26/16	22.65
			ACCOUNT TOTAL:			22.65
01-60-79-77903	B&G CONTRACTS ARAMARK UNIFORM	A119	PW MAT SERVICE 02-02-16	181959	02/26/16	6.34
	ARAMARK UNIFORM	A119	PW SERVICE CHARGE 02-02-16	181959	02/26/16	0.64
			ACCOUNT TOTAL:			6.98
01-60-79-77905	B&G REPAIRS METRO DOOR AND DOCK, INC	M187	EMX 12-240V LOOP DETECTOR	181988	02/26/16	169.00
	OVERHEAD DOOR CO.	O6	PED DOOR-HD COMMERCIAL CLOSER	181992	02/26/16	615.82
	TOPTEC HEATING, COOLING	T115	ROOF TOP HEAT EXCHANGER-PD	182004	02/26/16	947.50
			ACCOUNT TOTAL:			1,732.32
01-60-79-77907	B & G BUILDING SUPPLIES AMERICAN GASES CORPORATION	A20	GAS CYLINDERS FOR WELDING	181962	02/26/16	40.23
	LAWSON PRODUCTS, INC.	L72	WASHERS, BOLTS,HEX CAP SCREW	181985	02/26/16	117.46
	LAWSON PRODUCTS, INC.	L72	WASHERS, BOLTS,HEX CAP SCREW	181985	02/26/16	-51.19
	MENARDS FOX LAKE	M7	SHOP DRAIN PIPE	181989	02/26/16	1.88
			ACCOUNT TOTAL:			108.38
01-60-80-88018	OFFICE EQUIPMENT					

GENERAL FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-60-80-88018	OFFICE EQUIPMENT KONICA MINOLTA	K33	JANUARY USAGE C450-PW	181954	02/24/16	29.76
			ACCOUNT TOTAL:			29.76
01-60-82-88202	TELEPHONE SERVICE CALL ONE	C139	JANUARY PHONE SERVICE	181952	02/24/16	196.42
			ACCOUNT TOTAL:			196.42
01-60-82-88216	STREET LIGHTS - ELECTRICAL COMED	C500	12/22-01/26/2016 ELECTRIC	181973	02/26/16	191.76
	COMED	C500	12/22-01/26/2016 ELECTRIC	181973	02/26/16	33.91
			ACCOUNT TOTAL:			225.67
01-60-84-88402	GAS & OIL BP	B43	JANUARY GAS/OIL USAGE	181951	02/24/16	529.37
			ACCOUNT TOTAL:			529.37
01-60-84-88404	VEHICLE REPAIRS BLUE TARP FINANCIAL, INC.	B160	CONDUIT CARRIER KIT #43	181965	02/26/16	64.29
	CHAIN O'LAKES LUMBER CO.	C8	TREATED LUMBER #49	181974	02/26/16	20.86
	MENARDS FOX LAKE	M7	PVC FOR TRUCK #43	181989	02/26/16	12.49
	ROCK CHEVROLET GRAYSLAKE	R172	SEAT RECLINER HANDLE #55	181998	02/26/16	4.69
	VICTOR FORD	V24	TOUCH-UP PAINT FOR #43	182007	02/26/16	7.52
			ACCOUNT TOTAL:			109.85
01-70-71-67107	DENTAL INSURANCE PLIC-SBD GRAND ISLAND	P121	DENTAL INSURANCE-MARCH	181955	02/24/16	165.05
			ACCOUNT TOTAL:			165.05
01-70-71-67109	LIFE INSURANCE PLIC-SBD GRAND ISLAND	P121	LIFE INSURANCE-MARCH	181955	02/24/16	13.59
			ACCOUNT TOTAL:			13.59
01-70-71-67110	HEALTH INSURANCE BLUE CROSS/BLUE SHIELD OF IL	B19	HEALTH INSURANCE-MARCH	181950	02/24/16	2,878.01
			ACCOUNT TOTAL:			2,878.01
01-70-74-77440	PRINTING					

GENERAL FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
01-70-74-77440	PRINTING HAINESVILLE PRINT-COPY	H41	SET OF 9 "D" PRINTS-LAKEWOOD	181978	02/26/16	27.00
			ACCOUNT TOTAL:			27.00
01-70-82-88202	TELEPHONE SERVICE CALL ONE	C139	JANUARY PHONE SERVICE	181952	02/24/16	29.85
			ACCOUNT TOTAL:			29.85
01-70-84-88402	GAS & OIL BP	B43	JANUARY GAS/OIL USAGE	181951	02/24/16	157.83
			ACCOUNT TOTAL:			157.83
			GENERAL FUND			92,605.48

MOTOR FUEL TAX FUND  
ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
10-60-74-77436	PATCHING PETER BAKER & SON CO.	P102	1-TON HPM-PREMIX PATCH MATRL	181993	02/26/16	133.90
			ACCOUNT TOTAL:			133.90
10-60-83-88301	ROADWAY IMPROVEMENTS BAXTER & WOODMAN, INC.	B2	HART RD RECON CONSTRCT SRVC	181968	02/26/16	1,308.01
	BAXTER & WOODMAN, INC.	B2	MACGILLIS BRDG/SQW CRK CONSTRC	181968	02/26/16	2,496.73
			ACCOUNT TOTAL:			3,804.74
			MOTOR FUEL TAX FUND			3,938.64

CAPITAL PROJECTS FUND  
ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
35-20-73-77307	ENGINEERING EXPENSES BAXTER & WOODMAN, INC.	B2	NIPPERSINK-SCHOOL TO 134 DESGN	181968	02/26/16	3,365.84
	BAXTER & WOODMAN, INC.	B2	CAPITAL PROJ PLANNING FY16/17	181968	02/26/16	62.35
			ACCOUNT TOTAL:			3,428.19
35-20-83-88301	ROADWAY IMPROVEMENTS BAXTER & WOODMAN, INC.	B2	LONG LAKE DR CONSTRCT SRVC	181968	02/26/16	789.01
			ACCOUNT TOTAL:			789.01
			CAPITAL PROJECTS FUND			4,217.20

WATER/SEWER FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
50-00-24-22499	HYDRANT METER DEPOSITS TOM ELLISON	E44	REFUND HYDRANT DEP LESS USAGE	181975	02/26/16	1,377.80
			ACCOUNT TOTAL:			1,377.80
50-60-71-67107	DENTAL INSURANCE PLIC-SBD GRAND ISLAND	P121	DENTAL INSURANCE-MARCH	181955	02/24/16	406.03
			ACCOUNT TOTAL:			406.03
50-60-71-67109	LIFE INSURANCE PLIC-SBD GRAND ISLAND	P121	LIFE INSURANCE-MARCH	181955	02/24/16	33.75
			ACCOUNT TOTAL:			33.75
50-60-71-67110	HEALTH INSURANCE BLUE CROSS/BLUE SHIELD OF IL UMB	B19 U22	HEALTH INSURANCE-MARCH HSA CONTRIBUTIONS-MARCH	181950 181957	02/24/16 02/24/16	6,119.63 510.41
			ACCOUNT TOTAL:			6,630.04
50-60-72-67204	DUES & MEMBERSHIPS CHARTER ONE	C282	AWWA MEMBERSHIP-MILLER	181971	02/26/16	83.00
			ACCOUNT TOTAL:			83.00
50-60-72-67234	HIRING PROCESS ADVOCATE OCCUPATIONAL HEALTH ADVOCATE OCCUPATIONAL HEALTH	A123 A123	FROST DRUG SCREEN ACCIDENT DRUG SCREEN	181960 181960	02/26/16 02/26/16	29.00 45.50
			ACCOUNT TOTAL:			74.50
50-60-73-77301	AUDITING EXPENSE SIKICH LLP	S113	FINAL 2015 PROGRESS BILLING	182000	02/26/16	247.75
			ACCOUNT TOTAL:			247.75
50-60-73-77307	ENGINEERING EXPENSES BAXTER & WOODMAN, INC. BAXTER & WOODMAN, INC.	B2 B2	201 N CDR LK,WELL #3/JAWA MEMO CAPITAL PROJ PLANNING FY16/17	181968 181968	02/26/16 02/26/16	1,807.51 62.36
			ACCOUNT TOTAL:			1,869.87
50-60-73-77313	LEGAL SERVICES					

WATER/SEWER FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
50-60-73-77313	LEGAL SERVICES TRESSLER LLP	T110	JANUARY LEGAL	182003	02/26/16	1,312.50
			ACCOUNT TOTAL:			1,312.50
50-60-73-77320	CONSULTING SERVICES BAXTER & WOODMAN, INC.	B2	NIPPERSING L/S STUDY	181968	02/26/16	1,198.42
			ACCOUNT TOTAL:			1,198.42
50-60-74-77428	WATER METERS HD SUPPLY WATERWORKS, LTD.	H45	EXTRA METER COVERS	181979	02/26/16	26.50
			ACCOUNT TOTAL:			26.50
50-60-75-77535	OUTSOURCING WATER BILLS POSTMASTER	P18	ANNUAL BULK MAILING	181994	02/26/16	225.00
			ACCOUNT TOTAL:			225.00
50-60-75-77547	WATER SAMPLES SUBURBAN LABORATORIES, INC. SUBURBAN LABORATORIES, INC.	S20 S20	COLIFORM TEST SAMPLE #1601339 COLIFORM TEST SAMPLE #1601530	182002 182002	02/26/16 02/26/16	106.00 97.00
			ACCOUNT TOTAL:			203.00
50-60-79-77903	B&G CONTRACTS ARAMARK UNIFORM ARAMARK UNIFORM	A119 A119	PW MAT SERVICE 02-02-16 PW SERVICE CHARGE 02-02-16	181959 181959	02/26/16 02/26/16	6.34 0.63
			ACCOUNT TOTAL:			6.97
50-60-79-77905	B&G REPAIRS TOPTec HEATING, COOLING	T115	ROOF TOP HEAT EXCHANGER-PD	182004	02/26/16	947.50
			ACCOUNT TOTAL:			947.50
50-60-79-77907	B&G SUPPLIES LAWSON PRODUCTS, INC. LAWSON PRODUCTS, INC.	L72 L72	WASHERS, BOLTS, HEX CAP SCREW WASHERS, BOLTS, HEX CAP SCREW	181985 181985	02/26/16 02/26/16	117.45 -51.18
			ACCOUNT TOTAL:			66.27
50-60-80-88018	OFFICE EQUIPMENT					

WATER/SEWER FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
50-60-80-88018	OFFICE EQUIPMENT KONICA MINOLTA	K33	JANUARY USAGE C450-PW	181954	02/24/16	29.75
			ACCOUNT TOTAL:			29.75
50-60-81-88101	WATER/SEWER IMPROVEMENTS BAXTER & WOODMAN, INC.	B2	NIPPERSINK-SCHOOL TO 134 DESGN	181968	02/26/16	674.78
			ACCOUNT TOTAL:			674.78
50-60-82-88202	TELEPHONE SERVICE CALL ONE	C139	JANUARY PHONE SERVICE	181952	02/24/16	196.42
			ACCOUNT TOTAL:			196.42
50-60-82-88208	HEATING NICOR GAS	N7	01/14-02/12/2016 HEAT	181991	02/26/16	189.52
	NICOR GAS	N7	01/15-02/15/2016 HEAT	181991	02/26/16	161.06
	NICOR GAS	N7	01/07-02/05/2016 HEAT	181991	02/26/16	96.18
	NICOR GAS	N7	01/13-02/10/2016 HEAT	181991	02/26/16	53.43
	NICOR GAS	N7	01/14-02/12/2016 HEAT	181991	02/26/16	53.56
			ACCOUNT TOTAL:			553.75
50-60-84-88402	GAS & OIL BP	B43	JANUARY GAS/OIL USAGE	181951	02/24/16	529.37
			ACCOUNT TOTAL:			529.37
50-60-84-88404	VEHICLE REPAIRS BLUE TARP FINANCIAL, INC.	B160	CONDUIT CARRIER KIT #43	181965	02/26/16	64.29
	CHAIN O'LAKES LUMBER CO.	C8	TREATED LUMBER #49	181974	02/26/16	20.86
	MENARDS FOX LAKE	M7	PVC FOR TRUCK #43	181989	02/26/16	12.49
	VICTOR FORD	V24	TOUCH-UP PAINT FOR #43	182007	02/26/16	7.52
			ACCOUNT TOTAL:			105.16
50-60-84-88412	EQUIPMENT RENTAL RENTALS AND MORE, INC.	R2	SWR CAMERA/LOCATOR-301 CDR LK	181999	02/26/16	248.60
			ACCOUNT TOTAL:			248.60
			WATER/SEWER FUND			17,046.73

COMMUTER PARKING LOT FUND  
 ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
51-60-79-77903	B&G CONTRACTS KAPLAN PAVEMENT SERVICES	K66	PARKING LOT SNOW REMOVAL	181984	02/26/16	4,625.00
			ACCOUNT TOTAL:			4,625.00
51-60-79-77915	PARKING LOT MAINTENANCE NORTHWEST ELECTRICAL SUPPLY TOTAL PARKING SOLUTIONS, INC.	N39 T63	LIGHT REPAIRS IN METRA LOT CALE BRD BATTERIES/CHARGER-BV	181990 182006	02/26/16 02/26/16	123.92 439.00
			ACCOUNT TOTAL:			562.92
51-60-82-88206	ELECTRICAL SERVICE COMED	C500	1/22-02/18/16 ELECTRIC	181973	02/26/16	813.23
			ACCOUNT TOTAL:			813.23
			COMMUTER PARKING LOT FUND			6,001.15

VEHICLE REPLACEMENT FUND  
ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
60-40-80-88024	VEHICLE EQUIPMENT ADAMSON INDUSTRIES CORP.	A35	PRO-GARD GUN LOCK TIMER #49	181963	02/26/16	94.90
	ACE HARDWARE	A4	HEX NUTS, FENDER WASH #48	181964	02/26/16	22.28
	ACE HARDWARE	A4	TAPE, LAMP CORD, BULBS	181964	02/26/16	46.28
	ACE HARDWARE	A4	FASTENERS	181964	02/26/16	11.37
	ACE HARDWARE	A4	ELECTRICAL TAPE	181964	02/26/16	13.47
			ACCOUNT TOTAL:			----- 188.30 -----
			VEHICLE REPLACEMENT FUND			188.30 =====

TECHNOLOGY REPLACEMENT  
ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
61-40-91-99117	IT EQUIPMENT CHARTER ONE	C282	3-CAMERA STORAGE CASES	181971	02/26/16	79.50
						-----
						ACCOUNT TOTAL: 79.50
						-----
						TECHNOLOGY REPLACEMENT 79.50
						=====

BUILDERS ESCROW  
ACTIVITY FROM 02/12/2016 TO 02/26/2016

ACCOUNT #	ACCOUNT DESCRIPTION VENDOR NAME	VENDOR #	TRANSACTION DESCRIPTION	CHECK #	CHECK DATE	ITEM AMOUNT
83-00-24-22455	PERMIT BONDS ADVANCED STEEL ERECTION, INC	A174	1821 S CEDAR LAKE RD-BOND RFND	181961	02/26/16	250.00
	CHRISTOPHER BELLIOS	B170	2047 S KRISTINA LN-BOND REFUND	181966	02/26/16	250.00
	J S POKORNY COMPANY	J122	208 SPRING VALLEY WAY-BND RFND	181982	02/26/16	250.00
			ACCOUNT TOTAL:			750.00
83-00-24-22493	HIGH SCHOOL EXPANSION ESCROW BAXTER & WOODMAN, INC.	B2	ROUND LAKE HS 2015 EXPANSION	181968	02/26/16	415.65
			ACCOUNT TOTAL:			415.65
83-00-24-22495	EMERALD BAY ESCROW BAXTER & WOODMAN, INC.	B2	EMERALD BAY DEVELOPMENT	181968	02/26/16	142.18
			ACCOUNT TOTAL:			142.18
			BUILDERS ESCROW			1,307.83

FINAL TOTALS  
ACTIVITY FROM 02/12/2016 TO 02/26/2016

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GENERAL FUND	92,605.48
MOTOR FUEL TAX FUND	3,938.64
CAPITAL PROJECTS FUND	4,217.20
WATER/SEWER FUND	17,046.73
COMMUTER PARKING LOT FUND	6,001.15
VEHICLE REPLACEMENT FUND	188.30
TECHNOLOGY REPLACEMENT	79.50
BUILDERS ESCROW	1,307.83
	-----
GRAND TOTAL	125,384.83
	=====

**VILLAGE OF ROUND LAKE**

**THE PRESIDENT AND BOARD OF TRUSTEES OF**

**THE VILLAGE OF ROUND LAKE**

**APPROVES THE PAYMENT OF PAYROLL**

**FOR THE PERIOD ENDING FEBRUARY 21, 2016**

**IN THE AMOUNT OF \$144,034.91**

\_\_\_\_\_  
**Daniel A. MacGillis, Village President**

**ATTEST:**

\_\_\_\_\_  
**Patricia C. Blauvelt, Village Clerk**

**Dated: February 29, 2016**

FOR CHECK DATES 02/25/2016 TO 02/25/2016

EMPL. #	NAME	EARNINGS			TAXES			DEDUCTIONS		PENSION/INSUR			
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	EMPLOYER		
GRAND TOTALS:		COM	5.000		200.00	FED	15,748.94		DD1	79,835.85	IMR	2,072.81	4,730.59
		REG	3,216.750		105,665.50	FICA	8,696.90		DD2	6,861.08	DFA	10.59	
		CA	1.000		115.39	MEDIC	2,033.95		GW	670.00	HFA	120.65	
		GWA	1.000		42.24	STATE	4,706.81		GWA	42.24	VFA	1.38	
		VAC	244.930		7,690.30				HSA	235.00	IM2	414.30	945.51
		HP	444.000		14,488.82				AF2	336.35	DSA	9.38	
		SIC	81.000		2,278.85				DD3	2,732.80	HSA	62.26	
		FLH	28.000		910.96				ICM	2,310.16	VSA	0.67	
		MP	12.000		1,200.00				IMV	501.28	DCA	5.18	
		CMP	19.000		697.61				UOE	429.40	PCA	83.72	
		OT	161.250		7,748.06				PLI	145.34	VCA	0.70	
		OC	14.000		369.35				AF1	84.57	DAS	2.96	
		PO	33.250		1,637.78				MAP	346.50	PAS	87.12	
		OIC	5.000		180.68				CS4	203.00	VAS	0.48	
		SRO	1.000		60.00						DSW	4.69	
		FTO	10.000		361.35						HSW	62.26	
		POI	2.000		120.00						VSW	0.67	
		INS	1.000		268.02						DFW	42.36	
											PFW	343.32	
											VFW	5.52	
											PCW	83.72	
											DWS	4.44	
											VWS	0.72	
											HWS	20.41	
											HFW	120.65	
											PWS	29.04	
											MFW	140.40	
											DSP	9.38	
											PSP	88.58	
											VSP	1.34	
											POL	7,988.23	
											EFP	12.42	
											PPS	203.28	
											TFP	84.72	
											DPS	11.84	
											VPS	2.16	
											IFP	361.95	
											RFP	514.98	
											ISP	62.26	
											DCP	10.36	
											PCP	83.72	
											VCP	1.40	
											PPF	171.66	
											ECP	0.70	
											RCP	83.72	

FOR CHECK DATES 02/25/2016 TO 02/25/2016

EMPL. #	NAME	EARNINGS				TAXES			DEDUCTIONS		PENSION/INSUR	
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	EMPLOYEE	EMPLOYER
										TCP		5.18
										MPS		47.50
										HPS		40.82
										DFP		10.59
										MFP		140.40
										ESP		0.67
										TSP		4.69
										DBS		2.96
										PBS		58.08
										VBS		0.48
										DFB		10.59
										PFB		171.66
										VFB		1.38
TOTAL FICA EMPLOYEE WAGES:					140,272.58	TOTAL EMPLOYER FICA:			8,696.90			
TOTAL MEDICARE EMPLOYEE WAGES:					140,272.58	TOTAL EMPLOYER MEDICARE:			2,033.95			
TOTAL FEDERAL EMPLOYEE WAGES:					126,774.84	TOTAL EMPLOYER PENSION:			5,676.10			
TOTAL STATE EMPLOYEE WAGES:					126,774.84							
TOTAL PENSION EMPLOYEE WAGES:					135,876.63							
TOTAL NUMBER OF EMPLOYEES:					66							
GROSS PAY:		\$144,034.91	TOTAL DEDUCTIONS:		139,838.27	NET PAY:		\$4,196.64				

FOR CHECK DATES 02/25/2016 TO 02/25/2016

EMPL. #	NAME	EARNINGS			TAXES			DEDUCTIONS		PENSION/INSUR			
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	EMPLOYER	EMPLOYER	
GRAND TOTALS:		REG	407.500		13,743.82	FED	1,991.38		DD1	8,793.84	IMR	602.22	1,374.38
		CA	1.000		115.39	FICA	1,101.40	1,101.40	DD2	804.53	DFA	10.59	
		GWA	1.000		42.24	MEDIC	257.59	257.59	GW	250.00	HFA	120.65	
		VAC	35.180		1,521.10	STATE	577.20		GWA	42.24	VFA	1.38	
		HP	48.000		1,658.74				HSA	75.00	IM2	182.62	416.77
		SIC	36.000		936.46				AF2	68.95	DSA	9.38	
		FLH	8.000		179.94				DD3	481.65	HSA	62.26	
		CMP	1.000		26.97				ICM	709.65	VSA	0.67	
									IMV	433.42	DCA	5.18	
											PCA	83.72	
											VCA	0.70	
											DAS	2.96	
											PAS	87.12	
											VAS	0.48	
		TOTAL FICA EMPLOYEE WAGES:			17,764.57	TOTAL EMPLOYER FICA:		1,101.40					
		TOTAL MEDICARE EMPLOYEE WAGES:			17,764.57	TOTAL EMPLOYER MEDICARE:		257.59					
		TOTAL FEDERAL EMPLOYEE WAGES:			15,977.84	TOTAL EMPLOYER PENSION:		1,791.15					
		TOTAL STATE EMPLOYEE WAGES:			15,977.84								
		TOTAL PENSION EMPLOYEE WAGES:			17,440.64								
		TOTAL NUMBER OF EMPLOYEES:			7								
GROSS PAY:		\$18,224.66			TOTAL DEDUCTIONS:		16,756.78	NET PAY:		\$1,467.88			

FOR CHECK DATES 02/25/2016 TO 02/25/2016

EMPL. #	NAME	EARNINGS				TAXES				DEDUCTIONS		
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	CODE	EMPLOYEE
GRAND TOTALS:		MP	12.000		1,200.00	FED	195.42		DD1	2,932.77		
		REG	2.000		2,500.00	FICA	229.40	229.40				
						MEDIC	53.65	53.65				
						STATE	104.76					
						TOTAL FICA EMPLOYEE WAGES:	3,700.00	TOTAL EMPLOYER FICA:		229.40		
						TOTAL MEDICARE EMPLOYEE WAGES:	3,700.00	TOTAL EMPLOYER MEDICARE:		53.65		
						TOTAL FEDERAL EMPLOYEE WAGES:	3,700.00					
						TOTAL STATE EMPLOYEE WAGES:	3,700.00					
						TOTAL NUMBER OF EMPLOYEES:	8					
						GROSS PAY:	\$3,700.00	TOTAL DEDUCTIONS:	3,516.00	NET PAY:	\$184.00	

FOR CHECK DATES 02/25/2016 TO 02/25/2016

EMPL. #	NAME	EARNINGS			TAXES			DEDUCTIONS					
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	EMPLOYER		
GRAND TOTALS:		REG	197.000		5,533.46	FED	919.26		DD1	4,605.61	IMR	309.92	707.32
		VAC	11.000		313.60	FICA	410.06	410.06	AF1	28.25	DBS	2.96	
		HP	24.000		675.61	MEDIC	95.90	95.90	PLI	39.93	PBS	58.08	
		OT	3.000		131.28	STATE	233.26				VBS	0.48	
		FLH	8.000		233.39						DFB	10.59	
											PFB	171.66	
											VFB	1.38	
		TOTAL FICA EMPLOYEE WAGES:			6,613.94	TOTAL EMPLOYER FICA:		410.06					
		TOTAL MEDICARE EMPLOYEE WAGES:			6,613.94	TOTAL EMPLOYER MEDICARE:		95.90					
		TOTAL FEDERAL EMPLOYEE WAGES:			6,304.02	TOTAL EMPLOYER PENSION:		707.32					
		TOTAL STATE EMPLOYEE WAGES:			6,304.02								
		TOTAL PENSION EMPLOYEE WAGES:			6,887.34								
		TOTAL NUMBER OF EMPLOYEES:			3								
GROSS PAY:		\$6,887.34			TOTAL DEDUCTIONS:		6,887.34	NET PAY:		\$0.00			



FOR CHECK DATES 02/25/2016 TO 02/25/2016

EMPL. #	NAME	EARNINGS				TAXES			DEDUCTIONS		PENSION/INSUR		
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	CODE	EMPLOYEE	EMPLOYER
GRAND TOTALS:		REG	639.750		16,997.12	FED	2,276.74		DD1	14,491.26	IMR	813.73	1,857.09
		CMP	3.000		74.81	FICA	1,416.36	1,416.36	DD2	1,350.17	DSW	4.69	
		HP	80.000		2,132.25	MEDIC	331.25	331.25	GW	70.00	HSW	62.26	
		OT	40.500		1,539.31	STATE	775.99		HSA	60.00	VSW	0.67	
		OC	14.000		369.35				UOE	429.40	DFW	42.36	
		SIC	5.000		134.11				ICM	450.51	PFW	343.32	
		VAC	106.500		2,535.82				PLI	16.95	VFW	5.52	
									AF1	19.98	PCW	83.72	
									AF2	26.36	DWS	4.44	
									IMV	67.86	VWS	0.72	
											IM2	231.68	528.74
											HWS	20.41	
											HFW	120.65	
											PWS	29.04	
											MFW	140.40	
						TOTAL FICA EMPLOYEE WAGES:	22,844.59	TOTAL EMPLOYER FICA:		1,416.36			
						TOTAL MEDICARE EMPLOYEE WAGES:	22,844.59	TOTAL EMPLOYER MEDICARE:		331.25			
						TOTAL FEDERAL EMPLOYEE WAGES:	21,278.67	TOTAL EMPLOYER PENSION:		2,385.83			
						TOTAL STATE EMPLOYEE WAGES:	21,278.67						
						TOTAL PENSION EMPLOYEE WAGES:	23,231.00						
						TOTAL NUMBER OF EMPLOYEES:	13						
						GROSS PAY:	\$23,782.77	TOTAL DEDUCTIONS:	23,686.44	NET PAY:	\$96.33		

FOR CHECK DATES 02/25/2016 TO 02/25/2016

EMPL. #	NAME	EARNINGS				TAXES				DEDUCTIONS			
		CODE	PAY RATE	HOURS	TOTAL	CODE	EMPLOYEE	EMPLOYER	CODE	EMPLOYEE	CODE	EMPLOYEE	EMPLOYER
GRAND TOTALS:		COM		5.000	200.00	FED			DD1		144.76		
						FICA	12.40	12.40					
						MEDIC	2.90	2.90					
						STATE	3.00						
						TOTAL FICA EMPLOYEE WAGES:	200.00	TOTAL EMPLOYER FICA:			12.40		
						TOTAL MEDICARE EMPLOYEE WAGES:	200.00	TOTAL EMPLOYER MEDICARE:			2.90		
						TOTAL FEDERAL EMPLOYEE WAGES:	200.00						
						TOTAL STATE EMPLOYEE WAGES:	200.00						
						TOTAL NUMBER OF EMPLOYEES:	5						
						GROSS PAY:	\$200.00	TOTAL DEDUCTIONS:	163.06	NET PAY:	\$36.94		



VILLAGE OF ROUND LAKE  
**AGENDA ITEM SUMMARY**

**TITLE: IMRF AUTHORIZED AGENT**

**Agenda Item No. 5.3**

*Executive Summary:*

The Village Board has the authority to designate an authorized agent as the Village’s official representative for the purposes of conducting business with the Illinois Municipal Retirement Fund. Therefore, the Village Administrator recommends that Wayde Frerichs be designated as the authorized IMRF agent for the Village of Round Lake. Once a Human Resources position is filled, a new resolution will be done designation that position as the authorized IMRF agent.

Attached is

- A resolution for the appointment
- IMRF Form 2.20: Notice of Appointment of Authorized Agent
- IMRF Authorized Agent Responsibilities

*Recommended Action:*

Adopt a Resolution Authorizing the Appointment of Wayde Frerichs as the Illinois Municipal Retirement Fund Authorized Agent for the Village of Round Lake

<b>Committee:</b> -	<b>Meeting Date:</b> February 16, 2016 & February 29, 2016																															
<b>Lead Department:</b> Administration	<b>Presenter:</b> Steven J. Shields, Village Administrator																															
<b>Item Budgeted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Account(s)</th> <th style="text-align: center;">Budget</th> <th style="text-align: center;">Expenditure</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">XX-XX-XX-XXXXX</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td>Item Requested</td> <td></td> <td></td> </tr> <tr> <td>Y-T-D Actual</td> <td></td> <td></td> </tr> <tr> <td>Amount Encumbered</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: center;"><b>\$0.00</b></td> <td style="text-align: center;"><b>\$0.00</b></td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td style="text-align: right;">Under</td> <td colspan="2">-</td> </tr> <tr> <td style="text-align: right;">Over</td> <td colspan="2">-</td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	XX-XX-XX-XXXXX	-		Item Requested			Y-T-D Actual			Amount Encumbered						Total:	<b>\$0.00</b>	<b>\$0.00</b>	Request is over/under budget:			Under	-		Over	-		
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**Resolution 2016-R-XX**

**A Resolution Authorizing the Appointment of Wayde Frerichs as the Illinois Municipal Retirement Fund Authorized Agent for the Village of Round Lake**

**WHEREAS**, the Village Board of the Village of Round Lake has the authority to designate an authorized agent as the Village's official representative for the purposes of conducting business with the Illinois Municipal Retirement Fund (IMRF); and

**WHEREAS**, the Village Administrator recommends that Wayde Frerichs, Director of Finance, be designated as authorized agent for the Village of Round Lake for IMRF.

**NOW, THEREFORE, BE IT RESOLVED** by the Village President and Board of Trustees of the Village of Round Lake as follows:

**Section One:** That Wayde Frerichs be designated to act as the authorized agent on behalf of the Village of Round Lake in all matters affecting the administration of the IMRF.

**Section Two:** That such powers and duties of Wayde Frerichs, as the authorized agent, shall include: a) the filing of petitions for nominations of an Executive Trustee of IMRF; and b) the authority to cast a ballot for the election of an Elective Trustee of IMRF.

**Section Three:** That any and all previous designations are hereby revoked by this resolution.

**Section Four:** That the foregoing recitals are hereby found as fact and made a part hereof.

**Section Five:** That this Resolution shall be in full force and effect from and after its passage and approval as required by law.

**APPROVED:**

---

Daniel A. MacGillis, Village President

**ATTEST:**

---

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:



# NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 10/2014)

## INSTRUCTIONS

- The governing body of an IMRF employer (including townships) can appoint any qualified party as the employer's IMRF Authorized Agent.
- The governing body makes the appointment by adopting a resolution.
- The clerk or secretary of the governing body must certify the appointment (see Certification below).
- Mail the completed form to the Illinois Municipal Retirement Fund.
- A copy of the completed form should be retained by the employer.
- The new Authorized Agent will need to register for a new User ID on IMRF Employer Access.

EMPLOYER NAME VILLAGE OF ROUND LAKE		EMPLOYER IMRF I.D. NUMBER 04434	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME FRERICHS	FIRST NAME WAYDE	MIDDLE INITIAL JR., SR., II, ETC.
TYPE OF GOVERNING BODY MUNICIPALITY			
DATE APPOINTMENT MADE (MM/DD/YYYY) 02/29/2016	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) 03/01/2016	POSITION TITLE DIRECTOR OF FINANCE	
Powers and duties delegated to Authorized Agent pursuant to Sec. 7-135 of Illinois Pension Code by governing body (P.A. 97-0328 removed the requirement that the Authorized Agent be a participant in IMRF to file a petition or cast a ballot):			
To file Petition for Nominations of an Executive Trustee of IMRF		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
To cast a Ballot for Election of an Executive Trustee of IMRF		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>X</b>		02/16/2016	
SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE		DATE (MM/DD/YYYY)	
<b>CERTIFICATION</b>			
I, <u>PATRICIA C. BLAUVELT</u>		do hereby certify that I am <u>VILLAGE CLERK</u>	
NAME		CLERK OR SECRETARY	
of the <u>VILLAGE OF ROUND LAKE</u>		NAME OF EMPLOYER	
and the keeper of its books and records and the foregoing appointment and delegation were made by resolution duly adopted on the date indicated.			
SEAL		SIGNATURE OF CLERK OR SECRETARY	
<b>BUSINESS ADDRESS</b>			
All correspondence and communications with the Authorized Agent are to be addressed as follows:			
NAME (IF DIFFERENT FROM ABOVE)			
<u>Mr.</u> rs. <input type="checkbox"/> Ms.			
BUSINESS ADDRESS			
442 N. CEDAR LAKE ROAD			
CITY STATE AND ZIP + 4			
ROUND LAKE ILLINOIS 60073-2802			
DAYTIME TELEPHONE NO. (with Area Code)		ALTERNATE TELEPHONE NUMBER (with Area Code)	
(847) 546-5400			
FAX NO. (with Area Code)		EMAIL ADDRESS	
(847) 546-5405		wfrerichs@eroundlake.com	

IMRF

2211 York Road Suite 500 Oak Brook, IL 60523-2337

Employer Only Phone: 1-800-728-7971 Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) Fax (630) 706-4289



# 2 - Authorized Agent Responsibilities

**AUTHORIZED AGENT RESPONSIBILITIES ..... 47**

2.00 INTRODUCTION .....47

2.10 NECESSITY FOR AN AUTHORIZED AGENT .....47

2.20 QUALIFICATIONS OF AN AUTHORIZED AGENT .....47

2.30 POWERS AND DUTIES OF AN AUTHORIZED AGENT .....47

2.31 POWERS AND DUTIES OF AN AUTHORIZED AGENT AS SPECIFIED BY THE ILLINOIS PENSION CODE .....48

2.32 GENERAL POWERS AND DUTIES EXPLAINED.....48

2.33 DELEGATED POWERS AND DUTIES.....49

2.35 AUTHORIZED AGENT TRAINING.....49

2.40 APPOINTMENT OF AN AUTHORIZED AGENT .....50

2.50 TOWNSHIP SUPERVISORS .....50

2.60 WEB ASSISTANTS.....50

2.70 DELIVERY OF COMMUNICATIONS .....50

2.80 IMRF FORMS .....51

2.85 QUICK REFERENCE GUIDES .....51

2.90 SECURE EMPLOYER ACCESS AREA OF WWW.IMRF.ORG .....51

### Sample Forms

#### Exhibits

- 2A      2.20    Notice of Appointment of Authorized Agent
- 2C      2.50    Forms / Publications Request

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## **Authorized Agent Responsibilities**

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### **2.00 Introduction**

This section of the manual explains the need for an Authorized Agent, defines the qualifications, powers, and duties of the position, and gives the procedures for appointment of an Authorized Agent.

### **2.10 Necessity for an Authorized Agent**

The IMRF program is complex. It involves substantial cash outlays by units of government (IMRF employers) and precious rights to IMRF members.

Its benefits as part of an effective personnel program may be lost—or even turned into a disadvantage—by weak or ineffective local administration. Therefore, a well-informed local official or employee is essential as the point of contact with IMRF.

Specific reasons why an Authorized Agent is necessary:

1. To centralize the local administration of IMRF in one person.
2. To file payroll reports and member forms, pay contributions, file benefit applications for members and advise members and local governing bodies.
3. To act as the agent of the governing body in IMRF matters. (An Authorized Agent is not an agent of IMRF.)

### **2.20 Qualifications of an Authorized Agent**

The Authorized Agent should be a person with the necessary skills and authority to serve both the unit of government (the IMRF employer) and its IMRF members.

It is recommended that the Authorized Agent be a member of IMRF. (A “member” refers to an employee working in an IMRF-qualified position as well as an employee receiving an IMRF pension and working in a position that does not qualify for IMRF participation or provides the employee the option of participating in IMRF, e.g., elected office.)

All Authorized Agents, regardless of IMRF participation status, may submit a nominating petition and cast a ballot in an Executive Trustee election. The Authorized Agent’s governing body must still delegate such powers to the Authorized Agent on his or her notice of appointment (Form 2.20). The Authorized Agent does not need to be an officer in the unit of government, but preferably should be a full-time employee.

The Authorized Agent should have the following qualifications:

1. A close working knowledge of all personnel employed by the unit of government, including new and terminated employees.
2. Access to personnel records, payrolls, and other employee compensation records.
3. An adequate channel of communications with the local governing body or chief executive officer.
4. Sufficient time to perform local administrative IMRF functions.

### **2.30 Powers and Duties of an Authorized Agent**

The IMRF Act specifies the general powers and duties of an Authorized Agent, and the powers and duties which a governing body may by law delegate to its Authorized Agent.

## 2.31 Powers and Duties of an Authorized Agent as Specified by the Illinois Pension Code

The duties of an Authorized Agent as they appear in the Illinois Pension Code: (40 ILCS 5/7-135)

### Sec. 7-135. Authorized Agents

- a. Each participating municipality and participating instrumentality shall appoint an Authorized Agent who shall have the powers and duties set forth in this section.

In absence of such appointment, the duties of the Authorized Agent shall devolve upon the clerk or secretary of the municipality or instrumentality and in the case of township school trustees upon the township school treasurer.

- b. The Authorized Agent shall have the following powers and duties:
  1. To certify to the fund whether or not a given person is authorized to participate in the fund;
  2. To certify to the fund when a participating employee is on a leave of absence authorized by the municipality;
  3. To request the proper officer to cause employee contributions to be withheld from earnings and transmitted to the fund;
  4. To request the proper officer to cause municipality contributions to be forwarded to the fund promptly;
  5. To forward promptly to all participating employees any communications from the fund for such employees;
  6. To forward promptly to the fund all applications, claims, reports and other communications delivered to him or her by participating employees;
  7. To perform all duties related to the administration of this retirement system as requested by the fund and the governing body of his or her municipality.

## 2.32 General Powers and Duties Explained

The general powers and duties are as follows:

1. To determine and certify to IMRF which employees are covered by IMRF (see Section 3, Part I - Schools or Section 3, Part II - Other than Schools for coverage).
2. To see that proper IMRF member contributions are withheld from employees' earnings (see Section 4 for withholding procedures).
3. To complete payroll reports and promptly forward IMRF member and employer contributions to IMRF (see Section 4 for reporting procedures).
4. To promptly forward all communications directed to members and beneficiaries by IMRF, including:
  - a. Member ballots for employee trustees
  - b. Personal Statements of Benefits (member statements of account)
  - c. Leaflets, bulletins, and other informational material.
5. To keep the governing body informed regarding:

- a. Employer contribution rates and funds required to meet participation costs
  - b. Employer accounts receivable and other charges
  - c. Matters requiring governing body approval as well as the general administration of IMRF.
6. To assist members in filing participation papers (see Section 6), and applications for retirement pensions and other benefits, and to assist members' beneficiaries in filing applications for survivor's benefits (see Section 5).
7. To perform other administrative duties in connection with IMRF, such as:
- a. Answering members' questions, including questions about Personal Statement of Benefits, and if necessary, assist them in communicating with IMRF.
  - b. Carefully reviewing the annual statements of employer account issued by IMRF and reconciling them with the unit of government's records.
8. To sign all payroll reports, notices of member participation and termination, and other forms and communications on behalf of the unit of government. The Authorized Agent may affix his or her signature by stamped facsimile signature. **In the absence of the Authorized Agent, the person authorized to sign should be instructed to affix the Authorized Agent's name, then add "by" and sign his or her own name.**

**Such procedure should NOT be followed when submitting information via Employer Access. Anyone authorized to act on behalf of the Authorized Agent should be assigned an Employer Access Web Assistant account. See section 2.90.**

### 2.33 Delegated Powers and Duties

The governing body of an employer may delegate the following powers and duties to an Authorized Agent regardless of the Agent's IMRF participation status:

- 1. To file a petition for nomination of an executive trustee of IMRF.
- 2. To cast a ballot for election of an executive trustee of IMRF.

All Authorized Agents, regardless of IMRF participation status, may submit a nominating petition and cast a ballot in an Executive Trustee election.

The Authorized Agent's governing body must still delegate such powers to the Authorized Agent on his or her notice of appointment (Form 2.20).

### 2.35 Authorized Agent Training

IMRF provides training for Authorized Agents and other individuals involved in the administration of IMRF.

IMRF's Authorized Agent Certification Programs offer an overview of an Authorized Agent's responsibilities. Topics covered include enrollment, wage reporting, service credits, benefits, and employer rates. After an individual attends all the sessions, he or she receives a plaque identifying him or her as a Certified Authorized Agent.

IMRF recommends that **anyone** involved in the administration of IMRF attend a Certification program, including individuals who attended previous training sessions or who have been involved in the administration of IMRF for many years.

## 2.40 Appointment of an Authorized Agent

The procedures for appointment of an Authorized Agent are as follows:

1. The governing body would appoint an Authorized Agent by passing a resolution. As required by law, the governing body would appoint only one Authorized Agent.
2. The resolution must specify the powers and duties, if any, delegated to the Authorized Agent by the governing body (see paragraph 2.33 Delegated Powers and Duties).
3. IMRF is to be notified of the appointment and of the powers and duties delegated. Use IMRF Form 2.20, "Notice of Appointment of Authorized Agent" (Exhibit 2A).
4. To change Authorized Agents, the governing body would follow the same procedures used in the original appointment.

If an Authorized Agent is not appointed, the unit of government's clerk, or the secretary of the governing body is the Authorized Agent.

## 2.50 Township Supervisors

Public Act 98 – 0218 removed the requirement that the Township Supervisor must serve as the Authorized Agent. Townships can name any person with the necessary skills and authority to serve both the unit of government (the IMRF employer) and its IMRF members as its Authorized Agent.

## 2.60 Web Assistants

IMRF employers (units of government) that have several instrumentalities and/or departments may wish to appoint Web Assistants.

Web Assistants are responsible to the appointed Authorized Agent and would perform such functions as are delegated to them by the Authorized Agent and the governing body. In contacts with IMRF, they must operate through the appointed Authorized Agent.

1. Employer Access account  
The Authorized Agent should set up an Employer Access Web Assistant account for any Web Assistants (see Section 2.90). An Employer Access User ID functions as an electronic signature.

Each employee who submits information to IMRF through Employer Access should have his or her own Employer Access account. Using another employee's account to submit information to IMRF is the same as signing that employee's name—instead of your own—on a form.

2. Training  
IMRF recommends that **anyone** involved in the administration of IMRF attend an Authorized Agent Certification program, including individuals who attended previous training sessions or who have been involved in the administration of IMRF for many years.

## 2.70 Delivery of Communications

Delivery of any communications or document by a member or unit of government (IMRF employer) to the Authorized Agent does not constitute delivery to IMRF.

## 2.80 IMRF Forms

IMRF no longer mails paper forms to employers that have Internet access. IMRF forms can be downloaded from [www.imrf.org](http://www.imrf.org). Several forms can be completed electronically via secure Employer Access. Employers without Internet access can continue to request blank forms from IMRF.

## 2.85 Quick Reference Guides

IMRF has developed a series of Procedure Checklists as well as an Employer Forms Guide for use by Authorized Agents and their assistants—anyone involved in the local administration of IMRF.

## 2.90 Secure Employer Access Area of [www.imrf.org](http://www.imrf.org)

IMRF's Employer Access area is a secure area of IMRF's website ([www.imrf.org](http://www.imrf.org)). The purpose of Employer Access is to provide IMRF employers with information specific to your employer's account.

IMRF Online employer functions can be divided into three functions:

1. Administrative functions will allow you to:
  - a. Sign on to IMRF's Employer Access area.
  - b. Update and maintain your own profile information.
  - c. There are three types of Employer Access accounts:

**Authorized Agent (AA) account:** Administers all accounts and has access to all Employer Access functions. The AA account is ultimately responsible for setting up and maintaining all other accounts.

**Security Administrator account:** Set up by the AA, has access to all the functions of an AA account. This type of account is a good choice when the Authorized Agent at your employer would prefer someone else to handle the day-to-day administration of IMRF and Employer Access. There can be only one Security Administrator account for each employer.

**Web Assistant account:** Set up and maintained by either the AA or Security Administrator. The ability to use Employer Access functions is limited by security permissions set up by the AA or Security Administrator.

**Note:** If you have a Web Assistant account and later become the AA at your employer, you must set up a new AA account for your use. You should not continue to use your Web Assistant account.

Your User ID functions as an electronic signature. **Each employee—including Web Assistants—who submits information to IMRF through Employer Access should have his or her own Employer Access account.**

IMRF sends most employer communications electronically. We send these electronic communications to the email addresses in Employer Access. Each account owner should have his or her *own unique email address* entered into the contact information for the account.

### **Keep the account active**

Logging in to your Employer Access account at least every 60 days (especially AA accounts) keeps the account active. After an account has been unused for 90 days, IMRF begins the steps to delete the account.

**Delete Unused Accounts**

You should delete unused accounts as soon as they are no longer needed (for example, when an employee leaves). While IMRF will eventually delete unused accounts, from a security standpoint it is better if you delete an account as soon as you are aware that it is no longer necessary.

2. Current Employer Account functions will allow you to:
  - a. View resolutions your employer has adopted.
  - b. View your employer contribution rates.
  - c. View/update certain wage report information.
  - d. View/update certain member information.
    1. Participation information (enrollment date, termination date if applicable, plan type, etc.)
    2. Member address
    3. Member employment/plan information
    4. Benefit application status
    5. Payments from member
    6. Final rate of earnings (FRE) and service credit
    7. Documents received or requested
  - e. Transmit monthly wage reports.
  - f. Upload documents to IMRF.
3. Because online transactions are more accurate, more efficient, and faster, employers with Internet access are required to submit the following transactions via Employer Access.
  - a. Monthly wage and contribution reports
  - b. Form 3.20, "Wage and Contribution Adjustments"
  - c. Form 6.10, "Notice of Enrollment"
  - d. Form 6.19, "Member Employment Information"
  - e. Form 6.20, "Member Information Change"
  - f. Form 6.41, "Termination of IMRF Participation"

To access this area of IMRF Online, go to the Employer Access area of the IMRF website at [www.imrf.org](http://www.imrf.org), and complete the online registration process.

Please note: You cannot request a user ID and password by phone or email due to security restrictions.



VILLAGE OF ROUND LAKE

## AGENDA ITEM SUMMARY

**TITLE: HUMAN RESOURCES MANAGER POSITION**

**Agenda Item No. 5.4**

*Executive Summary:*

As part of Management’s Overall Vision Evaluation memorandum key initiatives were identified, from a Village-wide perspective, to set the Village up for success in the long term. One of the initiatives was to hire a full-time human resources professional. As such, included in the packet is:

- A human resources professional initiative goals and objectives sheet
- An amended employee compensation plan adding the Human Resources Manager position and eliminating the Assistant Village Administrator title
- A job description for the Human Resources Manager
- Job descriptions for the Director of Finance and Accounting Manager eliminating references to the Assistant Village Administrator position and any functions that included human resources functions
- A Human Resources Manager and Accounting Manager job position postings

*Recommended Action:*

Adopt an Ordinance Amending the Fiscal Year End April 30, 2016 Employee Compensation Plan

<b>Committee:</b> -	<b>Meeting Date:</b> February 16, 2016 & February 29, 2016																																				
<b>Lead Department:</b> Administration	<b>Presenter:</b> Steven J. Shields, Village Administrator																																				
<b>Item Budgeted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Account(s)</th> <th style="width: 25%;">Budget</th> <th style="width: 25%;">Expenditure</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: center;"><b>\$0.00</b></td> <td style="text-align: center;"><b>\$0.00</b></td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td style="text-align: right;">Under</td> <td colspan="2">-</td> </tr> <tr> <td style="text-align: right;">Over</td> <td colspan="2">-</td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure																						Total:	<b>\$0.00</b>	<b>\$0.00</b>	Request is over/under budget:			Under	-		Over	-	
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**Initiative:**

Hire a full-time human resources professional.

**Objective:**

Hire a Human Resources Manager to coordinate all human resources functions for the Village of Round Lake. Current staff does not have the expertise or the time commitment to effectively manage the ever complex and changing rules and regulation of human resources management.

**Goal:**

To hire an individual to oversee recruiting, risk management, insurance and other benefits, union bargaining, and to consult with management team members over human resources issues.

**Strategy:**

Start the process of hiring a Human Resources Manager and the logistic issues that come with hiring a new employee.

**Action Plan:**

1. Complete a job description including wage range
2. Advertise for a Human Resources Manager position
3. Interview selected candidates

**Expectations**

Staff is expecting to hire an individual with the knowledge and understanding of the complex rules and regulations in this area. Human resources needs at the Village have been addressed only on a limited basis and changes need to occur to have the Village human resources functions be at the expected level for the size of our organization. As identified in Managements Overall Vision Evaluation memorandum, the follow are service levels that need to be addressed:

Affordable Care Act impact/issues	Compensation study/survey
Employee policy manual updates	Job description updates/changes
Risk management pools & other options	Safety manual
Reestablish safety committee	Merit plans
Staff evaluation process/new forms	Training classes/database
Cross training programs	Wellness programs
Payroll: emergency contacts update	Newsletter
Payroll: W-4 update	ROTHS/deferred comp plan research
Paid time-off plans (PTO)/research	FMLA training
Risk management inventory issues	

The above are beyond the inquiries, paperwork and other normal human resources activities.

**Responsibility:**

Administration Department

**Budget Impact / Estimated Costs:**

Human Resources Manager salary range is estimated at \$58,873 - \$83,046. Other expenses include training, professional organization dues, office equipment and supplies, and other such items. Below is the fiscal year end 2017 budget impact:

2017 Financial Forecast Position	<u>Current</u>			<u>Proposed</u>			<u>Change</u>		
	General	Water	Total	General	Water	Total	General	Water	Total
AVA/Director of Finance	\$69,862	\$23,287	\$93,149	\$68,607	\$22,869	\$91,476	(\$1,255)	(\$418)	(\$1,673)
Accounting Manager	\$62,667	\$20,889	\$83,556	\$45,606	\$15,202	\$60,808	(\$17,061)	(\$5,687)	(\$22,748)
HR Manager	\$0	\$0	\$0	\$50,714	\$16,905	\$67,619	\$50,714	\$16,905	\$67,619
Public Works Position	\$21,887	\$21,887	\$43,774	\$0	\$0	\$0	(\$21,887)	(\$21,887)	(\$43,774)
	<b>\$154,416</b>	<b>\$66,063</b>	<b>\$220,479</b>	<b>\$164,927</b>	<b>\$54,976</b>	<b>\$219,903</b>	<b>\$10,511</b>	<b>(\$11,087)</b>	<b>(\$576)</b>

**ORDINANCE NO. 16-O-XX**

**AMENDED FISCAL YEAR END APRIL 30, 2016**  
**EMPLOYEE COMPENSATION PLAN**

**WHEREAS**, the Board of Trustees has previously implemented Employee Compensation Plan Guidelines; and

**WHEREAS**, the Board of Trustees deems it appropriate to confirm that these guidelines shall continue as the compensation guidelines applicable to Village employees as from time to time confirmed by the yearly budget approved by the Board of Trustees and further conditioned in this ordinance; and

**WHEREAS**, the Metropolitan Alliance of Police bargaining unit employees have an agreement which specifies a compensation plan for such members; and

**WHEREAS**, the International Union of Operating Engineers, Local 150, AFL-CIO bargaining unit employees have an agreement which specifies a compensation plan for such members.

**NOW, THEREFORE, BE IT ORDAINED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF ROUND LAKE, LAKE COUNTY, ILLINOIS as follows:**

**SECTION 1:** The foregoing findings and recitals, and each of them, are hereby adopted as Section 1 of this Ordinance and are incorporated by reference as if set forth verbatim herein.

**SECTION 2:** That the Guidelines for Employee Compensation are hereby confirmed as the applicable guidelines to be confirmed yearly by approval of the Village Budget, or as set forth in a duly approved collective bargaining agreement.

**SECTION 3:** That in conjunction with such guidelines, the Mayor, or his designee, is authorized to hire the number of positions provided for in Exhibit 1, except where Village Board approval is required by law.

**SECTION 4:** All Ordinances in conflict with this Ordinance, to the extent of such conflict are hereby repealed.

**SECTION 5:** This Ordinance shall be in full force and effect from and after its passage, approval and publication in pamphlet form.

**APPROVED:**

---

Daniel A. MacGillis, Village President

**ATTEST:**

---

Patricia C. Blauvelt, Village Clerk

**PASSED:**

**APPROVED:**

**PUBLISHED IN  
PAMPHLET FORM:**

**AYES:**

**NAYS:**

**ABSENT:**

**Village of Round Lake, Illinois - Compensation Plan**  
**For the Fiscal Year Ended April 30, 2016**  
**Cost of Living Adjustment: 3.0%**

Grade	Steps										
	A	B	C	D	E	F	G	H	I	J	K
001	<u>No Positions Authorized in this Grade</u>										
	\$15.11	\$15.64	\$16.19	\$16.75	\$17.34	\$17.95	\$18.57	\$19.22	\$19.90	\$20.59	\$21.31
002	<u>No Positions Authorized in this Grade</u>										
	\$32,689	\$33,833	\$35,017	\$36,243	\$37,511	\$38,824	\$40,183	\$41,590	\$43,045	\$44,552	\$46,111
003	<u>Community Service Officer: 1</u>										
	\$33,998	\$35,188	\$36,420	\$37,694	\$39,013	\$40,379	\$41,792	\$43,255	\$44,769	\$46,336	\$47,958
004	<u>Records Clerk: 1, Part-Time Records Clerk: 1</u>										
	\$35,357	\$36,594	\$37,875	\$39,201	\$40,573	\$41,993	\$43,463	\$44,984	\$46,558	\$48,188	\$49,875
005	<u>Administrative Support Assistant: 5, Administrative Support Assistant Part-Time: 1, Records Manager: 1</u>										
	\$36,771	\$38,058	\$39,390	\$40,769	\$42,196	\$43,672	\$45,201	\$46,783	\$48,420	\$50,115	\$51,869
006	<u>Facility and Fleet Manager: 1</u>										
	\$38,241	\$39,579	\$40,965	\$42,398	\$43,882	\$45,418	\$47,008	\$48,653	\$50,356	\$52,119	\$53,943
007	<u>Executive Support Assistant: 1</u>										
	\$39,772	\$41,164	\$42,605	\$44,096	\$45,639	\$47,237	\$48,890	\$50,601	\$52,372	\$54,205	\$56,102
008	<u>No Positions Authorized in this Grade</u>										
	\$41,363	\$42,811	\$44,309	\$45,860	\$47,465	\$49,126	\$50,846	\$52,625	\$54,467	\$56,374	\$58,347
009	<u>Code Enforcement Officer: 1</u>										
	\$43,018	\$44,524	\$46,082	\$47,695	\$49,364	\$51,092	\$52,880	\$54,731	\$56,646	\$58,629	\$60,681
010	<u>Code Enforcement Officer/Plan Reviewer: 1</u>										
	\$44,738	\$46,304	\$47,924	\$49,602	\$51,338	\$53,135	\$54,994	\$56,919	\$58,911	\$60,973	\$63,107
011	<u>No Positions Authorized in this Grade</u>										
	\$46,527	\$48,155	\$49,841	\$51,585	\$53,391	\$55,259	\$57,194	\$59,195	\$61,267	\$63,412	\$65,631
012	<u>No Positions Authorized in this Grade</u>										
	\$48,389	\$50,083	\$51,836	\$53,650	\$55,527	\$57,471	\$59,482	\$61,564	\$63,719	\$65,949	\$68,257
013	<u>No Positions Authorized in this Grade</u>										
	\$50,324	\$52,085	\$53,908	\$55,795	\$57,748	\$59,769	\$61,861	\$64,026	\$66,267	\$68,586	\$70,987
014	<u>No Positions Authorized in this Grade</u>										
	\$52,337	\$54,169	\$56,065	\$58,027	\$60,058	\$62,160	\$64,336	\$66,587	\$68,918	\$71,330	\$73,827
015	<u>No Positions Authorized in this Grade</u>										
	\$54,431	\$56,336	\$58,308	\$60,349	\$62,461	\$64,647	\$66,910	\$69,251	\$71,675	\$74,184	\$76,780
016	<u>No Positions Authorized in this Grade</u>										
	\$56,608	\$58,589	\$60,640	\$62,762	\$64,959	\$67,233	\$69,586	\$72,021	\$74,542	\$77,151	\$79,851
017	<u>Accounting Manager: 1 &amp; Human Resources Manager: 1</u>										
	\$58,873	\$60,934	\$63,066	\$65,274	\$67,558	\$69,923	\$72,370	\$74,903	\$77,524	\$80,238	\$83,046
018	<u>No Positions Authorized in this Grade</u>										
	\$61,227	\$63,370	\$65,588	\$67,883	\$70,259	\$72,718	\$75,264	\$77,898	\$80,624	\$83,446	\$86,367

Village of Round Lake, Illinois - Compensation Plan  
 For the Fiscal Year Ended April 30, 2016  
 Cost of Living Adjustment: 3.0%

Grade	Steps										
	A	B	C	D	E	F	G	H	I	J	K
019	<u>No Positions Authorized in this Grade</u>										
	\$63,675	\$65,904	\$68,210	\$70,598	\$73,069	\$75,626	\$78,273	\$81,012	\$83,848	\$86,782	\$89,820
019A	<u>Commanders: 2</u>										
	\$66,866	\$69,206	\$71,629	\$74,136	\$76,730	\$79,416	\$82,195	\$85,072	\$88,050	\$91,131	\$94,321
020	<u>No Positions Authorized in this Grade</u>										
	\$68,152	\$70,537	\$73,006	\$75,561	\$78,206	\$80,943	\$83,776	\$86,708	\$89,743	\$92,884	\$96,135
021	<u>No Positions Authorized in this Grade</u>										
	\$68,872	\$71,283	\$73,777	\$76,360	\$79,032	\$81,798	\$84,661	\$87,624	\$90,691	\$93,865	\$97,151
022	<u>No Positions Authorized in this Grade</u>										
	\$71,627	\$74,134	\$76,729	\$79,414	\$82,194	\$85,070	\$88,048	\$91,130	\$94,319	\$97,620	\$101,037
023	<u>No Positions Authorized in this Grade</u>										
	\$74,491	\$77,098	\$79,797	\$82,590	\$85,480	\$88,472	\$91,568	\$94,773	\$98,090	\$101,524	\$105,077
023A	<u>Director of Finance: 1 &amp; Director of Public Works: 1</u>										
	\$76,879	\$79,570	\$82,355	\$85,237	\$88,220	\$91,308	\$94,504	\$97,812	\$101,235	\$104,778	\$108,445
024	<u>Police Chief: 1</u>										
	\$77,472	\$80,184	\$82,990	\$85,895	\$88,901	\$92,012	\$95,233	\$98,566	\$102,016	\$105,586	\$109,282
025	<u>Village Administrator: 1</u>										
	\$80,571	\$83,391	\$86,310	\$89,331	\$92,457	\$95,693	\$99,042	\$102,509	\$106,097	\$109,810	\$113,653

Employees At Top of Range  
 Performance Rates - Range of Percentage to Use  
 For Exemplary Performance

0.00%

Performance pay is annual salary times a percentage above to arrive at a one time amount for those that are at the maximum step.

Other Part-Time Employee Rates

<u>Position Description</u>	<u>Hourly Rate</u>	<u>Authorized</u>
Police Officer	\$20.63	6
Public Works Employee	\$11.04	2 (including seasonal workers)
Community Service Officer	\$15.11	-
Accountant	\$24.19	-
Interns	\$16.07	-
Snow Plow Operators	\$16.11	5

**Note:** The number after the position description represents positions authorized in the budget document. The grades that state "No Positions Authorized in this Grade" means for the current fiscal year end those grades have no budgeted positions.



# **JOB DESCRIPTION**

**Date:** February 10, 2016

**Job Title:** Human Resources Manager  
**Department:** Administration  
**Location:** Village Hall  
**Reports to:** Village Administrator  
**FLSA Status:** Exempt  
**Compensation Grade:** 017

## **PURPOSE OF POSITION:**

The Human Resources Manager is responsible for developing, organizing, planning, and implementing the Village's comprehensive human resources program.

## **ESSENTIAL DUTIES AND RESPONSIBILITIES:**

Manages the implementation and administration of various employee benefit programs; maintains employee benefit records, including new enrollments, and terminating participation, and monitors insurance deductions, billings, and payments. Acts as the liaison to insurance carriers and advises employees regarding benefit programs. Administers COBRA and Illinois continuation of benefit programs.

Receives, processes, and tracks resolutions of workers compensation claims to insurance carriers, forwards wage reports when necessary, maintains files involving employee inquiries, and works with insurance claims adjusters and attorneys to ensure proper claim processing.

Communicate personnel policies and procedures to Village employees, and recommends changes when necessary.

Assists other departments to coordinate recruitment, interviewing and selection of employees to fill vacant positions, and various training programs. Plans and conducts new employee orientations to foster positive attitude toward organizational goals' review personnel rules and regulations; and provide an overview of insurance benefits and supplemental options available.

Conducts salary and fringe benefit surveys, staffing, and other organizational studies. Analyzes existing compensation and benefit plans of the Village and prevailing practices among similar organizations to establish fair compensation plans and competitive benefits programs through analysis of market data; recommends benefit plan changes to management if necessary; and notifies employees and labor union representatives of changes in benefits programs.

Participates in the preparation and negotiation of collective bargaining agreements.

Stays current in employment related regulatory changes and administers programs to ensure compliance with state and federal regulations.

## **ADDITIONAL TASKS AND RESPONSIBILITIES:**

While the following tasks are necessary for the work of the unit, they are not an essential part of the purpose of this position and may also be performed by other unit members.

Enters data accurately and completely into computer/operating system.

Archives dated material and records on an annual basis or more often if needed.

Performs filing, copying, and record keeping duties as required.

Performs regularly scheduled backup of data and systems.

Performs other duties as required.

## **KNOWLEDGE, SKILLS, AND ABILITIES**

### **Minimum Training and Experience Required to Perform Essential Job Functions**

Bachelor's degree in human resources or a closely related field from an accredited four year college or university, with two (2) years' experience in a human resources capacity or any combination of education and experience that provides equivalent knowledge, skill, and abilities will be considered. Certification as a Professional in Human Resources (PHR or SPHR) preferred.

### **Physical and Mental Abilities Required to Perform Essential Job Functions**

#### *Language Ability in Interpersonal Communication*

Ability to analyze and categorize data and information in order to determine the relationship of the data with reference to established criteria/standards. Ability to compare, count, differentiate, measure, assemble, copy, record, and transcribe data and information. Ability to classify, compute, and tabulate data.

Ability to advise and provide interpretation to others how to apply policies, procedures, and standards to specific situations.

Ability to utilize a wide variety of descriptive data and information, such as regulations, government reports, accounting records, correspondence and general operating manuals.

Ability to communicate orally and in writing with co-workers, the general public, other Village staff, and immediate supervisor.

#### *Mathematical Ability*

Ability to add and subtract, multiply and divide, and calculate percentages, fractions, and decimals.

#### *Judgment and Situational Reasoning Ability*

Ability to use functional reasoning and apply rational judgment in performing diversified work activities.

Ability to exercise the judgment, decisiveness and creativity required in situations involving the evaluation of information against sensory and/or judgmental criteria, as opposed to criteria which are clearly measurable.

*Physical Requirements*

Ability to operate equipment and machinery requiring simple but continuous adjustments, such as computer keyboard, telephones, copiers, adding machines, and other general office equipment as necessary.

Ability to coordinate eyes, hands, feet, and limbs in performing movements requiring skill and training, such as data entry.

Ability to exert light physical effort in sedentary to light work, but which may involve some lifting, carrying, pushing, and pulling.

Ability to recognize and identify similarities or differences between characteristics of colors, shapes, sounds, and textures associated with job-related objects, materials, and tasks.

*Environmental Adaptability*

Ability to work under generally safe and comfortable conditions where exposure to environmental factors such as repetitive computer keyboard use, irate individuals, and intimidation may cause discomfort and poses little risk of injury.

The Village of Round Lake is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the Village will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

I acknowledge that I have read the job description and requirements for this position defined above and I certify that I can perform these functions.

\_\_\_\_\_  
**Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Village Administrator**

\_\_\_\_\_  
**Date**



# **JOB DESCRIPTION**

**Date:** February 10, 2016

**Job Title:** Director of Finance  
**Department:** Administration  
**Location:** Village Hall  
**Reports to:** Village Administrator  
**FLSA Status:** Exempt  
**Compensation Grade:** 023A

## **PURPOSE OF POSITION:**

The purpose of this position is to provide highly responsible and complex administrative, fiduciary, and financial management work in the direction of the Finance Department, including accounting, fund investments, and budget coordination. Additionally, this position may assist the Village Administrator in the development and coordination of Village functions, programs, and economic development. This position acts under the supervision of the Village Administrator.

## **ESSENTIAL DUTIES AND RESPONSIBILITIES:**

Analyzes, plans, and coordinates all aspects of financial management of the Village, in compliance with federal and state statute, generally accepted accounting principles, GASB regulations and Village ordinances including preparing fiscal budgets, cost analysis, and meeting with department heads to determine and decide financial matters.

Oversees and coordinates preparation for the annual comprehensive audit including the necessary journal entries, audit schedules, and completion of the annual financial report and other required reports.

Provides oversight for the preparation of the annual property tax levy and annual budget processes.

Supervises, trains, directs, and evaluates department personnel and monitors all activities and operations of the department, sets goals and objectives and established guidelines for performance.

Serves as Treasurer for the Village of Round Lake Police Pension Fund.

Answers questions from elected officials, department heads, other government agency officials, auditors, taxpayers, and the general public regarding financial matters.

Participates in the preparation and negotiation of collective bargaining agreements.

Attends training meetings, seminars, and conferences to represent the interests of the Village and to keep informed on matters of interest to the Village.

Assists the Village Administrator in the development and implementation of special programs, projects, and economic development.

## **ADDITIONAL TASKS AND RESPONSIBILITIES:**

While the following tasks are necessary for the work of the unit, they are not an essential part of the purpose of this position and may also be performed by other unit members.

Enters data accurately and completely into computer/operating system.

Archives dated material and records on an annual basis or more often if needed.

Performs filing, copying, and record keeping duties as required.

Performs regularly scheduled backup of data and systems.

Performs other duties as required.

## **KNOWLEDGE, SKILLS, AND ABILITIES**

### **Minimum Training and Experience Required to Perform Essential Job Functions**

Bachelor's degree in Accounting, Finance, Business Administration or a related field with five years experience in municipal accounting/finance, including three to five years administrative and supervisory experience. Masters of Business Administration, Certified Public Accountant, or Certified Public Finance Officer preferred.

### **Physical and Mental Abilities Required to Perform Essential Job Functions**

#### *Language Ability in Interpersonal Communication*

Ability to analyze and categorize data and information in order to determine the relationship of the data with reference to established criteria/standards. Ability to compare, count, differentiate, measure, assemble, copy, record, and transcribe data and information. Ability to classify, compute, and tabulate data.

Ability to advise and provide interpretation to others how to apply policies, procedures, and standards to specific situations.

Ability to utilize a wide variety of descriptive data and information, such as regulations, government reports, accounting records, correspondence and general operating manuals.

Ability to communicate orally and in writing with co-workers, the general public, other Village staff, and immediate supervisor.

#### *Mathematical Ability*

Ability to add and subtract, multiply and divide, and calculate percentages, fractions, and decimals.

#### *Judgment and Situational Reasoning Ability*

Ability to use functional reasoning and apply rational judgment in performing diversified work activities.

Ability to exercise the judgment, decisiveness and creativity required in situations involving the evaluation of information against sensory and/or judgmental criteria, as opposed to criteria which are clearly measurable.

*Physical Requirements*

Ability to operate equipment and machinery requiring simple but continuous adjustments, such as computer keyboard, telephones, copiers, adding machines, and other general office equipment as necessary.

Ability to coordinate eyes, hands, feet, and limbs in performing movements requiring skill and training, such as data entry.

Ability to exert light physical effort in sedentary to light work, but which may involve some lifting, carrying, pushing, and pulling.

Ability to recognize and identify similarities or differences between characteristics of colors, shapes, sounds, and textures associated with job-related objects, materials, and tasks.

*Environmental Adaptability*

Ability to work under generally safe and comfortable conditions where exposure to environmental factors such as repetitive computer keyboard use, irate individuals, and intimidation may cause discomfort and poses little risk of injury.

The Village of Round Lake is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the Village will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

I acknowledge that I have read the job description and requirements for this position defined above and I certify that I can perform these functions.

\_\_\_\_\_  
**Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Village Administrator**

\_\_\_\_\_  
**Date**



# **JOB DESCRIPTION**

**Date:** February 10, 2016

**Job Title:** Accounting Manager  
**Department:** Administration  
**Location:** Village Hall  
**Reports to:** Director of Finance  
**FLSA Status:** Exempt  
**Compensation Grade:** 017

## **PURPOSE OF POSITION:**

The Accounting Manager is responsible for administering the day-to-day operations of the Finance Department as well as assisting the Director of Finance in managing the key functions of the Finance Department including, but not limited to, the annual budget process, the annual audit, accounting, financial reporting, internal controls, and compliance filing. The Accounting Manager will supervise the support staff positions in the Finance Department.

## **ESSENTIAL DUTIES AND RESPONSIBILITIES:**

Manages the day-to-day operations of the Finance Department; including cash receipts, accounts payable, accounts receivable, utility billing, and payroll to ensure efficient use of resources and the timely completion of tasks.

Coordinates and supervises the work of Finance Department support staff positions.

Prepares and approves journal entries, setting up new accounts, analysis of account activity, and reconciliation of bank accounts and investment activity.

Evaluates accounting processes and procedures regularly and recommends improvements as needed.

Oversees the preparation and filing of W-2 forms, 1099 forms, and the quarterly payroll and unemployment reports.

Assists the Director of Finance with the annual audit, budget process, human resource projects, and any other projects as requested.

## **ADDITIONAL TASKS AND RESPONSIBILITIES:**

While the following tasks are necessary for the work of the unit, they are not an essential part of the purpose of this position and may also be performed by other unit members.

Enters data accurately and completely into computer/operating system.

Archives dated material and records on an annual basis or more often if needed.

Performs filing, copying, and record keeping duties as required.

Performs regularly scheduled backup of data and systems.

Performs other duties as required.

## **KNOWLEDGE, SKILLS, AND ABILITIES**

### **Minimum Training and Experience Required to Perform Essential Job Functions**

Bachelor's degree in Accounting, Finance, or a closely related field, with three to five years experience; any combination of education and experience that provides equivalent knowledge, skills, and abilities will be considered. Government accounting/finance experience preferred.

### **Physical and Mental Abilities Required to Perform Essential Job Functions**

#### *Language Ability in Interpersonal Communication*

Ability to analyze and categorize data and information in order to determine the relationship of the data with reference to established criteria/standards. Ability to compare, count, differentiate, measure, assemble, copy, record, and transcribe data and information. Ability to classify, compute, and tabulate data.

Ability to advise and provide interpretation to others how to apply policies, procedures, and standards to specific situations.

Ability to utilize a wide variety of descriptive data and information, such as regulations, government reports, accounting records, correspondence and general operating manuals.

Ability to communicate orally and in writing with co-workers, the general public, other Village staff, and immediate supervisor.

#### *Mathematical Ability*

Ability to add and subtract, multiply and divide, and calculate percentages, fractions, and decimals.

#### *Judgment and Situational Reasoning Ability*

Ability to use functional reasoning and apply rational judgment in performing diversified work activities.

Ability to exercise the judgment, decisiveness and creativity required in situations involving the evaluation of information against sensory and/or judgmental criteria, as opposed to criteria which are clearly measurable.

#### *Physical Requirements*

Ability to operate equipment and machinery requiring simple but continuous adjustments, such as computer keyboard, telephones, copiers, adding machines, and other general office equipment as necessary.

Ability to coordinate eyes, hands, feet, and limbs in performing movements requiring skill and training, such as data entry.

Ability to exert light physical effort in sedentary to light work, but which may involve some lifting, carrying, pushing, and pulling.

Ability to recognize and identify similarities or differences between characteristics of colors, shapes, sounds, and textures associated with job-related objects, materials, and tasks.

*Environmental Adaptability*

Ability to work under generally safe and comfortable conditions where exposure to environmental factors such as repetitive computer keyboard use, irate individuals, and intimidation may cause discomfort and poses little risk of injury.

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I acknowledge that I have read the job description and requirements for this position defined above and I certify that I can perform these functions.

\_\_\_\_\_  
**Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of Finance**

\_\_\_\_\_  
**Date**

## **Human Resources Manager – Village of Round Lake**

Posted on February 17, 2016 and will remain open until filled.

The Village of Round Lake, Illinois (population 18,289) seeks a Human Resources Manager. This newly created professional, full-time, exempt position reports directly to the Village Administrator and will be a key member of the management team.

This position's primary functions will be responsible for managing the entire human resource function of the Village. This is a great opportunity for a human resource professional to make this function their own by establishing new programs, updating policies, and to lead several rewarding projects in a relaxed and enjoyable work environment. Look no further for a great work/life balance at the Village of Round Lake.

The successful candidate will have a Bachelor's degree in human resources or a closely related field from an accredited four year college or university, with two (2) years' experience in a human resources capacity or any combination of education and experience that provides equivalent knowledge, skill, and abilities will be considered. Certification as a Professional in Human Resources (PHR or SPHR) and/or local government experience is preferred.

### **Salary Range:**

\$58,873 - \$83,046 (DOQ)

### **Location:**

Village Hall  
442 N. Cedar Lake Road  
Round Lake, IL 60073  
[www.eroundlake.com](http://www.eroundlake.com)

### **How to Apply:**

To apply for this position, please send cover letter, resume, salary history, and three professional references to Steven J. Shields, Village Administrator, via email to [sshields@eroundlake.com](mailto:sshields@eroundlake.com). *Please put "HR Manager Position" as the subject line.* Hard copies (faxed, mailed, or hand-delivered) will not be accepted.

## **Accounting Manager – Village of Round Lake**

Posted on February 17, 2016 and will remain open until filled.

The Village of Round Lake, Illinois (population 18,289) seeks an Accounting Manager to join the Finance Department. This position's primary function will be responsible for administering the day-to-day operations of the Finance Department as well assisting the Director of Finance in managing the key functions of the department including, but not limited to, the annual budget process, the annual audit, accounting, financial reporting, internal controls, and compliance filing. The Accounting Manager will supervise the support staff positions in the Finance Department.

The successful candidate will have a Bachelor's degree in Accounting, Finance, or a closely related field, with three to five years municipal accounting or finance experience. Supervisory experience is preferred.

### **Salary Range:**

\$58,873 - \$83,046 (DOQ)

### **Location:**

Village Hall  
442 N. Cedar Lake Road  
Round Lake, IL 60073  
[www.eroundlake.com](http://www.eroundlake.com)

### **How to Apply:**

To apply for this position, please send cover letter, resume, salary history, and three professional references to Steven J. Shields, Village Administrator, via email to [sshields@eroundlake.com](mailto:sshields@eroundlake.com). Please put "HR Manager Position" as the subject line. Hard copies (faxed, mailed, or hand-delivered) will not be accepted.



VILLAGE OF ROUND LAKE  
**AGENDA ITEM SUMMARY**

TITLE: NORSTATES BANKING RESOLUTIONS

Agenda Item No. 7.1

*Executive Summary:*

Attached are resolutions for NorStates Bank adding the new Director of Finance, Wayde Frerichs, as an authorized signature. Due to the use of electronic signatures, only three positions were kept on the signature list - the Mayor, Village Administrator, and the Director of Finance. The updated signature cards are for the five (5) remaining accounts we have with NorStates Bank :

- 9011270 Accounts Payable Disbursements
- 9500363 General Operating
- 1870455 Payroll Disbursements
- 1848598 Motor Fuel tax
- 0390658 Seizure Account

All accounts require two signatures for any power granted in the resolutions. The attached resolutions are standard for a municipal entity.

*Recommended Action:*

Adopt NorStates' Bank Resolutions Updating the Signatures for Account 9011270 Accounts Payable Disbursements, 9500363 General Operating, 1870455 Payroll Disbursements, 1848598 Motor Fuel Tax, and 0390658 Seizure Account

<b>Committee:</b> -	<b>Meeting Date:</b> February 29, 2016																												
<b>Lead Department:</b> Administration	<b>Presenter:</b> Steven J. Shields, Village Administrator																												
<b>Item Budgeted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  <b>If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Account(s)</th> <th style="text-align: center;">Budget</th> <th style="text-align: center;">Expenditure</th> </tr> </thead> <tbody> <tr> <td>XX-XX-XX-XXXXXX</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td>Item Requested</td> <td></td> <td></td> </tr> <tr> <td>Y-T-D Actual</td> <td></td> <td></td> </tr> <tr> <td>Amount Encumbered</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: center;"><b>\$0.00</b></td> <td style="text-align: center;"><b>\$0.00</b></td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td style="text-align: right;">Under</td> <td colspan="2" style="text-align: center;">-</td> </tr> <tr> <td style="text-align: right;">Over</td> <td colspan="2" style="text-align: center;">-</td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	XX-XX-XX-XXXXXX	-		Item Requested			Y-T-D Actual			Amount Encumbered			Total:	<b>\$0.00</b>	<b>\$0.00</b>	Request is over/under budget:			Under	-		Over	-		
Account(s)	Budget	Expenditure																											
XX-XX-XX-XXXXXX	-																												
Item Requested																													
Y-T-D Actual																													
Amount Encumbered																													
Total:	<b>\$0.00</b>	<b>\$0.00</b>																											
Request is over/under budget:																													
Under	-																												
Over	-																												

**RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION**

NORSTATES BANK  
1601 N LEWIS AVE  
WAUKEGAN IL 60085

By: VILLAGE OF ROUND LAKE

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, D WAYDE FRERICHS PATRICIA BLAUVELT, certify that I am Secretary (clerk) of the above named association organized under the laws of ILLINOIS, Federal Employer I.D. Number 36-6006086, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on 2-29-16 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**AGENTS** Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>DANIEL A MACGILLIS</u>	X <u><i>Daniel A Macgillis</i></u> X	
B. <u>STEVEN J SHIELDS</u>	X <u><i>Steven J Shields</i></u> X	
C. <u>D WAYDE FRERICHS</u>	X <u><i>Wayde Frerichs</i></u> X	
D. _____	X _____ X	
E. _____	X _____ X	
F. _____	X _____ X	

**POWERS GRANTED** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B</u>	(1) Exercise all of the powers listed in this resolution.	<u>2</u>
<u>A, B, C</u>	(2) Open any deposit or share account(s) in the name of the Association.	<u>2</u>
<u>A, B, C</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>2</u>
<u>A, B</u>	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>2</u>
<u>A, B</u>	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	<u>2</u>
<u>N/A</u>	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>1</u>
<u>None</u>	(7) Other _____	<u>1</u>

**LIMITATIONS ON POWERS** The following are the Association's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated prior to this. If not completed, all resolutions remain in effect.

**CERTIFICATION OF AUTHORITY**

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Association is a non-profit lodge, association or similar organization.

*(municipal corporation)*

X *Patricia Blauvelt*  
(Secretary)  
 X *Steven J Shields*  
(Attest by Other Officer)  
 X *Wayde Frerichs*  
(Attest by Other Officer)

## RESOLUTIONS

The Association named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, at any time, to charge the Association for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Association with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

**Pennsylvania.** The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

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### FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by JG (initials)  This resolution is superseded by resolution dated \_\_\_\_\_

Comments:

# Account Agreement

Date: 02/23/2016

### Institution Name & Address

NORSTATES BANK  
1601 N LEWIS AVE  
WAUKEGAN IL 60085

9011270

### Account Title & Address

VILLAGE OF ROUND LAKE  
  
442 N CEDAR LAKE RD  
ROUND LAKE, Illinois 60073-2802

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

### Owner/Signer Information 1

Name	DANIEL A MACGILLIS	
Relationship		
Address	442 N CEDAR LAKE RD, ROUND LAKE, Illinois 60073-2802	
Mailing Address (if different)		
Home Phone	(847) 546-5766	
Work Phone	(847) 546-5400	
Mobile Phone		
E-Mail		
Birth Date	[REDACTED]	
SSN/TIN	[REDACTED]	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License	IL
	Issue:	Exp: 8/15/2015
Other ID (Description, Details)		
Employer	VILLAGE OF ROUND LAKE MAYOR	
Previous Financial Inst.	NSB	

### Owner/Signer Information 2

Name	STEVEN J SHIELDS	
Relationship		
Address	442 N CEDAR LAKE RD, ROUND LAKE, Illinois 60073-2802	
Mailing Address (if different)		
Home Phone	(847) 854-5482	
Work Phone	(847) 546-5400	
Mobile Phone		
E-Mail		
Birth Date	[REDACTED]	
SSN/TIN	[REDACTED]	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License	IL
	Issue:	Exp: 11/30/2017
Other ID (Description, Details)		
Employer	VILLAGE OF ROUND LAKE	
Previous Financial Inst.	NSB	

### Ownership of Account

The specified ownership will remain the same for all accounts.

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation - For Profit
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	<input type="checkbox"/> Corporation - Nonprofit
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	<input type="checkbox"/> Sole Proprietorship
<input checked="" type="checkbox"/> Public Funds	<input type="checkbox"/> Limited Liability Company

### Beneficiary Designation

(Check appropriate ownership above.)

<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

### Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.

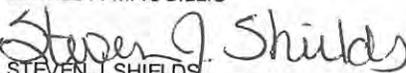
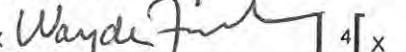
Number of signatures required for withdrawal: One (1)

### Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Terms and Conditions      | <input checked="" type="checkbox"/> Privacy            |
| <input checked="" type="checkbox"/> Electronic Fund Transfers | <input checked="" type="checkbox"/> Truth in Savings   |
| <input checked="" type="checkbox"/> Substitute Checks         | <input checked="" type="checkbox"/> Funds Availability |
| <input checked="" type="checkbox"/> Common Features           | <input type="checkbox"/>                               |

Convenience Depositor (See Owner/Signer Information for Convenience Depositor designation(s))

- |   |  |   |
|---|--|---|
| 1 | <input checked="" type="checkbox"/> <br>DANIEL A MACGILLIS | ] |
| 2 | <input checked="" type="checkbox"/> <br>STEVEN J SHIELDS   | ] |
| 3 | <input checked="" type="checkbox"/>                        | ] |
| 4 | <input checked="" type="checkbox"/> D WAYDE FRERICHS   | ] |

**Owner/Signer Information 3**

Name	D WAYDE FRERICHS
Relationship	
Address	2035 BROADWAY AVE, VILLAGE OF LAKEWOOD, Illinois 60014
Mailing Address (if different)	
Home Phone	(847) 546-5400
Work Phone	
Mobile Phone	
E-Mail	WFRERICHS@ROUNDLAKE.COM
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License Issue: 2/22/2014 Exp: 2/15/2018
Other ID (Description, Details)	
Employer	VILLAGE OF ROUNDLAKE DIRECTOR OF FINANCE
Previous Financial Inst.	NSB

**Owner/Signer Information 4**

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Issue: Exp:
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	NSB

**Backup Withholding Certifications**

(If not a "U.S. Person," certify foreign status separately.)

TIN: 36-6006086

**Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

**Backup Withholding** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

**Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X Wayde Frerichs (Date) 02/23/2016  
VILLAGE OF ROUND LAKE

**Non-Individual Owner Information**

Name	VILLAGE OF ROUND LAKE
BN	36-6006086
Phone	847-546-5400
Mobile Phone	
E-Mail	
Type of Entity	MUNICIPALITY
State/Country & Date of Organization	IL
Nature of Business	
Address	442 N CEDAR LAKE RD ROUND LAKE, IL 60073-2802
Mailing Address (if different)	
Authorization/ Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Public Funds Checking	9011270	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

**Services Requested**

ATM  Debit/Check Cards (No. Requested: \_\_\_\_\_)

\_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_

**Other Terms/Information**

Updated signers

**RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION**

NORSTATES BANK  
1601 N LEWIS AVE  
WAUKEGAN IL 60085

By: VILLAGE OF ROUND LAKE

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

~~T. D. WAYDE FRERICHS~~ PATRICIA BLAUVELT certify that I am Secretary (clerk) of the above named association organized under the laws of ILLINOIS, Federal Employer I.D. Number 36-6006086, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on 2-29-16 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**AGENTS** Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>DANIEL A MACGILLIS</u>	X <u><i>Daniel A Macgillis</i></u> X	_____
B. <u>STEVEN J SHIELDS</u>	X <u><i>Steven J Shields</i></u> X	_____
C. <u>D WAYDE FRERICHS</u>	X <u><i>Wayde Fur</i></u> X	_____
D. _____	X _____ X	_____
E. _____	X _____ X	_____
F. _____	X _____ X	_____

**POWERS GRANTED** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B</u>	(1) Exercise all of the powers listed in this resolution.	<u>2</u>
<u>A, B, C</u>	(2) Open any deposit or share account(s) in the name of the Association.	<u>2</u>
<u>A, B, C</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>2</u>
<u>A, B</u>	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>2</u>
<u>A, B</u>	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	<u>2</u>
<u>N/A</u>	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>—</u>
<u>None</u>	(7) Other _____	<u>—</u>

**LIMITATIONS ON POWERS** The following are the Association's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated prior to this. If not completed, all resolutions remain in effect.

**CERTIFICATION OF AUTHORITY**

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Association is a non-profit lodge, association or similar organization.

*(municipal corporation)*

X *Patricia Blauvelt*  
(Secretary)  
 X *Steven J. Shields*  
(Attest by Other Officer)  
 X *Wayde Fur*  
(Attest by Other Officer)

## RESOLUTIONS

The Association named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, at any time, to charge the Association for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Association with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

**Pennsylvania.** The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

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### FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by JG (initials)  This resolution is superseded by resolution dated \_\_\_\_\_

Comments:

Account Agreement

Date: 02/23/2016

Institution Name & Address

NORSTATES BANK
1601 N LEWIS AVE
WAUKEGAN IL 60085

9500363

Account Title & Address

VILLAGE OF ROUND LAKE
442 N CEDAR LAKE RD
ROUND LAKE IL 60073-2802

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1

Form for Owner/Signer Information 1 including fields for Name (DANIEL A MACGILLIS), Address, Phone, and ID.

Owner/Signer Information 2

Form for Owner/Signer Information 2 including fields for Name (STEVEN J SHIELDS), Address, Phone, and ID.

Ownership of Account

- List of ownership options: Individual, Joint with Survivorship, Joint with No Survivorship, Trust-Separate Agreement, Public Funds, Corporation - For Profit, Corporation - Nonprofit, Partnership, Sole Proprietorship, Limited Liability Company.

Beneficiary Designation

- Options for beneficiary designation: Revocable Trust, Pay-On-Death (POD).

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: One (1)

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals.

- Checked boxes for Terms and Conditions, Privacy, Electronic Fund Transfers, Truth in Savings, Substitute Checks, Funds Availability, Common Features.

Convenience Depositor (See Owner/Signer Information for Convenience Depositor designation(s).)

- Handwritten signatures and names: 1 [x] DANIEL A MACGILLIS, 2 [x] STEVEN J SHIELDS, 3 [x] D WAYDE FRERICHS, 4 [x].

**Owner/Signer Information 3**

Name	D WAYDE FRERICHS
Relationship	
Address	2035 BROADWAY AVE, VILLAGE OF LAKEWOOD, Illinois 60014
Mailing Address (if different)	
Home Phone	(847) 546-5400
Work Phone	
Mobile Phone	
E-Mail	WFRERICHS@ROUNDLAKE.COM
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License [redacted] Issue: 2/22/2014 Exp: 2/15/2018
Other ID (Description, Details)	
Employer	VILLAGE OF ROUNDLAKE DIRECTOR OF FINANCE
Previous Financial Inst.	

**Owner/Signer Information 4**

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Issue: Exp:
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	NSB

**Backup Withholding Certifications**

(If not a "U.S. Person," certify foreign status separately.)

TIN: 36-6006086

**Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

**Backup Withholding** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

**Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X Wayde Frerichs  
VILLAGE OF ROUND LAKE

(Date)  
**02/23/2016**

**Non-Individual Owner Information**

Name	VILLAGE OF ROUND LAKE
EN	36-6006086
Phone	847-546-5400
Mobile Phone	
E-Mail	
Type of Entity	MUNICIPALITY
State/Country & Date of Organization	
Nature of Business	
Address	442 N CEDAR LAKE RD ROUND LAKE IL 60073-2802
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Public Funds Interest Checking	9500363	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

**Services Requested**

ATM  Debit/Check Cards (No. Requested: \_\_\_\_\_)

\_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_

**Other Terms/Information**

Updated Signers

**RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION**

NORSTATES BANK  
1601 N LEWIS AVE  
WAUKEGAN IL 60085

By: VILLAGE OF ROUND LAKE

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

~~I, D WAYDE FRERICHS~~ PATRICIA BLAUVELT, certify that I am Secretary (clerk) of the above named association organized under the laws of ILLINOIS, Federal Employer I.D. Number 36-6006086, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on 2-29-16 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**AGENTS** Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>DANIEL A MACGILLIS</u>	X <u><i>Daniel A Macgillis</i></u> X	
B. <u>STEVEN J SHIELDS</u>	X <u><i>Steven J Shields</i></u> X	
C. <u>D WAYDE FRERICHS</u>	X <u><i>Wayde Frerichs</i></u> X	
D. _____	X _____ X	
E. _____	X _____ X	
F. _____	X _____ X	

**POWERS GRANTED** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>AB</u>	(1) Exercise all of the powers listed in this resolution.	<u>2</u>
<u>A,B,C</u>	(2) Open any deposit or share account(s) in the name of the Association.	<u>2</u>
<u>A,B,C</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>2</u>
<u>A,B</u>	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>2</u>
<u>A,B</u>	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	<u>2</u>
<u>N/A</u>	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>—</u>
<u>None</u>	(7) Other _____	<u>—</u>

**LIMITATIONS ON POWERS** The following are the Association's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated prior to this. If not completed, all resolutions remain in effect.

**CERTIFICATION OF AUTHORITY**

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Association is a non-profit lodge, association or similar organization.

(Municipal Corporation)

X *Patricia Blauvelt*  
(Secretary)  
 X *Steven J. Shields*  
(Attest by Other Officer)  
 X *Wayde Frerichs*  
(Attest by Other Officer)

## RESOLUTIONS

The Association named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, at any time, to charge the Association for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Association with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

---

### FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by JG (initials)  This resolution is superseded by resolution dated \_\_\_\_\_

Comments:

# Account Agreement

Date: 02/23/2016

### Institution Name & Address

NORSTATES BANK  
1601 N LEWIS AVE  
WAUKEGAN IL 60085

1870455

### Account Title & Address

VILLAGE OF ROUND LAKE  
  
442 N CEDAR LAKE RD  
ROUND LAKE IL 60073-2802

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

### Owner/Signer Information 1

Name	DANIEL A MACGILLIS	
Relationship	AUTHORIZED SIGNATURE	
Address	442 N CEDAR LAKE RD, ROUND LAKE, Illinois 60073-2802	
Mailing Address (if different)		
Home Phone	(847) 546-5766	
Work Phone	(847) 546-5400	
Mobile Phone		
E-Mail		
Birth Date	[REDACTED]	
SSN/TIN	[REDACTED]	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License Issue:	IL Exp: 8/15/2015
Other ID (Description, Details)		
Employer	VILLAGE OF ROUND LAKE MAYOR	
Previous Financial Inst.	NSB	

### Owner/Signer Information 2

Name	STEVEN J SHIELDS	
Relationship	AUTHORIZED SIGNATURE	
Address	442 N CEDAR LAKE RD, ROUND LAKE, Illinois 60073-2802	
Mailing Address (if different)		
Home Phone	(847) 854-5482	
Work Phone	(847) 546-5400	
Mobile Phone		
E-Mail		
Birth Date	[REDACTED]	
SSN/TIN	[REDACTED]	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License Issue:	IL Exp: 11/30/2017
Other ID (Description, Details)		
Employer	VILLAGE OF ROUND LAKE	
Previous Financial Inst.	NSB	

### Ownership of Account

The specified ownership will remain the same for all accounts.

- |  |  |
|--|--|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Corporation - For Profit  |
| <input type="checkbox"/> Joint with Survivorship<br>(not as tenants in common) | <input type="checkbox"/> Corporation - Nonprofit   |
| <input type="checkbox"/> Joint with No Survivorship<br>(as tenants in common)  | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Trust-Separate Agreement Dated: _____                 | <input type="checkbox"/> Sole Proprietorship       |
| <input checked="" type="checkbox"/> Public Funds                               | <input type="checkbox"/> Limited Liability Company |

### Beneficiary Designation

(Check appropriate ownership above.)

- |  |   |
|--|---|
| <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> Pay-On-Death (POD) |
| <input type="checkbox"/>                 |   |

### Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

- If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: One (1)

### Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Terms and Conditions      | <input checked="" type="checkbox"/> Privacy            |
| <input checked="" type="checkbox"/> Electronic Fund Transfers | <input checked="" type="checkbox"/> Truth in Savings   |
| <input checked="" type="checkbox"/> Substitute Checks         | <input checked="" type="checkbox"/> Funds Availability |
| <input checked="" type="checkbox"/> Common Features           | <input type="checkbox"/>                               |

Convenience Depositor (See Owner/Signer Information for Convenience Depositor designation(s).)

- |   |     |                    |   |
|---|-----|--------------------|---|
| 1 | [ X |                    | ] |
|   |     | DANIEL A MACGILLIS |   |
| 2 | [ X |                    | ] |
|   |     | STEVEN J SHIELDS   |   |
| 3 | [ X |                    | ] |
|   |     | D WAYDE FRERICHS   |   |

**Owner/Signer Information 3**

Name	D WAYDE FRERICHS
Relationship	AUTHORIZED SIGNATURE
Address	2035 BROADWAY AVE, VILLAGE OF LAKEWOOD, Illinois 60014
Mailing Address (if different)	
Home Phone	(847) 546-5400
Work Phone	
Mobile Phone	
E-Mail	WFRERICHS@ROUNDLAKE.COM
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License Issue: 2/22/2014 Exp: 2/15/2018
Other ID (Description, Details)	
Employer	VILLAGE OF ROUNDLAKE DIRECTOR OF FINANCE
Previous Financial Inst.	NSB

**Owner/Signer Information 4**

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Issue: Exp:
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	NSB

**Backup Withholding Certifications**

(If not a "U.S. Person," certify foreign status separately.)  
**TIN: 36-6006086**  
 **Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.  
 **Backup Withholding** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.  
 **Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.  
**I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).**  
 X Wayde Frerichs (Date) **02/23/2016**  
 VILLAGE OF ROUND LAKE

**Non-Individual Owner Information**

Name	VILLAGE OF ROUND LAKE
EN	36-6006086
Phone	
Mobile Phone	
E-Mail	
Type of Entity	MUNICIPALITY
State/Country & Date of Organization	IL
Nature of Business	
Address	442 N CEDAR LAKE RD ROUND LAKE IL 60073-2802
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Public Funds Checking	1870455	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

**Services Requested**

ATM  Debit/Check Cards (No. Requested: \_\_\_\_\_)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Other Terms/Information**

Updated signers

**RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION**

NORSTATES BANK  
1601 N LEWIS AVE  
WAUKEGAN IL 60085

By: VILLAGE OF ROUND LAKE

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

~~D WAYDE FRERICHS~~ PATRICIA BLAUVELT, certify that I am Secretary (clerk) of the above named association organized under the laws of ILLINOIS, Federal Employer I.D. Number 36-6006086, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on 2-29-16 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**AGENTS** Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>DANIEL A MACGILLIS</u>	X <u><i>Daniel A Macgillis</i></u> X	
B. <u>STEVEN J SHIELDS</u>	X <u><i>Steven J Shields</i></u> X	
C. <u>D WAYDE FRERICHS</u>	X <u><i>Wayde Fur</i></u> X	
D. _____	X _____ X	
E. _____	X _____ X	
F. _____	X _____ X	

**POWERS GRANTED** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>Att A, B</u>	(1) Exercise all of the powers listed in this resolution.	<u>2</u>
<u>A, B, C</u>	(2) Open any deposit or share account(s) in the name of the Association.	<u>2</u>
<u>A, B, C</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>2</u>
<u>A, B</u>	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>2</u>
<u>A, B</u>	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	<u>2</u>
<u>N/A</u>	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>-</u>
<u>None</u>	(7) Other _____	<u>-</u>

**LIMITATIONS ON POWERS** The following are the Association's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated prior to this. If not completed, all resolutions remain in effect.

**CERTIFICATION OF AUTHORITY**

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Association is a non-profit lodge, association or similar organization.

*(Municipal Corporation)*

X *Patricia Blauvelt*  
(Secretary)

X *Steven J. Shields*  
(Attest by Other Officer)

X *Wayde Fur*  
(Attest by Other Officer)

RESOLUTIONS

The Association named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution.
(3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association.
(4) All transactions, if any, with respect to any deposits, withdrawals, rediscunts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
(5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association.
(6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance.
(7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by JG (initials) [ ] This resolution is superseded by resolution dated \_\_\_\_\_

Comments:

# Account Agreement

Date: 02/23/2016

## Institution Name & Address

NORSTATES BANK  
1601 N LEWIS AVE  
WAUKEGAN IL 60085

1848598

## Account Title & Address

VILLAGE OF ROUND LAKE  
  
442 N CEDAR LAKE RD  
ROUND LAKE IL 60073-2802

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

## Owner/Signer Information 1

Name	DANIEL A MACGILLIS	
Relationship	AUTHORIZED SIGNATURE	
Address	442 N CEDAR LAKE RD ROUND LAKE IL 60073	
Mailing Address (if different)		
Home Phone	(847) 546-5766	
Work Phone	(847) 546-5400	
Mobile Phone		
E-Mail		
Birth Date	[REDACTED]	
SSN/TIN	[REDACTED]	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License	IL
	Issue:	Exp: 8/15/2015
Other ID (Description, Details)		
Employer	VILLAGE OF ROUND LAKE MAYOR	
Previous Financial Inst.		

## Owner/Signer Information 2

Name	STEVEN J SHIELDS	
Relationship	AUTHORIZED SIGNATURE	
Address		
Mailing Address (if different)		
Home Phone	(847) 854-5482	
Work Phone	(847) 546-5400	
Mobile Phone		
E-Mail		
Birth Date	[REDACTED]	
SSN/TIN	[REDACTED]	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License	IL
	Issue:	Exp: 11/30/2017
Other ID (Description, Details)		
Employer		
Previous Financial Inst.		

## Ownership of Account

The specified ownership will remain the same for all accounts.

- |   |  |
|---|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Corporation - For Profit  |
| <input type="checkbox"/> Joint with Survivorship (not as tenants in common) | <input type="checkbox"/> Corporation - Nonprofit   |
| <input type="checkbox"/> Joint with No Survivorship (as tenants in common)  | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Trust-Separate Agreement Dated: _____              | <input type="checkbox"/> Sole Proprietorship       |
| <input checked="" type="checkbox"/> Public Funds                            | <input type="checkbox"/> Limited Liability Company |

## Beneficiary Designation

(Check appropriate ownership above.)

- |  |   |
|--|---|
| <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> Pay-On-Death (POD) |
| <input type="checkbox"/>                 |   |

## Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

- If checked, this is a temporary account agreement.

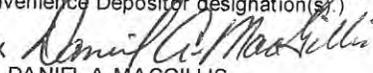
Number of signatures required for withdrawal: One (1)

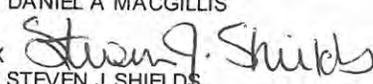
## Signature(s)

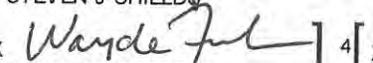
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Terms and Conditions      | <input checked="" type="checkbox"/> Privacy            |
| <input checked="" type="checkbox"/> Electronic Fund Transfers | <input checked="" type="checkbox"/> Truth in Savings   |
| <input checked="" type="checkbox"/> Substitute Checks         | <input checked="" type="checkbox"/> Funds Availability |
| <input checked="" type="checkbox"/> Common Features           | <input type="checkbox"/>                               |

- Convenience Depositor (See Owner/Signer Information for Convenience Depositor designation(s))

1 [ X  ]  
DANIEL A MACGILLIS

2 [ X  ]  
STEVEN J SHIELDS

3 [ X  ] 4 [ X ]  
D WAYDE FRERICHS

**Owner/Signer Information 3**

Name	D WAYDE FRERICHS
Relationship	AUTHORIZED SIGNATURE
Address	2035 BROADWAY AVE, VILLAGE OF LAKEWOOD, Illinois 60014
Mailing Address (if different)	
Home Phone	(847) 546-5400
Work Phone	
Mobile Phone	
E-Mail	WFRERICHS@ROUNDLAKE.COM
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License Issue: 2/22/2014 Exp: 2/15/2018
Other ID (Description, Details)	
Employer	VILLAGE OF ROUNDLAKE DIRECTOR OF FINANCE
Previous Financial Inst.	

**Owner/Signer Information 4**

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Issue: Exp:
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	NSB

**Backup Withholding Certifications**

(If not a "U.S. Person," certify foreign status separately.)

TIN: 36-6006086

**Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

**Backup Withholding** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

**Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

**I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).**

X Wayde Frerichs (Date) **02/23/2016**  
VILLAGE OF ROUND LAKE

**Non-Individual Owner Information**

Name	VILLAGE OF ROUND LAKE
EN	36-6006086
Phone	(847) 546-5400
Mobile Phone	
E-Mail	
Type of Entity	MUNICIPALITY
State/Country & Date of Organization	IL
Nature of Business	
Address	442 N CEDAR LAKE RD ROUND LAKE IL 60073-2802
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Public Funds Money Market	1848598	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

**Services Requested**

ATM  Debit/Check Cards (No. Requested: \_\_\_\_\_)

\_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_

**Other Terms/Information**

UPDATED SIGNERS

Updated signers

**RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION**

NORSTATES BANK  
1601 N LEWIS AVE  
WAUKEGAN IL 60085

By: VILLAGE OF ROUND LAKE

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, ~~D WAYDE FRERICHS~~ PATRICIA BLAUVELT, certify that I am Secretary (clerk) of the above named association organized under the laws of ILLINOIS, Federal Employer I.D. Number 36-6006086, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on 2-29-16 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**AGENTS** Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>DANIEL A MACGILLIS</u>	X <u><i>Daniel A Macgillis</i></u> X	
B. <u>STEVEN J SHIELDS</u>	X <u><i>Steven J Shields</i></u> X	
C. <u>D WAYDE FRERICHS</u>	X <u><i>Wayde Fur</i></u> X	
D. _____	X _____ X	
E. _____	X _____ X	
F. _____	X _____ X	

**POWERS GRANTED** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B</u>	(1) Exercise all of the powers listed in this resolution.	<u>2</u>
<u>A, B, C</u>	(2) Open any deposit or share account(s) in the name of the Association.	<u>2</u>
<u>A, B, C</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>2</u>
<u>AB</u>	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>2</u>
<u>AB</u>	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	<u>2</u>
<u>N/A</u>	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>-</u>
<u>None</u>	(7) Other _____	<u>-</u>

**LIMITATIONS ON POWERS** The following are the Association's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated prior to this. If not completed, all resolutions remain in effect.

**CERTIFICATION OF AUTHORITY**

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Association is a non-profit lodge, association or similar organization.

(Municipal Corporation)

X *Patricia Blauvelt*  
 (Secretary)  
 X *Steven J. Shields*  
 (Attest by Other Officer)  
 X *Wayde Fur*  
 (Attest by Other Officer)

## RESOLUTIONS

The Association named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, at any time, to charge the Association for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Association with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

**Pennsylvania.** The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

---

### FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by JG (initials)  This resolution is superseded by resolution dated \_\_\_\_\_ .

Comments:

# Account Agreement

Date: 02/23/2016

### Institution Name & Address

NORSTATES BANK  
1601 N LEWIS AVE  
WAUKEGAN IL 60085

390658

### Account Title & Address

VILLAGE OF ROUND LAKE  
  
442 N CEDAR LAKE RD  
ROUND LAKE IL 60073-2802

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

### Owner/Signer Information 1

Name	DANIEL A MACGILLIS	
Relationship		
Address	442 N CEDAR LAKE RD, ROUND LAKE, Illinois 60073-2802	
Mailing Address (if different)		
Home Phone	(847) 546-5766	
Work Phone	(847) 546-5400	
Mobile Phone		
E-Mail		
Birth Date	[REDACTED]	
SSN/TIN	[REDACTED]	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License	IL Issue: Exp: 8/15/2015
Other ID (Description, Details)		
Employer	VILLAGE OF ROUND LAKE MAYOR	
Previous Financial Inst.	NSB	

### Owner/Signer Information 2

Name	STEVEN J SHIELDS	
Relationship		
Address	442 N CEDAR LAKE RD, ROUND LAKE, Illinois 60073-2802	
Mailing Address (if different)		
Home Phone	(847) 854-5482	
Work Phone	(847) 546-5400	
Mobile Phone		
E-Mail		
Birth Date	[REDACTED]	
SSN/TIN	[REDACTED]	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License	IL Issue: Exp: 11/30/2017
Other ID (Description, Details)		
Employer	VILLAGE OF ROUND LAKE	
Previous Financial Inst.	NSB	

### Ownership of Account

The specified ownership will remain the same for all accounts.

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation - For Profit
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	<input type="checkbox"/> Corporation - Nonprofit
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	<input type="checkbox"/> Sole Proprietorship
<input checked="" type="checkbox"/> Public Funds	<input type="checkbox"/> Limited Liability Company

### Beneficiary Designation

(Check appropriate ownership above.)

Revocable Trust                       Pay-On-Death (POD)

\_\_\_\_\_

### Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: One (1)

### Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Terms and Conditions      | <input checked="" type="checkbox"/> Privacy            |
| <input checked="" type="checkbox"/> Electronic Fund Transfers | <input checked="" type="checkbox"/> Truth in Savings   |
| <input checked="" type="checkbox"/> Substitute Checks         | <input checked="" type="checkbox"/> Funds Availability |
| <input checked="" type="checkbox"/> Common Features           | <input type="checkbox"/> _____                         |

Convenience Depositor (See Owner/Signer Information for Convenience Depositor designation(s)).

- |   |   |                    |   |
|---|---|--------------------|---|
| 1 | [ | DANIEL A MACGILLIS | ] |
| 2 | [ | STEVEN J SHIELDS   | ] |
| 3 | [ | D WAYDE FRERICHS   | ] |
| 4 | [ |                    | ] |

**Owner/Signer Information 3**

Name	D WAYDE FRERICHS
Relationship	
Address	2035 BROADWAY AVE, VILLAGE OF LAKEWOOD, Illinois 60014
Mailing Address (if different)	
Home Phone	(847) 546-5400
Work Phone	
Mobile Phone	
E-Mail	WFRERICHS@ROUNDLAKE.COM
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License Issue: 2/22/2014 Exp: 2/15/2018
Other ID (Description, Details)	
Employer	VILLAGE OF ROUNDLAKE DIRECTOR OF FINANCE
Previous Financial Inst.	

**Owner/Signer Information 4**

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Issue: Exp:
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

**Backup Withholding Certifications**

(If not a "U.S. Person," certify foreign status separately.)

TIN: 36-6006086

- Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.
- Backup Withholding** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X Wayde Frerichs (Date) 02/23/2016  
VILLAGE OF ROUND LAKE

**Non-Individual Owner Information**

Name	VILLAGE OF ROUND LAKE
EN	36-6006086
Phone	847-546-5400
Mobile Phone	
E-Mail	
Type of Entity	MUNICIPALITY
State/Country & Date of Organization	
Nature of Business	
Address	442 N CEDAR LAKE RD ROUND LAKE IL 60073-2802
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Public Funds Savings	390658	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

**Services Requested**

- ATM  Debit/Check Cards (No. Requested: \_\_\_\_\_)
- \_\_\_\_\_
- \_\_\_\_\_

**Other Terms/Information**

UPDATED SIGNERS



VILLAGE OF ROUND LAKE

## AGENDA ITEM SUMMARY

**TITLE: SWALCO ELECTRONICS RECYCLING PROGRAM**

**Agenda Item No. 7.2**

*Executive Summary:*

SWALCO is planning to have an emergency meeting to discuss the future of the Agency's electronics recycling program. The current recycler, Vintage Tech, gave notice on November 17, 2015 that it intends to terminate the contract with SWALCO in 180 days or May 15, 2016, which prompted SWALCO staff to look at other options.

See attached for information sent from Walter Willis, SWALCO Executive Director to the members of SWALCO regarding the electronics recycling issue.

*Recommended Action:*

As an Agency Member, Discuss the Future of the Electronics Recycling Program for Additional Guidance/Direction to SWALCO

<b>Committee:</b> -	<b>Meeting Date:</b> February 29, 2016																														
<b>Lead Department:</b> Administration	<b>Presenter:</b> Steven J. Shields, Village Administrator																														
<b>Item Budgeted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Account(s)</th> <th style="text-align: center;">Budget</th> <th style="text-align: center;">Expenditure</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">XX-XX-XX-XXXXX</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td>Item Requested</td> <td></td> <td></td> </tr> <tr> <td>Y-T-D Actual</td> <td></td> <td></td> </tr> <tr> <td>Amount Encumbered</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;"><b>\$0.00</b></td> <td style="text-align: right;"><b>\$0.00</b></td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td style="text-align: right;">Under</td> <td colspan="2">-</td> </tr> <tr> <td style="text-align: right;">Over</td> <td colspan="2">-</td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	XX-XX-XX-XXXXX	-		Item Requested			Y-T-D Actual			Amount Encumbered						Total:	<b>\$0.00</b>	<b>\$0.00</b>	Request is over/under budget:			Under	-		Over	-	
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Under	-																														
Over	-																														



# Village of Round Lake

442 North Cedar Lake Road Round Lake, IL 60073

847-546-5400 fax 847-546-5405

www.eroundlake.com

February 26, 2016

**To:** Mayor and Board of Trustees

**From:** Steven J. Shields, Village Administrator

**Subject:** SWALCO Electronics Recycling Program

Below is information sent out from Walter Willis, SWALCO Executive Director to members of the agency regarding the Agency's electronic recycling program future and establishing an emergency meeting to discuss such matters.

*Dear Board of Directors,*

*At the direction of the Executive Committee, which met last Thursday, I am sending you this email to determine if enough members are able attend an emergency meeting on March 3<sup>rd</sup> at 7 pm in Hainesville to discuss the future of the Agency's electronics recycling program. At its meeting last week the Executive Committee was informed by staff that there is only one recycler capable of taking on our program, ERI, and that the cost to run the program from mid-May to the end of the calendar year per ERI's proposal was estimated at \$110,000. The Executive Committee's recommendation was to not fund the program in 2016 due to the fact this is an unexpected and un-budgeted expense, and one quite frankly the Agency should not be shouldering under the State law. In effect, this would mean the 5 collection sites would be shut down and residents would have limited, if any options, to recycle TVs and other electronics in Lake County (Best Buy is no longer accepting TVs in IL unless you purchase one from them or pay \$100 for a pick up).*

*Our current recycler, Vintage Tech, gave us notice on November 17, 2015 that it intends to terminate our contract in 180 days or May 15, 2016. This prompted staff to look for other options and the only one we have found is ERI, as discussed above. After the Executive Committee meeting I contacted ERI to let them know the Executive Committee had rejected its proposal and ERI asked for more time to work on its proposal. At this time I am still in discussions with them to bring us a "no cost" program much like we have with Vintage Tech currently (please recognize that there is a tangible cost to the five collection sites and we need to continue to thank them for their efforts).*

*In conclusion, please let Amy Bartemio ([abartemio@swalco.org](mailto:abartemio@swalco.org)) know whether you can make an emergency meeting on March 3<sup>rd</sup>. If we are able to secure a quorum for the meeting, we will either be voting on a "no cost" contract with ERI (if we are able to agree to terms this week) or deciding whether to terminate our program due to the unfunded mandate we are experiencing under the State law. If the Board does decide to terminate the program, we would view it as a temporary*

*termination with the goal of amending the law this legislative session to remove the unfunded mandate to local government so that SWALCO could once again collect electronics. If we cannot achieve this goal of “fixing” the legislation, we would recommend that the ban on landfilling electronics be immediately rescinded by the General Assembly until such time as programs can be put in place for residents to recycle their electronics. SWALCO has a long standing legislative policy of not supporting landfill bans unless there is a plan in place for people to comply with the ban, clearly without SWALCO’s collection sites and with Best Buy’s policy, there is no plan in place in Lake County or IL for that matter.*

*Please let Amy know if you can make the meeting,*

*Walter S. Willis, Executive Director  
SWALCO  
1311 N. Estes Street  
Gurnee, IL 60031  
847/377-4951  
630/621-0736 (cell)*

In summary, the emergency meeting is to either:

- Vote on a “no cost” contract with ERI, or;
- Decide whether to terminate the program

Sincerely,  
Village of Round Lake

*Steven J Shields*

Steven J. Shields  
Village Administrator



VILLAGE OF ROUND LAKE

**AGENDA ITEM SUMMARY**

**TITLE: TRUCK #42 REPAIRS**

**Agenda Item No. 10.1**

*Executive Summary*

Truck #42 has a damaged hydraulic hose which needs to be replaced. Staff is recommending the necessary repairs be completed by Sauber Manufacturing Company. The truck is currently at Sauber's facility; they were conducting an annual inspection of the bucket lift when they discovered the damaged hose. Sauber is the company that originally installed the bucket lift on the truck chassis for the Village. Given the history Sauber has with the vehicle and since the truck is already there, staff is recommending they complete the repairs as a sole source provider. The estimated cost is \$1,934.35 to be split between the Public Works fund and the Water/Sewer fund.

Truck #42 is a 1998 GMC 1 ton truck with approximately 68,000 miles. This truck is the only Village owned vehicle with a bucket lift which is used primarily to maintenance Village street lights.

*Recommended Action*

Adopt a Resolution Authorizing Sauber Manufacturing Company to make repairs to truck #42 as needed.

<b>Committee:</b> PW/F&CA and Engineering	<b>Meeting Date(s):</b> 02/29/16																																										
<b>Lead Department:</b> Public Works	<b>Presenter:</b> Adam Wedoff, Director of Public Works																																										
<b>Item Budgeted:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If amount requested is over budget, a detailed explanation of what account(s) the overage will be charged to will be provided in the Executive Summary or attached detail.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Account(s)</th> <th style="text-align: center;">Budget</th> <th style="text-align: center;">Expenditure</th> </tr> </thead> <tbody> <tr> <td><b>50-60-84-88404</b></td> <td style="text-align: right;">\$20,000.00</td> <td></td> </tr> <tr> <td>Item Requested</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$967.17</td> </tr> <tr> <td>Y-T-D Actual</td> <td></td> <td style="text-align: right;">\$11,452.85</td> </tr> <tr> <td>Amount Encumbered</td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>\$20,000.00</b></td> <td style="text-align: right;"><b>\$12,420.02</b></td> </tr> <tr> <td><b>01-60-84-88404</b></td> <td style="text-align: right;">\$25,000.00</td> <td></td> </tr> <tr> <td>Item Requested</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$967.18</td> </tr> <tr> <td>Y-T-D Actual</td> <td></td> <td style="text-align: right;">\$12,451.24</td> </tr> <tr> <td>Amount Encumbered</td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>\$25,000.00</b></td> <td style="text-align: right;"><b>\$13,418.42</b></td> </tr> <tr> <td><b>Grand Total</b></td> <td style="text-align: right;"><b>\$45,000.00</b></td> <td style="text-align: right;"><b>\$25,838.44</b></td> </tr> <tr> <td colspan="3">Request is over/under budget:</td> </tr> <tr> <td style="text-align: center;">Under</td> <td></td> <td style="text-align: right;">\$19,161.56</td> </tr> </tbody> </table>	Account(s)	Budget	Expenditure	<b>50-60-84-88404</b>	\$20,000.00		Item Requested	\$0.00	\$967.17	Y-T-D Actual		\$11,452.85	Amount Encumbered		\$0.00	<b>Total</b>	<b>\$20,000.00</b>	<b>\$12,420.02</b>	<b>01-60-84-88404</b>	\$25,000.00		Item Requested	\$0.00	\$967.18	Y-T-D Actual		\$12,451.24	Amount Encumbered		\$0.00	<b>Total</b>	<b>\$25,000.00</b>	<b>\$13,418.42</b>	<b>Grand Total</b>	<b>\$45,000.00</b>	<b>\$25,838.44</b>	Request is over/under budget:			Under		\$19,161.56
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**Resolution 2016-R-\_\_**

**A Resolution Approving Quote for Repairs to Truck # 42**

**BE IT RESOLVED** by the Village President and Board of Trustees of the Village of Round Lake as follows:

**Section One:** Truck #42 (1998 GMC 1-ton truck with ~ 68,000 miles), the only Village vehicle with a bucket lift, has a damaged hydraulic hose that needs to be replaced.

**Section Two:** Truck #42 is currently at Sauber Manufacturing Company's ("Sauber") facility for an annual inspection and this is where the damaged hose was discovered.

**Section Three:** Sauber has worked on Truck #42 in the past, including installing Truck #42's bucket lift, staff has found Sauber's work to be of a high quality, and therefore staff recommends that the necessary repairs be performed by Sauber without obtaining additional quotes.

**Section Four:** The quote from Sauber to repair Truck #42, attached as Exhibit A, is hereby approved at a price not to exceed \$1,934.35.

**Section Five:** The Mayor, Village Administrator and Director of Public Works are authorized to execute all necessary documents to carry out this Resolution.

**Section Six:** That this Resolution shall be in full force and effect from and after its passage and approval as required by law.

**APPROVED:**

---

Daniel A. MacGillis, Village President

**ATTEST:**

---

Patricia C. Blauvelt, Village Clerk

PASSED:

APPROVED:

AYES:

NAYS:

ABSENT:

**Exhibit A**

**Quote from Sauber Manufacturing Company**



# Sales Quote

**Sales Quote Number:** SQ107598  
**Date:** 02/24/16  
**Page:** 1

**Sell**

**To:** Round Lake Village  
 Adam Wedoff  
 Public Works  
 442 North Cedar Lake Road  
 Round Lake, IL 60073

**Shipping**

**To:** Round Lake Village  
 Adam Wedoff  
 Public Works  
 442 North Cedar Lake Road  
 Round Lake, IL 60073

Ship Via Customer Pickup  
 Terms Net 30 Days  
 FOB Origin

Customer ID C02176  
 SalesPerson Chuck Herrmann

Item No.	Description	Unit	Quantity	Unit Price	Total Price
R1010	Replace Heat Damaged Leveling Hoses - Unit 42	Hour	18	83.00	1,494.00
14884	Hydraulic Hose Assembly - 1/4"x32' Dielectric w/ Fittings Each End	Each	2	184.15	368.30
14884	Hydraulic Hose Assembly - 1/4"x2' Dielectric w/ Fittings Each End	Each	1	35.65	35.65
10697	Aero Aircraft Hydraulic Fluid - P37	Gallon	1	36.40	36.40

Amount Subject to Sales Tax	0.00	Amount Exempt from Sales Tax	1,934.35	Subtotal:	1,934.35
				Sales Tax:	0.00
				<b>Total:</b>	<b>1,934.35</b>