

**AGENDA
CITY COUNCIL
NOVEMBER 17, 2015**

NOTICE:

NOVEMBER 17, 2015

**5:00-5:15 P.M. POLICE COMMITTEE MEETING
5:15-5:30 P.M. INDUSTRIAL SEARCH COMMITTEE MEETING
5:30-6:00 P.M. FINANCE COMMITTEE MEETING
6:00-6:30 P.M. PLANNING & ZONING COMMITTEE MEETING
6:30-6:45 P.M. LEGAL & LEGISLATIVE COMMITTEE MEETING
6:45-7:00 P.M. PUBLIC WORKS COMMITTEE MEETING**

**TOWNSHIP MEETING
NOVEMBER 17, 2015**

- 1. PRAYER-**
- 2. PLEDGE OF ALLEGIANCE**
- 3. ROLL CALL**
- 4. TOWNBOARD MINUTES- NOVEMBER 3, 2015**
- 5. PRESENTATION OF COMMUNICATIONS:**
- 6. FINANCE: RON SIMPSON, CHAIRMAN**
 - A. BILL LIST- NOVEMBER 17, 2015**

**CITY COUNCIL MEETING
NOVEMBER 17, 2015**

- 1. ROLL CALL**
- 2. CITY COUNCIL MINUTES- NOVEMBER 3, 2015**
- 3. PRESENTATION OF COMMUNICATION**
 - 1. APPLICATION TO ADDRESS THE COUNCIL**
 - A. ROY WILLIAMS-3102 NAMEOKI RD-
BLOCKBUSTER BLDG**
- 4. REMARKS BY MAYOR**
- 5. REPORT OF STANDING COMMITTEES:**

**DOWNTOWN: NIKKI PETRILLO, CHAIRMAN (CITY HALL &
BUILDINGS)**

A.

PLANNING/ZONING, ANNEXATIONS, ENGINEERING AND INSPECTIONS: DAN MCDOWELL, CHAIRMAN

- A. BUILDING & ZONING MONTHLY REPORT FOR OCTOBER 2015**
- B. GRAPHIC REVIEW BOARD MINUTES 11-05-2015**
- C. MEMO-STEVE WILLAREDT-CURB CUT-3031 WARREN**

LEGAL AND LEGISLATIVE: BOB PICKERELL, CHAIRMAN (CABLE TV, ORDINANCE)

- A. RESOLUTION OPPOSING EXTENSION OF TRADE POLICES**

PUBLIC WORKS: DON THOMPSON, CHAIRMAN: (STREET AND ALLEY-SANITATION-INSPECTION-TRAFFIC & LIGHTS)

- A. ORDINANCE REMOVING AND REPEALING ORDINANCE 4800, AND ITS DESIGNATION OF A HANDICAP PARKING SPACE AT 2119 STATE**
- B. ORDINANCE REMOVING AND REPEALING THE DESIGNATION OF A HANDICAP PARKING SPACE AT 2237 LEE AVE**
- C. ORDINANCE TO DECLARE SURPLUS FOUR PIECES OF EQUIPMENT FROM THE PUBLIC WORKS DEPARTMENT**

POLICE COMMITTEE: TIM ELLIOTT, CHAIRMAN

- A. ORDINANCE TO AUTHORIZE AN INTERGOVERNMENTAL AGREEMENT WITH THE CITY OF MADISON, CONCERNING THE GRANITE CITY JAIL AND 911 SERVICES**

FIRE: WALMER SCHMIDTKE, CHAIRMAN

- A. MONTHLY REPORT FOR OCTOBER 2015**

WASTEWATER TREATMENT: BILL DAVIS, CHAIRMAN

- A.**

INSURANCE AND SAFETY: GERALD WILLIAMS, CHAIRMAN

- A. PENDING LITIGATION**
- B. INSURANCE ADJUSTORS CONTRACT**

ECONOMIC DEVELOPMENT AND NEGOTIATIONS: PAUL JACKSTADT, CHAIRMAN

- A. LETTER-MR. & MRS. LEE AVANTS-2532 CIRCLE DR LIENS**
- B. ORDINANCE DECLARING CERTAIN REAL ESTATE SURPLUS AND DIRECTING SALE (1930 CLEVELAND)**

FINANCE: RON SIMPSON, CHAIRMAN

- A. ORDINANCE MAKING A TAX LEVY FOR THE CITY OF GRANITE M, MADISON COUNTY, ILLINOIS, FOR THE FISCAL YEAR BEGINNING MAY 1, 2015 AND ENDING APRIL 30, 2016 (FY2015)**
- B. ORDINANCE TO AMEND ORDINANCE 8499, THE BUDGET AND APPROPRIATION ORDINANCE**
- C. PAYROLL-11/15/2015**

Report of Officers
Unfinished Business
New Business
ADJOURNMENT

**CITY COUNCIL
MINUTES
NOVEMBER 3, 2015**

Mayor Ed Hagnauer called the regular meeting to order of the city council at 7:04 p.m.

ATTENDANCE ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell, Elliott, Clerk Whitaker and Mayor Hagnauer were present.

MOTION By Davis, second by Schmidtke to approve the minutes from the City Council Meeting on October 20, 2015. **ALL VOTED YES.** Motion carried.

MOTION By Petrillo, second by Simpson to place on file the Downtown Committee Minutes from October 20, 2015. **ALL VOTED YES.** Motion carried.

MOTION By McDowell, second by Elliott to place on file the Planning & Zoning Committee Minutes for October 20, 2015. **ALL VOTED YES.** Motion carried.

MOTION By Elliott, second by McDowell to place on file the Police Committee Minutes for October 20, 2015. **ALL VOTED YES.** Motion carried. **ALL VOTED YES.** Motion carried.

MOTION By Elliott, second by McDowell to refer back to committee an Ordinance to authorize an Intergovernmental Agreement with the City of Madison, concerning the Granite City Jail and 911 Services. **ALL VOTED YES.** Motion carried.

MOTION By Williams, second by Pickerell to place on file the Insurance & Safety Committee Minutes From October 20, 2015 and to place the closed minutes on file for 6 months. **ALL VOTED YES.** Motion carried.

MOTION By Jackstadt, second by Simpson to suspend the rules and place on final passage an Ordinance to change the name of one of the Standing Committees on the Granite City Council. (Industrial Search to Economic Development and Negotiations.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Simpson to approve a Resolution authorizing the Office of the Treasurer to compromise and settle a claim of the City, Regarding Delinquent sewer bill. (2614 Iowa)

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Williams to approve a Resolution authorizing the Office of the Treasurer to compromise and settle a claim of the City, Regarding Delinquent sewer bill. (2122 Nevada)

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Petrillo to place on file the Industrial Search Committee Minutes for October 20, 2015. ALL VOTED YES. Motion carried. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Schmidtke to approve a Resolution to solicit bids for an ambulance.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Elliott to suspend the rules and place on final passage an Ordinance to advance funds from the General Fund to the Motor Fuel Tax Fund.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

FINAL PASSAGE: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by McDowell to approve the Treasurer's Report for September 2015.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Petrillo to approve the Bill List for October 2015 in the amount of \$2,222,671.34.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by McDowell to approve the Payroll for the period ending October 30, 2015 in the amount of \$ 612,440.47.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Petrillo, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION by Thompson, second by Schmidtke to adjourn the City Council Meeting at 7:12 p.m. Motion carried.

MEETING ADJOURNED

**ATTEST
JUDY WHITAKER
CITY CLERK**



City of Granite

City Clerk Judy Whitaker

JUDY WHITAKER RECEIVED
NOV 12 2015
CITY CLERK'S OFFICE
GRANITE CITY, IL

Application to Address the City Council

I request permission from the Mayor and City Council of the City of Granite City, Illinois, City Council at its meeting of November 17, 2015. I understand that this request must be filed with the City Clerk's office by 3:00 p.m. on the Thursday before the Council meeting.

Describe in detail all subjects to be discussed:

Please see attached letter.

I am (an individual/organization) currently in any litigation, arbitration, or any pending civil suit involving the City of Granite City, any of its officers, agents, or employees.

Speaking time allotted for each request is three (3) minutes. I understand the City Council must vote whether to allot me speaking time, and that my public appearance before the Council may be collected.

Signature of Party to Address the Council

Name Printed Roy Williams III

Address 710 Eaglebrook Dr. Ballwin, MO. 63021

City ZIP - 308-1258 State MO

Phone Number

11-8-15

Dear Sirs;

We have the old Blockbuster Video building at 3102 Nameoki under contract to purchase. Our company is Highland Ventures Ltd. which owns and operates there different and separate companies: Family Video, Marcos Pizza and Digital Doc. Each of those companies will have a store in the building.

We have submitted our building/remodeling plans to the City Building Department. Our efforts will beautify this corner which has been an eye sore for around 6 years now. Our three companies in this building will employ almost 60 people in total. All of those jobs are above minimum wage and the management positions are very well compensated. This property will begin producing sales/use taxes once more.

The amount and type of signage we feel we need to be successful does not fit within the current parameters of your City's sign ordinances. There are two issues:

1. The total amount of sign square footage we request is over the limit. The reason for this is that we need signs for three businesses, not just one which would normally be the case.
2. We requested a pole sign vs. the monument sign required. monument signs are insufficient for the following reasons:
 - a. Being on the ground they are difficult if not impossible to see/read by passers-by.
 - b. With at least some part of the monument sign in the parking lot, whenever a car parks next to the sign it becomes totally invisible.
 - c. To install the monument sign we will have to lose 3-4 parking spaces which we certainly can not afford to lose given that we have three businesses.
 - d. People vandalize monument signs by changing or stealing the letters

We applied for a variance for our signs and had a hearing on November 5. At that meeting both of our requests were denied.

We are requesting an audience with the City Council on November 17 with the hope that the council can help us get the signage we need.

Thank you.

Roy Williams III
Vice President/Regional Director



City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

MONTHLY REPORT TO CITY COUNCIL
BUILDING & ZONING DEPARTMENT

JUDY J. WHITAKER
RECEIVED

NOV 4 - 2015

CITY CLERK'S OFFICE
GRANITE CITY, IL

OCTOBER 2015 REPORT

The Building & Zoning Department no longer issues free permits for charities; tax exempt organizations or governing bodies. The number of permits sold will not necessarily reflect the number of inspections required.

OCTOBER 2015 Permits

Building Permits	107	\$	9,596.00
Electrical Permits	51	\$	2,450.00
Mechanical Permits	40	\$	2,250.00
Plumbing Permits	25	\$	1,719.00
Occupancy Permits	166	\$	5,275.00
Fence Permits	13	\$	400.00
Sewer Permits	5	\$	375.00
Razing Permits DEMO	2	\$	40.00
Excavating Permits	3	\$	180.00
SIGN Permits	2	\$	316.00
HARC	0	\$	-
Planning & Zoning	0	\$	-
Board of Appeals	0	\$	-
Graphic Review	0	\$	-
Plan Review	1	\$	250.00
Finger Print	11	\$	1,115.00
Oversize Load	0	\$	-
(Stationary Eng. Renewals)	1	\$	10.00
TOTALS			
	427	\$	23,976.00

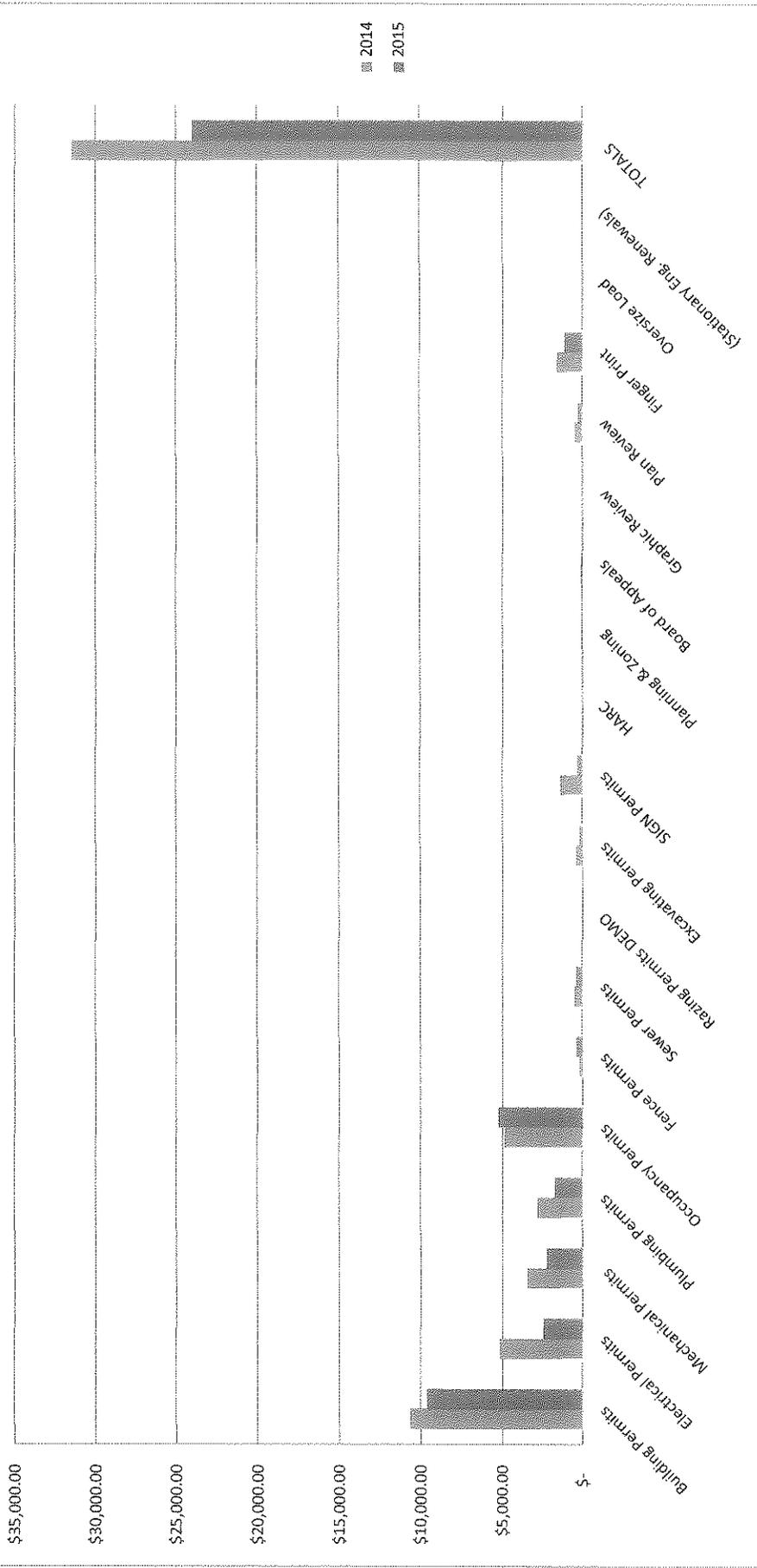
APPROX. CONSTRUCTION VALUE BASED ON

BUILDING PERMITS ISSUED THIS MONTH \$ 1,768,887.37

We Charge a fee for owner occupied, new home sales and temporary utility permits. The number of permits will not reflect the number of trips needed to ensure compliance.

Submitted - November 2, 2015
Sheila Nordstrom, Secretary
Building & Zoning Dept.

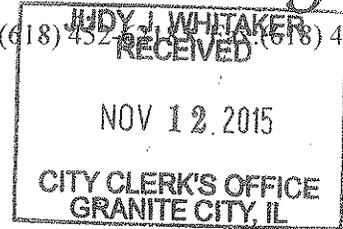
October 2014 & 2015





City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone: (618) 452-6246



MINUTES GRAPHIC REVIEW BOARD November 5, 2015

Chairman, John Janek called the meeting of the Graphic Review Board to order on Thursday, November 5, 2015 at 6:00 PM.

PLEDGE, SWEAR-IN & COMMENTS

The Pledge of Allegiance was recited and the sole Petitioner was sworn in. Following the welcoming remarks, the Chair stated the Graphic Review Board is a recommending body to the City Council and the Council will make a final determination at their next meeting scheduled on August 18, 2015.

ATTENDANCE

Members present:, John Janek, Martha Burich and Sharon Ryan. Also present were City Attorney Laura Andrews, Building Inspector Ralph Walden. Absent: Andy Mathes and Sam Akeman.

MINUTES & AGENDA

A motion to approve the Minutes from the previous meeting (August 6, 2015) and this evening's agenda was made by Andy Mathes and seconded by Martha Burich. Voice vote. All ayes. Motion carried.

PETITIONER: Roy Williams III, Vice President/ Regional Director for
Highland Ventures LTD
3102 Nameoki Rd.
Parcel ID: 22-2-20-08-19-401-009

The Chair introduced the Petitioner's request to review the non-conforming Sign Ordinance and allow a non-conforming twenty (20) ft pole sign with 99.87 sq. ft. of graphic space and a variance allowing total signage to exceed one hundred fifty (150) sq. ft located at 3102 Nameoki Rd., located at 3102 Nameoki Rd. District Zoned C-5 Highway Commercial District.

Bryan Dunning, representative for Mr. Williams came forth, introduced himself and stated he is the district manager for Highland Ventures. They have numerous locations around Illinois. The signage would be beneficial to the businesses that they propose to establish.

Chairman Janek related that he is also on the Planning Commission for the City and along with Sharon Ryan have tried to eliminate pole signs through attrition. He stated that in his opinion he doesn't see why you would need that large of a sign when you have flush mounted signs on the front of the building. He stated that he is not in favor of a pole sign on that corner.

Sharon Ryan related that they struggled for years to the Sign Ordinance passed. We are trying to make our City comparable with other cities with the elimination of pole signs. Monument signs are much more attractive and there are no poles on the streets. She was not in favor of the variance.

Laura Andrews, Asst City Attorney commented on the Sign Ordinance as to the restrictions of what is allowed per ordinance and that the request of signage is close to double of what is allowed, (1) Pole signs are not allowed and (2) the proposal pole sign is larger than what is allowed by Ordinance. She reminded them that this board and City has been trying to eliminate Pole signs.

Martha Burich stated that she likes poles signs that it is more constructive and productive for the City and it helps prospective customers find a business. She further related that every business that comes in wanting a pole sign and since it is not allowed maybe the ordinance needs to reconsider.

Petitioner commented that they really want to come to Granite and want the pole sign for the simple fact that a pole sign takes less space than a monument sign and being that there are three businesses going in this space, they need the parking. This building has been vacant for six (6) years and they really want to occupy the building and want the pole sign to advertise.

MOTION by Martha Burich and seconded by Sharon Ryan to approve the Petitioners request for a twenty (20) ft. pole sign with 99.87 sq. ft. of graphic space and a variance allowing total signage to exceed one hundred fifty (150) sq. ft.

ROLL CALL VOTE:

John Janek – no
Sharon Ryan – no
Martha Burich – yes

Motion failed two (2) to one (1) not to approve the petition for a pole sign.

NEW BUSINESS

UNFINISHED BUSINESS

None Voiced.

MOTION to adjourn by Sharon Ryan, second by John Janek. Voice vote. All ayes.

Respectfully submitted,

Steve Willaredt

Administrator,

Graphic Review Board

GRAPHIC REVIEW BOARD ADVISORY REPORT
Date of Hearing August 6, 2015

PETITIONER: Roy Williams III, Vice President/ Regional Director for
Highland Ventures LTD

LOCATION: 3102 Nameoki Rd.

REQUEST: by Martha Burich and seconded by Sharon Ryan to approve the Petitioners request
for a twenty (20) ft. pole sign with 99.87 sq. ft. of graphic space and a variance
allowing total signage to exceed one hundred fifty (150) sq. ft.

<u>ROLL CALL VOTE:</u>	John Janek	No
	Martha Burich	Yes
	Sharon Ryan	No

Motion Failed.



City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

MEMORANDUM

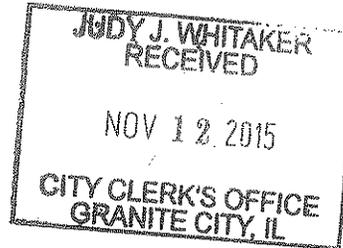
TO: Mayor Hagnauer
City Council Members

FROM: Building & Zoning Department

DATE: November 9, 2015

RE: Curb Cut

LOCATION: 3031 Warren

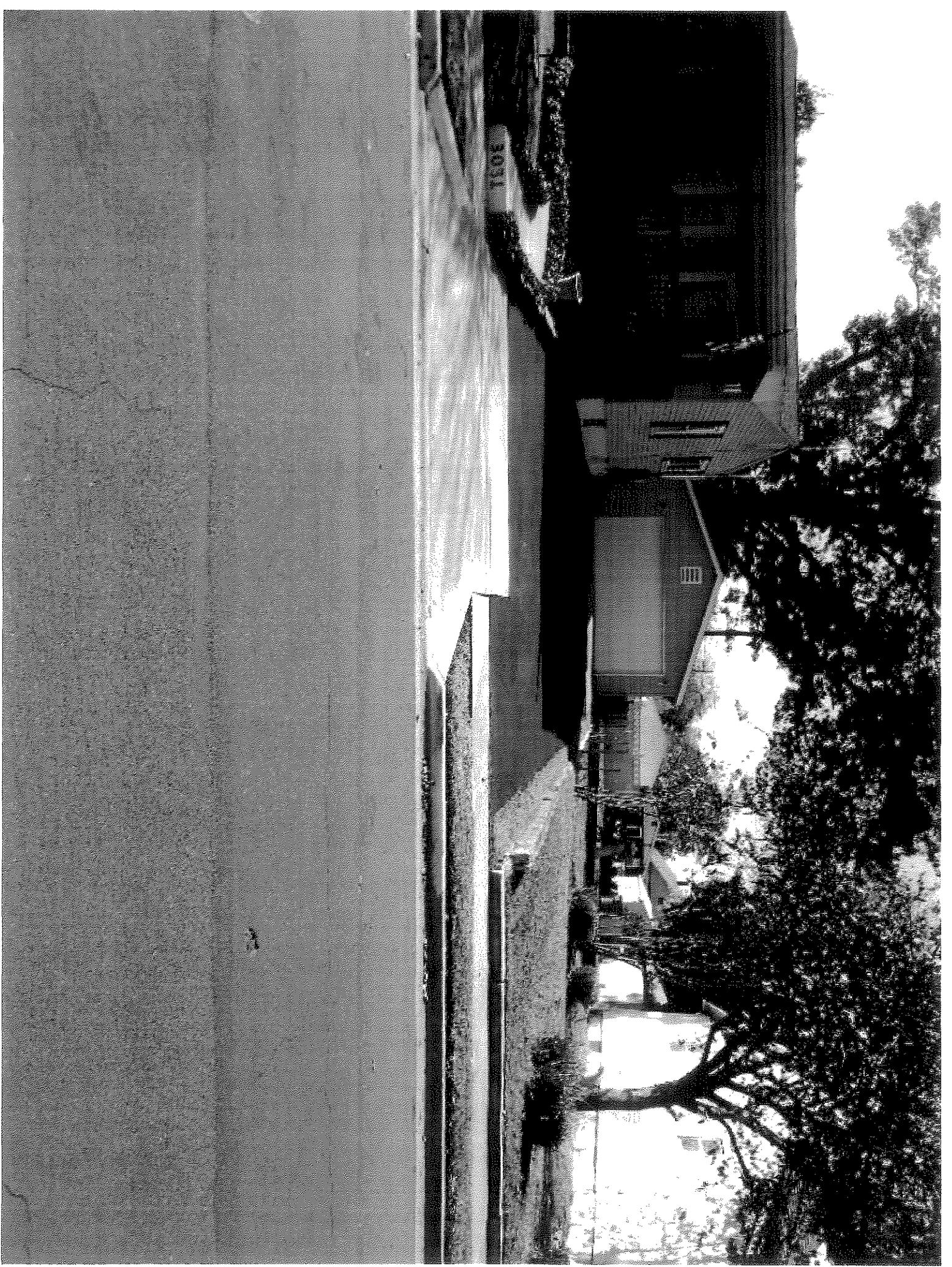


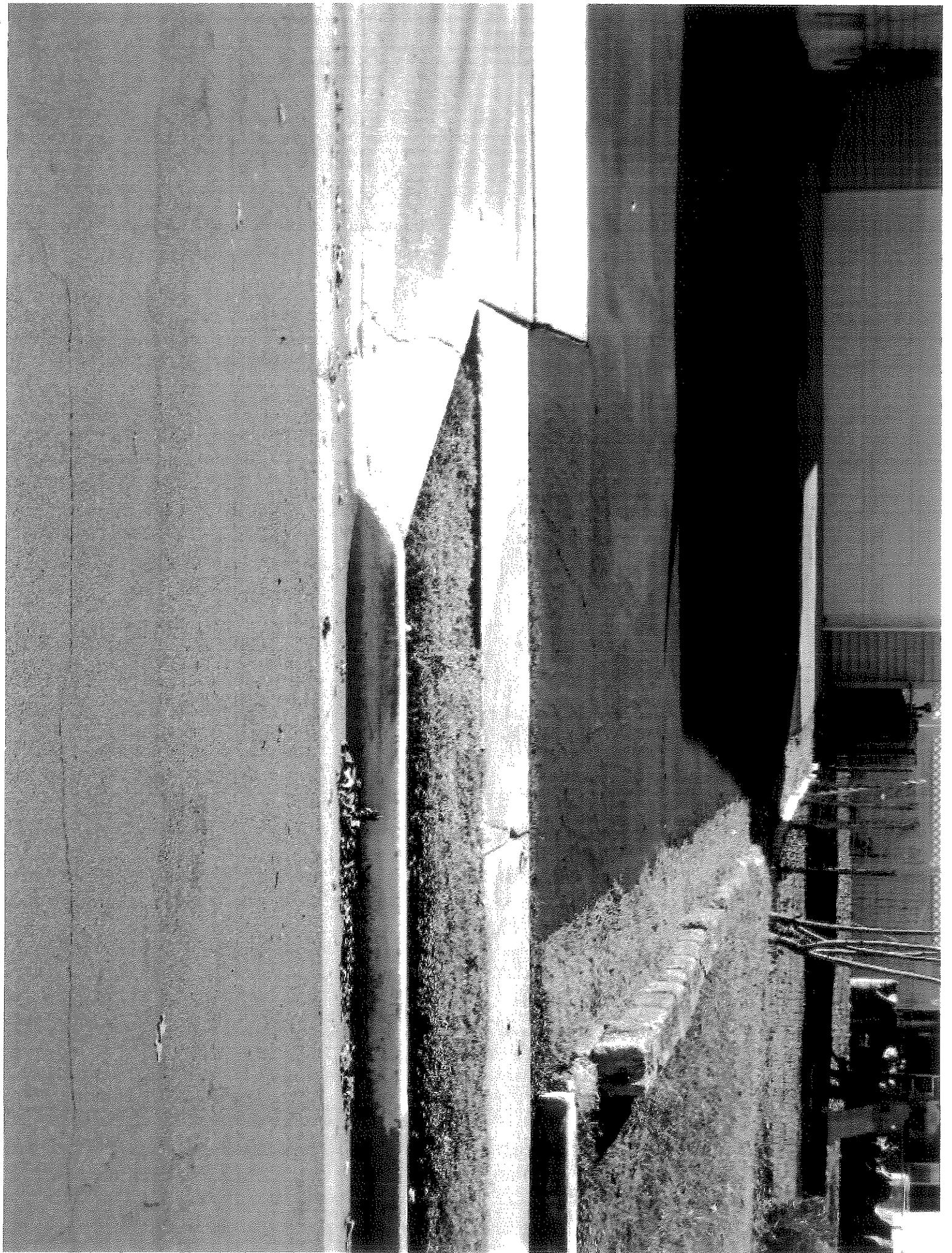
Mr. Donald Lowe, owner of the above address is requesting a curb cut for the purpose of widening his driveway approach. The curb cut will increased by eight (8) feet in wide. See attached photographs.

The curb cut will not be intrusive to the neighboring properties. The only stipulation that is required, the apron from the street to the sidewalk is to be constructed of concrete capable of withstanding the designed load as per ordinance requirements.


Steve Willaredt
Building & Zoning Administrator











RESOLUTION NO. _____

RESOLUTION OPPOSING EXTENSION OF TRADE POLICIES

WHEREAS, U.S. employment in manufacturing has dropped; and

WHEREAS, lost jobs devastate families and entire communities and can permanently reduce lifetime earnings for hundreds of thousands of workers; and

WHEREAS, the offshoring of manufacturing and service jobs deprives local and state governments of sorely needed revenues, jeopardizing the livelihoods of public servants, as well as construction workers, whose jobs depend upon infrastructure building, repair and maintenance; and

WHEREAS, the U.S. annual trade deficit has increased; and

WHEREAS, climate change and environmental degradation threaten communities across the globe, and provisions in the Trans-Pacific Partnership (TPP) may undermine nations enacting policies to fight climate change; and

WHEREAS, promoting economic growth with equity in the City of Granite City requires an approach that ensures the voices of workers, farmers, small businesses, families and communities, are heard and their interests addressed; and

WHEREAS, the TPP has been negotiated in secret, effectively shutting state and local governments out of the process, limiting our ability to influence its rule to ensure the people of the City of Granite City can participate in the benefits of trade ; and

WHEREAS, given the enactment of fast track trade negotiating authority, states, localities, and their citizens, may lack opportunity to correct shortcomings in the TPP since its text may not be made public until it is final and can no longer be improved; and

WHEREAS, repeating old mistakes in negotiating new trade agreements such as the TPP would represent a missed opportunity to strengthen our economy and promote sustainable growth.

THEREFORE, BE IT RESOLVED that the City of Granite City calls upon our elected officials in the U.S. Senate and U.S. House of Representatives to oppose the TPP and any similar trade deals if

they fail to restructure any failed policies of the past;

BE IT FURTHER RESOLVED the City of Granite City calls upon our elected officials in the U.S. Senate and U.S. House of Representatives to support new trade deals such as the TPP only if they will:

1. Protect and promote state and local prerogatives and authority under our federal system, by ensuring states and localities will not be required to comply with certain commitments, including certain restrictions on preferences for local, state, or U.S. goods or services, without prior informed consent of the legislature or local law making body.
2. Ensure balanced trade and address the U.S. trade deficit.
3. Include enforceable rules against currency manipulation, which foreign countries have used to tilt the playing field in their favor.
4. Help ensure that countries cannot undercut U.S. based produces with weaker labor and environmental laws and enforcement;
5. Ensure that the U.S. will engage in robust enforcement of trade rules, including labor and environmental rules.
6. Promote economic growth and job creation in the U.S.
7. Promote high standards of protection for workplaces, products, and natural resources.

PASSED this _____ day of November, 2015.

APPROVED: _____
Mayor Edward Hagnauer

ATTEST: _____
City Clerk Judy Whitaker

85066

ORDINANCE NO.
AN ORDINANCE REMOVING AND REPEALING ORDINANCE 4800, AND ITS
DESIGNATION OF A HANDICAP PARKING SPACE AT 2119 STATE STREET

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, section 6, of the Illinois Constitution of 1970; and

WHEREAS, sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and

WHEREAS, it has been determined that the designation of a handicapped parking space, located at **2119 State Street**, Granite City, Illinois, is no longer necessary.

Now, therefore, it is hereby ordained and decreed that Ordinance 4800 designating a vehicle parking space located at **2119 State Street** and reserving a space for the use of handicapped or disabled drivers, is hereby repealed. The Department of Public Works is further hereby directed to remove from **2119 State Street** any and all vehicle parking signs reserving any vehicular spaces for handicapped or disabled parking.

Any and all Ordinances and resolutions inconsistent with this Ordinance, including Ordinance 4800, are hereby repealed. This Ordinance shall take effect upon passage, and may be published in pamphlet form by the Office of the City Clerk.

APPROVED this 17th day of November, 2015.

MAYOR Edward Hagnauer

ATTEST: _____
Judy Whitaker, CITY CLERK

59297.5

ORDINANCE NO.
AN ORDINANCE REMOVING AND REPEALING THE DESIGNATION OF A
HANDICAP PARKING SPACE AT 2237 LEE AVENUE

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, section 6, of the Illinois Constitution of 1970; and

WHEREAS, sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and

WHEREAS, it has been determined that the designation of a handicapped parking space, located at **2237 Lee Avenue**, Granite City, Illinois, is no longer necessary.

Now, therefore, it is hereby ordained and decreed that any Ordinance designating a vehicle parking space located at **2237 Lee Avenue** and reserving a space for the use of handicapped or disabled drivers, is hereby repealed. The Department of Public Works is further hereby directed to remove from **2237 Lee Avenue** any and all vehicle parking signs reserving any vehicular spaces for handicapped or disabled parking.

Any and all Ordinances and resolutions inconsistent with this Ordinance, are hereby repealed. This Ordinance shall take effect upon passage, and may be published in pamphlet form by the Office of the City Clerk.

APPROVED this 17th day of November, 2015.

MAYOR Edward Hagnauer

ATTEST: _____
Judy Whitaker, CITY CLERK

59297.6

ORDINANCE NO.

AN ORDINANCE TO DECLARE SURPLUS FOUR PIECES OF EQUIPMENT FROM THE PUBLIC WORKS DEPARTMENT

WHEREAS, the City of Granite City is a home rule unit pursuant to article 7, section 6, of the Illinois State Constitution of 1970; and

WHEREAS, 65 ILCS 5/11-76-4 allows municipalities by Ordinance to sell or transfer surplus personal property; and

WHEREAS, the Granite City Public Works Department currently owns four surplus pieces of equipment; and

WHEREAS, The Granite City City Council hereby determines maintaining and keeping possession of said surplus equipment is no longer necessary, useful, or for the best interest, of the City of Granite City; and

WHEREAS, the Granite City City Council hereby finds Granite City uses City resources to store, insure, and preserve, said surplus equipment.

Now, therefore, be it Ordained by the City Council of the City of Granite City, Madison County, Illinois as follows.

1. The Granite City City Council hereby declares said four surplus pieces of equipment to be surplus property, and that keeping that equipment is no longer necessary, useful, or for the best interest, of the City of Granite City. Said four pieces of equipment are more fully described on the attached Exhibit A.

2. The Office of the Mayor is hereby authorized to solicit separate bids for each individual piece of equipment.

Passed this 17th day of November, 2015.

APPROVED: _____
Mayor Edward Hagnauer

ATTEST: _____
City Clerk Judy Whitaker

1996 Ford bus 1FDKE30G5SHC13017

1987 John Deere Loader 44C Serial # DW444CB504208

1976 Case Loader W14 Serial # 912270

1978 Ford LN 800 Hydro Jet/Water truck N80FVCE6135

ORDINANCE NO. 8516

AN ORDINANCE TO AUTHORIZE AN INTERGOVERNMENTAL
AGREEMENT WITH THE CITY OF MADISON, CONCERNING
THE GRANITE CITY JAIL AND 911 SERVICES

WHEREAS, the City of Granite City (Granite) is a home rule unit pursuant to Article VII, Section 6, of the Illinois State Constitution of 1970, located in Madison County; and

WHEREAS, the City of Madison (Madison) is a municipal corporation, city, and body politic, under the laws of the State of Illinois, located in the County of Madison; and

WHEREAS, both Granite and Madison staff and operate a police department and a jail facility, for the public protection, safety, and well-being; and

WHEREAS, Madison proposes to remodel and repair the roof of its jail facility, a project estimated to take approximately four (4) consecutive months, from beginning to substantial completion and re-occupancy; and

WHEREAS, Article VII, Section 10 of the Illinois State Constitution of 1970 provides that units of local government may contract with other units of local government to obtain or share services and to exercise or transfer any power or function, in any manner not otherwise prohibited by law or ordinance, and may use their revenues and other resources to pay costs and to service debt related to such intergovernmental activities; and

WHEREAS, the Illinois Intergovernmental Cooperation Act, 5 ILCS 220/3 and 220/5, provide that public agencies may contract with other public agencies to perform any governmental service which the public agencies entering into the contract are authorized by law to perform, provided that such contract is authorized by the governing body of each party to the contract, and not otherwise prohibited by law.

THEREFORE, BE IT ORDAINED AND DECREED BY THE CITY COUNCIL OF THE CITY OF GRANITE CITY, IN THE COUNTY OF MADISON AND THE STATE OF ILLINOIS, that the office of the Mayor and the Police Chief, with the assistance of the Office of the City Attorney, are authorized to negotiate, enter into, and execute an Intergovernmental Agreement with the City of Madison, Illinois, similar to the attached. The Office of the Mayor is to report back to the Granite City City Council concerning the execution and implementation of any such agreement, consistent with the intent of this Ordinance.

This Ordinance shall take effect immediately upon passage, and may be published in pamphlet form by the office of the City Clerk.

ADOPTED this _____ day of November, 2015.

APPROVED:

Mayor Hagnauer

ATTEST:

City Clerk

INTERGOVERNMENTAL AGREEMENT

WHEREAS, the City of Granite City (Granite) is a home rule unit pursuant to Article VII, Section 6, of the Illinois State Constitution of 1970, located in Madison County; and

WHEREAS, the City of Madison (Madison) is a municipal corporation, city, and body politic, under the laws of the State of Illinois, located in the County of Madison; and

WHEREAS, both Granite and Madison staff and operate a police department and a jail facility, for the public protection, safety, and well-being; and

WHEREAS, Madison proposes to remodel and repair the roof of its jail facility, a project estimated to take approximately four (4) consecutive months, from beginning to substantial completion and re-occupancy; and

WHEREAS, Article VII, Section 10 of the Illinois State Constitution of 1970 provides that units of local government may contract with other units of local government to obtain or share services and to exercise or transfer any power or function, in any manner not otherwise prohibited by law or ordinance, and may use their revenues and other resources to pay costs and to service debt related to such intergovernmental activities; and

WHEREAS, the Illinois Intergovernmental Cooperation Act, 5 ILCS 220/3 and 220/5, provide that public agencies may contract with other public agencies to perform any governmental service which the public agencies entering into the contract are authorized by law to perform, provided that such contract is authorized by the governing body of each party to the contract, and not otherwise prohibited by law.

THEREFORE, Madison and Granite agree as follows:

1. For a period of four (4) consecutive months, on a date to begin at the mutual agreement of Madison and Granite, Madison shall use the resources of its police department to

transfer and deliver to the jail operated in Granite City by Granite, the arrestees and prisoners of Madison. It shall not be considered a breach of this agreement for such arrestees and prisoners to be transferred to the Madison County Jail, or to another facility. Madison shall assist and cooperate in making its police resources reasonably available to timely transport its arrestees and prisoners, to the Madison County Jail or other applicable facility, from the Granite City Jail.

2. During the four (4) consecutive month period described in Paragraph 1 above, 9-1-1 calls otherwise to be received by Madison, shall be initially received by the telecommunicators employed by Granite. The 9-1-1 calls during said four (4) month period that would otherwise have gone to Madison, shall be transferred by Granite telecommunicators, either to Abbott Ambulance (EMD), or to a seven digit number to be provided to Granite by Madison. Granite, its telecommuicators, its police, its firefighting employees, its ambulance employees, and all other officers and employers of the City of Granite City, shall have no further obligation to follow up regarding said 9-1-1 calls, after transfer of the calls by Granite telecommunicators, as described in this Paragraph 2.

3. To reimburse Granite for its routine expenses housing Madison arrestees and Madison prisoners (officer time booking, three meals per day, bathroom tissue, cups, eating utensils), and for the time of is telecommunicators, Madison shall reimburse Granite each month the sum of Three Thousand Dollars (\$3,000.00) or Twelve Thousand Dollars (\$12,000) total for said four-month period described in Paragraph 1. Any unusual expenses incurred by Granite and unforeseen by the parties to this Agreement, shall be invoiced separately and reimbursed by Madison to Granite.

4. Before said four (4) month period described in Paragraph 1 shall begin, Madison shall provide Granite with documentation that Granite is named as an additional insured on Madison's

comprehensive general liability insurance policy, and that the amount of said insurance coverage shall be no less than one million dollars (\$1,000,000) per occurrence, and no less than three million dollars (\$3,000,000) in aggregate coverage. Madison shall take all lawful steps necessary to maintain the status of Granite as an additional insured on Madison's insurance coverage, with Madison's comprehensive general liability coverage as primary, throughout the life of this Agreement. This requirement of insurance coverage provided by Madison shall apply solely to any claims, causes of action, and demands, arising directly or indirectly out of this Intergovernmental Agreement or performance by Granite of its responsibilities under this Intergovernmental Agreement. The deductible on said insurance policy provided by Madison shall not be greater than ten thousand dollars (\$10,000).

5. The City of Madison shall indemnify and hold harmless Granite against any worker's compensation claims asserted by Granite employees, arising directly or indirectly out of this Intergovernmental Agreement or performance by Granite of its responsibilities under this Intergovernmental Agreement.

6. Granite and Madison may agree, in writing, to extend the four consecutive month period described in Paragraph 1 above, under all the same terms as described in this Agreement. Should this Intergovernmental Agreement be extended for a period of less than thirty (30) days, the monthly reimbursement of three thousand dollars (\$3,000) described above, may be pro rated by the parties.

7. Nothing in this Intergovernmental Agreement shall be interpreted so as to require Granite police officers, Granite firefighters, or other employees of Granite, to respond to crimes, injuries, accidents, reports of criminal activity, or to otherwise respond to emergencies, except to transfer 9-1-1 calls as stated in paragraph 2 above. Madison and Granite agree that the

performance of Granite's responsibilities under this Intergovernmental Agreement, shall take place entirely within the corporate limits of the City of Granite City, Illinois.

Chief of Police, City of Madison, Illinois

Mayor, City of Madison

Chief of Police, City of Granite City, Illinois

Mayor, City of Granite City

84963.1

Granite City Fire Department

Departmental Activity Report

Current Period: 10/01/2015 to 10/31/2015, Prior Period: 10/01/2015 to 10/31/2015

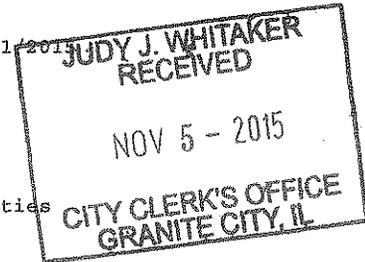
00:00 to 24:00

All Stations

All Shifts

All Units

Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities



Category	Current Period		Prior Period	
	Count	Staff Hrs	Count	Staff Hrs
Fire Alarm Situations				
Chemical release, reaction, or toxic	3	04:41	3	04:41
Citizen complaint	1	00:44	1	00:44
Dispatched and cancelled en route	7	03:43	7	03:43
Electrical wiring/equipment problem	7	19:57	7	19:57
Emergency medical service (EMS) Incident	1	00:00	1	00:00
False alarm and false call, Other	6	09:42	6	09:42
Fire in mobile property used as a fixed	1	11:00	1	11:00
Fire, Other	3	136:32	3	136:32
Good intent call, Other	6	05:34	6	05:34
Hazardous condition, Other	3	10:03	3	10:03
Medical assist	111	227:43	111	227:43
Mobile property (vehicle) fire	5	16:29	5	16:29
Natural vegetation fire	3	22:21	3	22:21
Outside rubbish fire	7	06:51	7	06:51
Rescue or EMS standby	2	02:18	2	02:18
Rescue, emergency medical call (EMS),	5	19:58	5	19:58
Smoke, odor problem	1	05:26	1	05:26
Special outside fire	2	07:45	2	07:45
Special type of incident, other	2	01:06	2	01:06
Structure Fire	5	50:16	5	50:16
System or detector malfunction	8	18:45	8	18:45
Unintentional system/detector operation	6	15:37	6	15:37
	195	596:40	195	596:40

Training

AERIAL TRAINING	4	04:00	4	04:00
ALS ASSISTANCE	8	06:00	8	06:00
annual school fire alarms	11	07:30	11	07:30
APPARATUS TRAINING	12	19:00	12	19:00
CHAIN SAW	4	02:00	4	02:00
COMMUNITY AWARENESS--SCHOOLS, GROUPS	4	04:00	4	04:00
Emergency Childbirth	14	17:30	14	17:30
EMS Reporting Policies and Practices	6	04:00	6	04:00
Fire Academy	1	06:00	1	06:00
Fire Behavior	6	18:00	6	18:00
Fire Department Organization	4	04:00	4	04:00

* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

Granite City Fire Department

Departmental Activity Report

Current Period: 10/01/2015 to 10/31/2015, Prior Period: 10/01/2015 to 10/31/2015

00:00 to 24:00

All Stations

All Shifts

All Units

Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

Category	Current Period		Prior Period	
	Count	Staff Hrs	Count	Staff Hrs
Training				
forcible entry	7	03:30	7	03:30
Fundamentals of Fire Suppression	4	08:00	4	08:00
Hazardous Material - Operations	1	02:30	1	02:30
ILLINOIS POWER GAS	4	04:00	4	04:00
phillips monitor	2	01:00	2	01:00
PHYSICAL TRAINING	22	47:45	22	47:45
Policies and Procedures	1	01:30	1	01:30
PUMP OPERATION	8	24:00	8	24:00
SCBA Testing and Filling Procedures	7	03:30	7	03:30
SMALL TOOLS & EQUIP	22	11:00	22	11:00
STANDARD OPERATING GUIDELINES	44	29:41	44	29:41
STREETS	1	00:30	1	00:30
Vehicle and Machinery Operations	14	25:00	14	25:00
	211	253:56	211	253:56

* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

Granite City Fire Department

2300 Madison Ave., Granite City, IL. 62040



Administered Meds Count

From: 10/01/2015 To: 10/31/2015

Mutual Aid Assignments Provided	5	Mutual Aid Assignments Received	1
Abbott Ambulance	2	Abbott Ambulance	1
Madison FD	3		

Total EMS Assignments Provided			406
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4440-02	174	42.9 %
4443-01	22	5.4 %
4447-03	202	49.8 %
4449-04	8	2.0 %

No Patient At Scene Assignments			17
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Call Volume Day of Week Analysis			406
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Monday	56	13.8 %
Tuesday	57	14.0 %
Wednesday	49	12.1 %
Thursday	71	17.5 %
Friday	63	15.5 %
Saturday	71	17.5 %
Sunday	39	9.6 %

Call Volume by Hour Analysis			406
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0	13	3.2 %
1	11	2.7 %
2	9	2.2 %
3	12	3.0 %
4	3	0.7 %
5	10	2.5 %
6	11	2.7 %
7	16	3.9 %
8	9	2.2 %
9	16	3.9 %
10	21	5.2 %
11	32	7.9 %
12	28	6.9 %
13	27	6.7 %
14	14	3.4 %
15	27	6.7 %
16	23	5.7 %
17	21	5.2 %
18	15	3.7 %
19	17	4.2 %
20	18	4.4 %
21	14	3.4 %
22	26	6.4 %
23	13	3.2 %

Miles to Scene Analysis			0
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Miles to Destination Analysis			313
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.1 - 5	235	75.1 %
05 - 10	11	3.5 %
10 - 15	55	17.6 %
15 - 20	9	2.9 %
20 - 25	2	0.6 %
25 - 30	1	0.3 %

Miles to Base Analysis			0
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Crew Shift Assignments Analysis			406
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1	115	28.3 %
2	149	36.7 %
3	142	35.0 %

Responded From Assignments Analysis			406
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Hospital	33	8.1 %
On Street in City	35	8.6 %
On Street out of City	2	0.5 %
Station 1	211	52.0 %
Station 2	1	0.2 %
Station 3	124	30.5 %

District Assignments Analysis			393
Non-Resident	68	17.3 %	
Resident	325	82.7 %	
Location City Analysis			406
Glen Carbon	1	0.2 %	
GRANITE CITY	400	98.5 %	
granite city	1	0.2 %	
MADISON	3	0.7 %	
St. Louis	1	0.2 %	
Location County Analysis			406
	1	0.2 %	
IL	1	0.2 %	
MADISON	404	99.5 %	
Location Type Analysis			406
Home / Residence	260	64.0 %	
Farm / Ranch	3	0.7 %	
Office / Business / Ind	25	6.2 %	
Street / Highway	29	7.1 %	
Public Building / Area	26	6.4 %	
Residential Institution	10	2.5 %	
Other Specified Location	49	12.1 %	
Education Facility	2	0.5 %	
Not Applicable	2	0.5 %	
EMS Assignments Response Type Analysis			406
911 Response (Scene)	408	100.5 %	
Medical Transport	2	0.5 %	
EMS Assignments Response Mode Analysis			406
Initial Lights and Sirens, Downgraded to No Lights or Sirens	1	0.2 %	
Lights and Sirens	361	88.9 %	
No Lights or Sirens	48	11.8 %	
EMS Assignments Transport Type Analysis			393
D.O.A.	7	1.8 %	
Patient Refused Care	67	17.0 %	
Treat/Transfer Care	2	0.5 %	
Treat/Transport	317	80.7 %	
Destination Analysis			393
*No Transport	75	19.1 %	
*Residence	5	1.3 %	
Anderson Hospital Maryville	4	1.0 %	
*Gateway Regional Medical Center	241	61.3 %	
Touquette Regional Hospital, Inc. Centreville	1	0.3 %	
Memorial Hospital Belleville	1	0.3 %	
Rosewood Care Center	1	0.3 %	
Davita Dialysis Center	1	0.3 %	
Christian Hospital Northeast	6	1.5 %	
Missouri Baptist Medical Center	1	0.3 %	
John Cochran VA- St. Louis	1	0.3 %	
St. Louis University Hospital - Main	20	5.1 %	
DePaul Health Center	2	0.5 %	
SSM Cardinal Glennon Children's Hospital	9	2.3 %	
St. Louis Children's Hospital	4	1.0 %	
Barnes-Jewish Hospital - South	15	3.8 %	
*Granite Nursing & Rehab	3	0.8 %	
*Stearns Nursing & Rehab	1	0.3 %	
Fountainview Memory Center	2	0.5 %	
Destination Analysis (Trauma)			64
*No Transport	12	18.8 %	
*Gateway Regional Medical Center	32	50.0 %	
St. Louis University Hospital - Main	10	15.6 %	
SSM Cardinal Glennon Children's Hospital	2	3.1 %	
St. Louis Children's Hospital	1	1.6 %	
Barnes-Jewish Hospital - South	6	9.4 %	
*Stearns Nursing & Rehab	1	1.6 %	
Destination Determination Analysis			393
Closest Facility (None Below)	174	44.3 %	
Not Applicable	64	16.3 %	
Patient / Family Choice	115	29.3 %	
Patient physician choice	36	9.2 %	
Managed Care	2	0.5 %	

Diversion / Bypass	1	0.3 %
Other	1	0.3 %

Insurance Providers Analysis

393

Advantra coventry	3	0.8 %
Advantra GHP	1	0.3 %
Advantra GHP PO BOX 8052	1	0.3 %
Aetna	1	0.3 %
Aetna Better Health	1	0.3 %
Aetna Life and Casualty Other	1	0.3 %
Anthem Blue Card Traditional	1	0.3 %
Anthem Blue Cross	1	0.3 %
BCBS	1	0.3 %
Bcbs fep	2	0.5 %
BCBS IL	4	1.0 %
BCBS IL MEDICARE ADVATNG	1	0.3 %
BCBS of IL	1	0.3 %
BCBS PA	1	0.3 %
BCBS TENNESSEE	1	0.3 %
Bcbs tn	1	0.3 %
Blue Cross Blue Shield	1	0.3 %
Carpenters H&W	1	0.3 %
CDS	1	0.3 %
Conventry health	1	0.3 %
Conventry health plan of mo	1	0.3 %
Coventry Health Care	1	0.3 %
ESSENCE	2	0.5 %
Essence health care	1	0.3 %
Gold ADVANTAGE	1	0.3 %
HarMONY	4	1.0 %
HarMONY HEALTH PLAN	12	3.1 %
Harmony health plan of illinois	1	0.3 %
Harmony Healthplan	1	0.3 %
Healthlink HMO	1	0.3 %
Healthlink Open Access	1	0.3 %
Humana Choice PPO	1	0.3 %
Humana Gold Choice	1	0.3 %
Medicaid Illinois	22	5.6 %
Medicare Advantage	2	0.5 %
Medicare advantage UHC	5	1.3 %
Medicare Complete	7	1.8 %
Medicare HMO	4	1.0 %
Medicare HMO Essence	2	0.5 %
Medicare Mutual Omaha PO 1602	112	28.5 %
Meridan Health Plan	1	0.3 %
Meridian	8	2.0 %
Meridian health	4	1.0 %
MerIDIAN HEALTH PLAN	1	0.3 %
Meridian health plan	38	9.7 %
Meridian Health Plan of ILLINOIS	2	0.5 %
Meridian of illinois	1	0.3 %
Missouri MEDICAID	1	0.3 %
Molina	1	0.3 %
Molina Health Care	1	0.3 %
Molina Health Care of IL	1	0.3 %
Molina healthcare	6	1.5 %
Molina Healthcare of IL	11	2.8 %
Molina Healthcare of Illinois	1	0.3 %
Molina Healthcare oh IL	1	0.3 %
Molina Healthcare or IL	1	0.3 %
N/a	9	2.3 %
No charge	1	0.3 %
No Pay	1	0.3 %
No Secondary Insurance	4	1.0 %
No Transport	6	1.5 %
Not applicable	2	0.5 %
null	3	0.8 %
Progressive Insurance	2	0.5 %
QUALITY PALLET INC	1	0.3 %
See off pt. notes	1	0.3 %
See off pt. record	1	0.3 %
Self Pay	56	14.2 %
United Health Care Choice	1	0.3 %
United Healthcare Choice	3	0.8 %
Unknown	4	1.0 %
US Steel	1	0.3 %
V A	1	0.3 %
VaMD	1	0.3 %
Wellcare	1	0.3 %
Wellcare Medicare HMO	5	1.3 %

Worker's Compensation 2 0.5 %

Dispatch Complaint Assignments Analysis

406

Abdominal Pain	10	2.5 %
Allergies/Hives/Med reaction	1	0.2 %
Anaphylactic Reaction	1	0.2 %
Animal bite	1	0.2 %
Assault	2	0.5 %
Assist invalid	5	1.2 %
Back pain (non traumatic)	6	1.5 %
Breathing problems	40	9.9 %
Cardiac/Respiratory arrest	6	1.5 %
Chest pain	30	7.4 %
Choking	1	0.2 %
Convulsions/Seizure	10	2.5 %
Diabetic problems	8	2.0 %
Emergency Transfer	1	0.2 %
Eye problems/injuries	1	0.2 %
Fall (nontraumatic)	2	0.5 %
Falls/Back injury (traumatic)	36	8.9 %
Headache	6	1.5 %
Heart Problems	1	0.2 %
Hemorrhage/Laceration	4	1.0 %
Lift Assist (no injury complaint)	5	1.2 %
Medical Emergency/Other	1	0.2 %
Nature unknown	17	4.2 %
Nausea/Vomiting	1	0.2 %
Non-Emergency Transfer	1	0.2 %
Overdose/Ingestion/Poisoning	12	3.0 %
Pregnancy/Childbirth/Miscarriage	3	0.7 %
Psych/Suicide	5	1.2 %
Sick case	69	17.0 %
Stroke(CVA)	6	1.5 %
Traffic accident	25	6.2 %
Transfer/Interfacility/Palliative Care	45	11.1 %
Traumatic injuries	17	4.2 %
Unconscious/Fainting	16	3.9 %
Unknown Problem Man Down	10	2.5 %
Unknown Problem/Man Down	1	0.2 %

Total Number Of Patients

393

Patient Age Analysis

18-35	55	14.0 %
36-65	167	42.5 %
65+	142	36.1 %
Less Than 18	29	7.4 %

Patient Gender Analysis

Female	206	52.4 %
Male	187	47.6 %

Patient Ethnic Analysis

Black	61	15.5 %
Hispanic	9	2.3 %
Native American	1	0.3 %
Other	1	0.3 %
White	321	81.7 %

Patient Pre Existing Conditions Analysis

857

Brain Cancer	1	0.1 %
uterine cancer	1	0.1 %
A-Fib	13	1.5 %
ABD pn	1	0.1 %
Acid Reflux / GERD	1	0.1 %
AFIB	1	0.1 %
Alcoholism	7	0.8 %
Alzheimers disease	7	0.8 %
Anemia	2	0.2 %
Anemia, pernicious	2	0.2 %
Aneurysm	1	0.1 %
AnGiNA	1	0.1 %
Angioplasty	1	0.1 %
Anxiety	26	3.0 %
Appendectomy	1	0.1 %
Arthritis, osteo	8	0.9 %
Arthritis, rheumatoid	3	0.4 %

Asbestosis	1	0.1 %
Asthma	33	3.9 %
Back pain	5	0.6 %
Behavioral / Psych	5	0.6 %
Bi-polar	4	0.5 %
Bipolar	3	0.4 %
Bladder cancer	3	0.4 %
BLIND	1	0.1 %
Blood clot	1	0.1 %
BRAIN SURGERY	1	0.1 %
Breast Cancer	1	0.1 %
BRONCHITIS	1	0.1 %
Bypass '96	1	0.1 %
CA	1	0.1 %
CABG	5	0.6 %
CAD	3	0.4 %
Cancer	13	1.5 %
Cardiac	63	7.4 %
Cardiac Stents	1	0.1 %
Cardiac Stint	1	0.1 %
Cellulitis	2	0.2 %
CEREBRAL Aneurysm	2	0.2 %
CHF	15	1.8 %
Chronic BACK PAIN	1	0.1 %
Chronic pain	2	0.2 %
CIRRHOSIS OF THE LIVER	1	0.1 %
Colitis	1	0.1 %
COPD	43	5.0 %
CVA	21	2.5 %
Degenerative disc disease	1	0.1 %
Dementia	9	1.1 %
Depression	24	2.8 %
Diabetes	6	0.7 %
Diabetes type 1	16	1.9 %
Diabetes type 2	48	5.6 %
Dialysis / Renal Failure	6	0.7 %
Disabled	1	0.1 %
DIVERTICULITIS	1	0.1 %
Down Syndrome	2	0.2 %
Drug abuse	10	1.2 %
Emphysema	8	0.9 %
EPILEPSY	2	0.2 %
ETOH abuse	2	0.2 %
Femoral artery blockage	1	0.1 %
Fibromyalgia	2	0.2 %
Gall stones	3	0.4 %
Gallbladder disease	3	0.4 %
Gallbladder Removal surgery	1	0.1 %
Gallbladder removed	1	0.1 %
Gastric sleeve	1	0.1 %
GERD	1	0.1 %
GI Cancer	1	0.1 %
Gout	1	0.1 %
Heart ablation	1	0.1 %
Heart Disease	1	0.1 %
Hepatitis C	4	0.5 %
Hepatopulmonary syndrome	1	0.1 %
Herpes	1	0.1 %
High Cholesterol	10	1.2 %
HIV	3	0.4 %
Htn	45	5.3 %
Hypercholesterolemia	7	0.8 %
Hyperlipidemia	1	0.1 %
Hypertension	89	10.4 %
Hypocalcemia	1	0.1 %
Hypothyroidism	1	0.1 %
IBS	1	0.1 %
IBS SYNDROME	1	0.1 %
infected right foot bones	1	0.1 %
INTELLECTUAL DISORDER	1	0.1 %
Kidney disease	1	0.1 %
Kidney FAILURE	2	0.2 %
Kidney Stones	1	0.1 %
Leaking Heart Valve	1	0.1 %
Leukemia	1	0.1 %
Liver disease	3	0.4 %
Lymph edema	1	0.1 %
MI	18	2.1 %
Migraines	2	0.2 %
MS	3	0.4 %

MuSCULAR DYSTROPHY	2	0.2 %
Neuro / Seizure	1	0.1 %
Neuropathy	2	0.2 %
NONE	44	5.1 %
Obesity	1	0.1 %
OPIATE ADDICTION	1	0.1 %
Oral Cancer	1	0.1 %
Osteoarthritis	1	0.1 %
Osteoporosis	3	0.4 %
Pacemaker	15	1.8 %
Pancreatitis	3	0.4 %
Parkinsons	4	0.5 %
PerSONALITY DISORDER	1	0.1 %
pinched nerve in his neck	1	0.1 %
Pleurisy	2	0.2 %
Pm	1	0.1 %
Pneumonia	5	0.6 %
Polycythemia	2	0.2 %
Portal vein thrombosis	1	0.1 %
Pregnancy	1	0.1 %
Prostate	2	0.2 %
Psych	5	0.6 %
Psychiatric	8	0.9 %
Pulmonary Emboli	1	0.1 %
quadraplegia	3	0.4 %
Recent Pneumonia	1	0.1 %
Renal Disease	1	0.1 %
Renal Failure	12	1.4 %
Respiratory failure	1	0.1 %
Retina surgery (Metal Clip in place)	1	0.1 %
Right arterial occlusion	1	0.1 %
Right Carotid Artery Occlusion	1	0.1 %
Rsv	1	0.1 %
Schizophrenia	6	0.7 %
Seizures	25	2.9 %
Small airway	1	0.1 %
Spinal stenosis	1	0.1 %
Stents	1	0.1 %
Stintxs2	1	0.1 %
Stroke	4	0.5 %
Substance abuse	1	0.1 %
Syncopal episodes	1	0.1 %
Thyroid	2	0.2 %
Tia	3	0.4 %
TraCHEOSTOMY	1	0.1 %
TraUMATIC BRAIN INJURY	1	0.1 %
Tremors	1	0.1 %
Ulcer	1	0.1 %
Unknown	9	1.1 %
UTI	2	0.2 %
Vertigo	1	0.1 %

Patient Primary Illness Assessment Analysis

276

Abdominal pain/problems	13	4.7 %
Altered level of consciousness	5	1.8 %
Behavioral/psychiatric disorder	6	2.2 %
Cardiac arrest	5	1.8 %
Cardiac rhythm disturbance	5	1.8 %
Chest pain/discomfort	23	8.3 %
Diabetic symptoms	4	1.4 %
Hyperthermia	1	0.4 %
Poisoning/drug ingestion	8	2.9 %
Pregnancy/OB delivery	2	0.7 %
Respiratory Arrest	1	0.4 %
Respiratory Distress	35	12.7 %
Seizure	5	1.8 %
Stroke/CVA	5	1.8 %
Syncope/fainting	10	3.6 %
Other	147	53.3 %
Unknown	1	0.4 %

Patient Primary Trauma Cause Assessment Analysis

55

Bites	1	1.8 %
Blunt/Thrown Object	3	5.5 %
Falls	27	49.1 %
Firearm Accident	1	1.8 %
Machinery Accident	3	5.5 %
Motor Vehicle Crash	13	23.6 %
Other	4	7.3 %
Pedestrian vs MV	1	1.8 %

Unknown	2	3.6 %	
Procedures Administered Analysis			1821
Airway - Intubation Confirm CO2	1	0.1 %	
Airway-CPAP	1	0.1 %	
Airway-King LT Blind Insertion Airway Device	1	0.1 %	
Airway-Nebulizer Treatment	1	0.1 %	
Airway-Orotracheal Intubation	1	0.1 %	
Assessment-Adult	324	17.8 %	
Assessment-Pediatric	20	1.1 %	
Bandage - pressure	1	0.1 %	
Bandage - sterile	8	0.4 %	
Blood glucose analysis	330	18.1 %	
Capnography (CO2 indicator)	4	0.2 %	
Capnography (ETCO2 Monitor)	11	0.6 %	
Cervical collar application	23	1.3 %	
Cleansed wound	2	0.1 %	
Clothing removed	1	0.1 %	
Cold pack application	5	0.3 %	
Contact Medical Control	1	0.1 %	
CPR	5	0.3 %	
ECG - 12 lead	112	6.2 %	
ECG - 4 lead	195	10.7 %	
Elevation of limb	2	0.1 %	
Endotracheal intubation	1	0.1 %	
Intraosseous insertion	1	0.1 %	
Intravenous established	152	8.3 %	
Intravenous maintained	4	0.2 %	
Intravenous Unsuccessful I	65	3.6 %	
KED	1	0.1 %	
Moved by long spine board	13	0.7 %	
Moved by manual lift/carry	21	1.2 %	
Moved by rapid extrication	1	0.1 %	
Moved by rescue seat	1	0.1 %	
Moved by stairchair	14	0.8 %	
Nasopharyngeal airway insertion	4	0.2 %	
Pain Measurement	9	0.5 %	
Patient Cooling (Cold Pack, etc.)	1	0.1 %	
Patient Loaded	64	3.5 %	
Patient Loaded-Helicopter Hot-Load	2	0.1 %	
Patient Monitoring of Pre-existing Devices, Equipm	2	0.1 %	
Patient Off-Loaded	60	3.3 %	
Position Pt - modified trendelenberg	1	0.1 %	
Position Pt - semi-fowlers	1	0.1 %	
Pulse Oximetry	104	5.7 %	
Rescue	4	0.2 %	
Restraint - physical	1	0.1 %	
Sling	2	0.1 %	
Spinal immobilization	18	1.0 %	
Splint - extremity	3	0.2 %	
Splinting-Basic	2	0.1 %	
Suction - upper airway	2	0.1 %	
Temperature Measurement (Tympanic)	21	1.2 %	
Transported on stretcher secured with belts	184	10.1 %	
Transported secured in personal child seat	1	0.1 %	
Ventilation assist - BVM	9	0.5 %	
Wound Care-General	3	0.2 %	
Medications Administered Analysis			274
Albuterol	15	5.5 %	
Amiodarone	1	0.4 %	
Aspirin	20	7.3 %	
Atropine sulfate	2	0.7 %	
Dexamethasone sodium phosphate (Decadron)	6	2.2 %	
Dextrose 25%	1	0.4 %	
Dextrose 50%	1	0.4 %	
Diphenhydramine HCL (benadryl)	2	0.7 %	
Epinephrine HCL (1:10,000)	4	1.5 %	
Insta Glucose	1	0.4 %	
Intravenous electrolyte solutions Dextrose	1	0.4 %	
Intravenous electrolyte solutions Sodium chloride	50	18.2 %	
Naloxone HCL	16	5.8 %	
Nitroglycerin ointment	1	0.4 %	
Nitroglycerin spray	30	10.9 %	
Ondansetron (zofran)	10	3.6 %	
Oxygen	113	41.2 %	

EMS Assignments Summary

EMS Assignments:		406
Mutual Aid Provided:	5	1.23 %
Mutual Aid Received:	1	0.25 %
No Patient At Scene:	17	4.19 %

Patient Care Reports:		393
Illness Related:	276	70.23 %
Trauma Related:	55	13.99 %

ORDINANCE NO. _____

AN ORDINANCE DECLARING CERTAIN REAL ESTATE SURPLUS
AND DIRECTING SALE

WHEREAS, the City of Granite City, Madison County, Illinois, hereinafter referred to as the “City”, is a home-rule unit of local government organized and existing under the laws of the State of Illinois and Section 6 of Article VII of the 1970 Constitution of the State of Illinois, and pursuant thereto provides municipal services for its residents; and

WHEREAS, the City as a home rule unit is authorized to sell real estate without following all terms and provisions of 65 ILCS 5/11-75-1 et sequitur; and

WHEREAS, the City is authorized to request bids to sell real estate pursuant to the terms and provisions of Ordinance 8194, 65 ILCS 5/11-76, 1, 2, and 3, and 65 ILCS 5/11-76-4.2, and to waive compliance with any of said statutory and said ordinance; and

WHEREAS, the City owns real property within its corporate limits and now has available a parcel, commonly known as 1930 Cleveland Ave., hereinafter referred to individually as a “Parcel” for sale; and

WHEREAS, said Parcel has been vacant and in need of repairs, so as to offer minimal fair market value, and the City incurs expenses in owning and insuring same; and

WHEREAS, sale of the Parcel to another land owner will return such Parcel to the tax rolls and increase the tax base of the City and other taxing bodies; and

WHEREAS, the City has determined that the Parcel should be conditionally sold AS IS subject to the terms and conditions listed herein, per bids solicited by publication and opened on November 16, 2015.

NOW, THEREFORE, BE IT ORDAINED BY THE CORPORATE AUTHORITIES OF THE CITY OF GRANITE CITY, ILLINOIS, HEREINAFTER REFERRED TO AS “CITY”, as follows:

Section 1: That the recitals herein above stated are found to be true and accurate and are hereby incorporated herein by reference.

Section 2: That the following parcel of real property, hereinafter referred to individually as a "Parcel".

Common Address: 1930 Cleveland Avenue

is found and declared to be surplus municipal real property and is hereby made available for conditional sale AS IS pursuant to the terms and provisions of (a) 65 ILCS 5/11-76-2.

Section 3: That the highest and best bidder, as determined by the City Council on or after November 17, 2015, may purchase the parcel as bid.

Section 4: That the City will, upon closing said sale, forgive any demolition lien or other liens currently attached to said Parcel;

Section 5: Any applicable requirements of 65 ILCS 5/11-76-1 et seq., and Granite City Ordinance 8194, are hereby waived.

Section 6: That this Ordinance shall be in full force and effect upon its passage, approval and may be published in pamphlet form by the City Clerk.

PASSED BY ROLL CALL MAJORITY VOTE of the Alderman of the City of Granite City, Illinois now holding office this ____ day of _____, A.D., 2015.

APPROVED BY THE MAYOR OF THE CITY OF GRANITE CITY, ILLINOIS, this _____ day of November, 2015.

MAYOR

ATTEST:

City Clerk

85010.1

REQUEST FOR BIDS

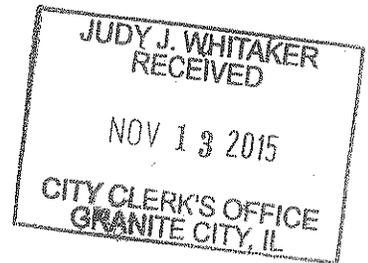
Granite City requests bids for the purchase of real estate, as is, commonly known as 1930 Cleveland Avenue, Granite City, Illinois. The property was an Architect's Office, since vacant. Bids must be sealed, identified as a bid on the envelope, and received by the Office of City Clerk before 11:30 a.m., Monday, November 16, 2015. Bids received by fax, e-mail, or other electronic transmission, will not be accepted. Bids must include a dollar purchase figure, a list of real properties in Illinois developed by the bidder or bidder's principles, details of the bidder's financing for the purchase price and for the development of the property, the bidder's intended use and improvements to be made to the property, and a timetable for construction of improvements. Bids shall be opened in the Office of the City Clerk at 3:00 p.m. Monday, November 16. The Granite City City Council reserves the right to reject any and all bids, to waive any of the above requirements for a non-responsive bid, and to determine the highest and best bid.

85007.1

MR. & MRS. LEE AVANTS

718 26th Place
Granite City, Illinois 62040-2101
Phone (618) 876-5729

November 13, 2015



Dear Mayor Hagnauer and Members of the City Council,

We respectfully request that all fines and liens that the city has imposed on the property at 2532 Circle Drive in Granite City may be forgiven with the transfer of ownership of said property. Those in our neighborhood feel that it has created a health risk to children who might seek to explore it and a potential fire hazard to close neighbors. My wife and I are in the process of acquired this property in hope to demolish the derelict home and have obtained permission from current owners to secure and maintain the property. We have finished the process of cleaning up of trash, overgrown trees and shrubs on the lot. To the condition of said property, our alderman, Bob Pickerell can shed further light on the validity of how it looked before the clean up begin . We plan to maintain the property as diligently as we currently maintain our own. Thank you for your consideration.

Respectfully yours,

Mr. & Mrs. Lee Avants

ENC

*(Please see copies of attached liens and signed permission from current owners.)

Notice of Lien for Charges for the Use and Services of the Sanitation Department of the City of Granite City , Illinois in the amount of \$250.00 dated December 27, 2011 and recorded January 19, 2012. as Document # 2012R02575.

Notice of Lien for Charges for the Use and Services of the Sanitation Department of the City of Granite City , Illinois in the amount of \$205.01 dated July 20, 2012 and recorded July 25, 2012 as Document #2012R30904.

Notice of Lien for Charges for the Use and Services of the Sanitation Department of the City of Granite City , Illinois in the amount of \$550.00 dated December 10, 2012 and recorded January 04, 2013 as Document #2013R00648

Notice of Lien for Charges for the Use and Services of the Sanitation Department of the City of Granite City , Illinois in the amount of \$293.91 dated July 10, 2013 and recorded July 25, 2013 as Document #2013R322080

Notice of Lien for Charges for the Use and Services of the Sanitation Department of the City of Granite City , Illinois in the amount of \$750.00 dated December 17, 2013 and recorded December 23, 2013 as Document #2013R52004

Notice of Lien for Charges for the Use and Services of the Sanitation Department of the City of Granite City , Illinois in the amount of \$850.00 dated November 21, 2014 and recorded December 1, 2014 as Document #2014R38291

And any others pending for 2015.

September 26, 2015

We, Thomas and Wanda Tindall, give Lee and Janis Avants authority to control and maintain the property located at 2532 Circle Drive until ownership of said property can legally be transferred to them by deed.

Wanda Tindall
Thomas N. Tindall

ORDINANCE NO.

**AN ORDINANCE MAKING A TAX LEVY FOR THE
CITY OF GRANITE CITY, MADISON COUNTY, ILLINOIS,
FOR THE FISCAL YEAR
BEGINNING MAY 1, 2015 AND ENDING APRIL 30, 2016 (FY2015)**

WHEREAS, the following is a proposed tax levy for the corporate purposes of the City of Granite City, Madison County, Illinois, hereinafter referred to as the "City", for the fiscal year beginning May 01, 2015 and ending April 30, 2016.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF GRANITE CITY, MADISON COUNTY, ILLINOIS, hereinafter referred to as the "City", for the fiscal year beginning May 1, 2015 and ending April 30, 2016, hereinafter referred to as "FY 2015", as follows:

SECTION 1: That there be and is hereby levied and assessed upon all of the taxable property situated within the corporate limits of the City the amounts which subsequently appear in this Ordinance, which said amounts shall be raised by taxation upon all assessed property, according to its value as the same is assessed and equalized for State and County purpose for FY 2015-2016, and which said amount is to defray the expenses of the City, as provided by the annual Appropriation Ordinance No. 8499 of the City, which was passed by the City Council on the 21st day of July, 2015 and approved by the Mayor on the 21st day of July, 2015 and is now on file with the City Clerk of the City, said appropriation and levies being in summary as follows and as more fully set forth in detail by departments, as to object and purpose, in Exhibit A, which is attached hereto and made a part hereof: (All figures appearing in this tax levy ordinance are rounded to whole dollar amounts)

TOTAL AMOUNT TO BE LEVIED FOR SECTION 1 BY A TAX LEVY FOR GENERAL CORPORATE PURPOSES, said amount being the amount necessary to be raised by taxation, after revenues from other sources, as hereinafter set forth in Section 2 below.	<u>\$6,046,581.00</u>
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SECTION 2: That there shall be and is hereby levied against all of the real property situated within the corporate limits of the City of Granite City, Illinois, a home rule unit pursuant to the terms and provisions of Section 6 and 7 of Article VII of the Constitution of the State of Illinois, a tax which shall be extended at such rate as needed, which when collected shall be apportioned and applied so as to produce the sum of SIX MILLION FORTY SIX THOUSAND FIVE HUNDRED EIGHTY ONE DOLLARS (\$6,046,581.00).

SECTION 3: That, in addition to the above and foregoing amounts, there shall be and is hereby levied against all of the real property situated within the corporate limits of the City of Granite City, Illinois, a tax which shall be extended at a rate as provided by 40 ILCS 5/7-171, and as subsequently amended, which when collected shall be apportioned and applied so as to produce the sum of ONE

HUNDRED SIX THOUSAND SIX HUNDRED EIGHTY SIX DOLLARS (\$106,686.00); said revenue to be used for the purpose of making municipal contributions by the City of Granite City, Illinois, to "ILLINOIS MUNICIPAL RETIREMENT FUND" as set forth in Section 1.A.2 attached.

SECTION 4: That, in addition to the above and foregoing amounts, there is hereby levied against all of the real property situated within the corporate limits of the City of Granite City, Illinois, a tax which shall be extended at a rate as provided by 40 ILCS 5/3-125, and as subsequently amended, which when collected, shall be apportioned and applied so as to produce the sum of SEVEN HUNDRED THIRTY EIGHT THOUSAND SEVEN HUNDRED SEVENTY ONE DOLLARS (\$738,771.00); said revenue to be used for the purpose of meeting the financial obligations of the City of Granite City, Illinois, to the Police Pension Fund as set forth in Section 1.A.4. attached.

SECTION 5: That, in addition to the above and foregoing amounts, there is hereby levied against all of the real property situated within the corporate limits of the City of Granite City, Illinois, a tax which shall be extended at a rate as provided by 40 ILCS 5/4-118, and as subsequently amended, which when collected, shall be apportioned and applied so as to produce the sum of SEVEN HUNDRED THIRTY EIGHT THOUSAND SEVEN HUNDRED SEVENTY ONE DOLLARS (\$738,771.00); said revenue to be used for the purpose of meeting the financial obligations of the City of Granite City, Illinois to the Fire Pension Fund as set forth in Section 1.A.5. attached.

SECTION 6: That the City Clerk of the City of Granite City, Illinois, shall file a certified copy of the Ordinance with the County Clerk of Madison County, Illinois, on or before the last Tuesday of December, 2015, and that said County Clerk of Madison County, Illinois, shall ascertain that a rate percent upon which the total of all property subject to taxation within the City of Granite City, Illinois, as the same is assessed and equalized for the State and County purpose, as will produce the net amount of not less than the sum amounts so directed to be levied by Section 1 through 5, inclusive, of this Ordinance, and that said County Clerk of Madison County, Illinois, shall extend such taxes in separate columns upon the book or books of the Collector or Collectors for County taxes within and for said City of Granite City, Illinois.

SECTION 7: All ordinances and parts of ordinances in conflict herewith are hereby repealed.

SECTION 8: This Ordinance shall be full force and effect from and after its passage, approval, and publication as required by law.

PASSED by the City Council of the City of Granite City, Madison County, Illinois, this _____ day of November , A.D., 2015.

APPROVED by the Mayor of the City of Granite City, Madison County, Illinois, this _____ day of November , A.D., 2015.

Mayor Edward Hagnauer

ATTEST:

City Clerk, Judy Whitaker

(SEAL)

85062

2015 TAX LEVY

	<u>AMOUNT APPROPRIATED</u>	<u>AMOUNT NEEDED</u>	<u>AMOUNT LEVIED</u>
A. <u>PERSONAL SERVICES:</u>			
1. SOCIAL SECURITY	467,796.00		
LESS FUNDS FROM OTHER SOURCES	<u>90,529.00</u>		
AMOUNT NEEDED		<u><u>377,267.00</u></u>	377,267.00
2. ILLINOIS MUNICIPAL RETIREMENT FUND(IMRF)	478,835.00		
LESS ESTIMATED REVENUE TO BE PRODUCED BY SPECIAL TAX LEVY FOR ILLINOIS MUNICIPAL RETIREMENT FUND PURPOSE AS HEREINAFTER SET FORTH IN SECTION 3 BELOW	112,020.00		
LESS ESTIMATED AMOUNT TO BE PRODUCED FOR ILLINOIS MUNICIPAL RETIREMENT FUND PURPOSED FROM PERSONAL PROPERTY REPLACEMENT TAX RECEIVED BY CITY PURSUANT TO 30 ILCS 115/12(35.36% OF LEVY)	169,316.06		
LESS FUNDS FROM OTHER SOURCES	<u>197,498.94</u>		
AMOUNT NEEDED		<u><u>0.00</u></u>	0.00
3. HEALTH AND LIFE INSURANCE	3,052,164.00		
LESS FUNDS FROM OTHER SOURCES	<u>521,180.00</u>		
AMOUNT NEEDED		<u><u>2,530,984.00</u></u>	2,530,984.00
4. POLICE PENSION	1,268,000.00		
LESS ESTIMATED REVENUE TO BE PRODUCED BY SPECIAL TAX LEVY FOR POLICE PENSION FUND FUND PURPOSE AS HEREINAFTER SET FORTH IN SECTION 4 BELOW	738,771.00		
LESS ESTIMATED AMOUNT TO BE PRODUCED FOR ILLINOIS MUNICIPAL			

RETIREMENT FUND PURPOSED FROM
 PERSONAL PROPERTY REPLACEMENT
 TAX RECEIVED BY CITY PURSUANT
 TO 30 ILCS 115/12(35.36% OF LEVY)

261,229.00

LESS FUNDS FROM OTHER SOURCES

268,000.00

AMOUNT NEEDED

0.00

0.00

5. FIRE PENSION

1,268,000.00

LESS ESTIMATED REVENUE TO BE
 PRODUCED BY SPECIAL TAX LEVY
 FOR FIRE PENSION FUND
 FUND PURPOSE AS HEREINAFTER
 SET FORTH IN SECTION 5 BELOW

738,771.00

LESS ESTIMATED AMOUNT TO BE
 PRODUCED FOR ILLINOIS MUNICIPAL
 RETIREMENT FUND PURPOSED FROM
 PERSONAL PROPERTY REPLACEMENT
 TAX RECEIVED BY CITY PURSUANT
 TO 30 ILCS 115/12(35.36% OF LEVY)

261,229.00

LESS FUNDS FROM OTHER SOURCES

268,000.00

AMOUNT NEEDED

0.00

0.00

6. WORKER'S COMPENSATION

1,700,000.00

LESS FUNDS FROM OTHER SOURCES

450,000.00

AMOUNT NEEDED

1,250,000.00

1,250,000.00

7. OTHER PERSONAL SERVICES

13,646,374.00

LESS FUNDS FROM OTHER SOURCES

12,678,342.00

AMOUNT NEEDED

968,032.00

968,032.00

TOTAL AMOUNT LEVIED FOR PERSONAL SERVICES

5,126,283.00

B. COMMODITIES:

1. STREET LIGHTING

310,000.00

LESS FUNDS FROM OTHER SOURCES

310,000.00

AMOUNT NEEDED

0.00

0.00

2. OTHER COMMODITIES

1,220,293.00

LESS FUNDS FROM OTHER SOURCES	<u>1,030,495.00</u>		
AMOUNT NEEDED		<u>189,798.00</u>	<u>189,798.00</u>
TOTAL AMOUNT LEVIED FOR COMMODITIES			<u>189,798.00</u>
C. <u>CONTRACTUAL SERVICES:</u>			
1. GENERAL LIABILITY INSURANCE	575,000.00		
LESS FUNDS FROM OTHER SOURCES	<u>80,000.00</u>		
AMOUNT NEEDED		<u>495,000.00</u>	495,000.00
2. OTHER CONTRACTUAL SERVICES	1,056,165.00		
LESS FUNDS FROM OTHER SOURCES	<u>869,165.00</u>		
AMOUNT NEEDED		<u>187,000.00</u>	<u>187,000.00</u>
TOTAL AMOUNT LEVIED FOR CONTRACTUAL SERVICES			<u>682,000.00</u>
D. <u>CAPITAL / EQUIPEMENT OUTLAY:</u>			
	325,914.00		
LESS FUNDS FROM OTHER SOURCES	<u>277,414.00</u>		
AMOUNT NEEDED		<u>48,500.00</u>	<u>48,500.00</u>
TOTAL AMOUNT TO BE LEVIED FOR SECTION 1 BY A TAX LEVY FOR GENERAL CORPORATE PURPOSES, SAID AMOUNT BEING THE AMOUNT NECESSARY TO BE RAISED BY TAXATION, AFTER REVENUES FROM OTHER SOURCES, AS HEREINAFTER SET FORTH IN SECTION 2 BELOW			<u>6,046,581.00</u>

	2015	2014	2013
GENERAL FUND	6,046,581.00	6,046,581.00	5,686,671.00
IMRF	106,686.00	106,686.00	106,686.00
POLICE PENSION	738,771.00	738,771.00	738,771.00
FIRE PENSION	738,771.00	738,771.00	738,771.00
TOTAL LEVY	<u>7,630,809.00</u>	<u>7,630,809.00</u>	<u>7,270,899.00</u>
		0.00%	4.95%

ORDINANCE NO.

AN ORDINANCE TO AMEND ORDINANCE 8499, THE BUDGET AND APPROPRIATION
ORDINANCE

WHEREAS, the City of Granite City is a home-rule unit under Section 6 of Article VII of the 1970 Constitution of the State of Illinois; and

WHEREAS, the Granite City City Council adopted Ordinance 8499, the Combined Annual Budget and Appropriation Ordinance for the fiscal year beginning May 1, 2015, and ending April 30, 2016; and

WHEREAS, since the passage of Ordinance 8499 on July 21, 2015, the Granite City City Council has learned that two (2) Emergency Services and Disaster Alarm early warning sirens located within the City of Granite City, may be in need of repair.

NOW, THEREFORE, BE IT ORDAINED AND DECREED by the City Council of the City of Granite City, Madison County, Illinois, that Ordinance 8499, the Combined Annual Budget and Appropriation Ordinance for the fiscal year ending April 30, 2016, be amended to appropriate and budget the sum of \$21,453.00 to repair two (2) early warning sirens.

BE IT FURTHER ORDAINED AND DECREED that the Office of the Fire Chief, with the assistance of the City Attorney and the Comptroller, are authorized to solicit competitive bids to perform those said repairs to the two (2) early warning sirens.

This Ordinance shall take effect upon passage, and may be published pamphlet form by the Office of the City Clerk.

APPROVED this 17th day of November, 2015.

APPROVE:

MAYOR

ATTEST:

City Clerk

DEPARTMENT TOTALS										
DEPARTMENT: 10 -01 MAYOR										
1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **		
0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		9 CHECK(S)		9 CHECK(S)		
NBR CHECKS	NET									
	-	0.00		0.00		0.00		12339.44		12339.44
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS	-	0.00	0.00	0.00	0.00	0.00	421.64	17432.37	421.64	17432.37
SALARY	-	0.00	0.00	0.00	0.00	0.00	421.64	16782.37	421.64	16782.37
TIF ADMIN	-	0.00	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00
DECLINE	-	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	3.84	3.81	3.84	3.81
IPPPA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.70	0.00	40.70
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.47	0.00	80.47
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.24	0.00	8.24
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41.64	0.00	41.64
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIVERS 457%-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	103.35	0.00	103.35
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	1608.52	632.72	1608.52	632.72
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	16471.42	2074.50	16471.42	2074.50
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	16471.42	616.12	16471.42	616.12
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	17207.49	1066.87	17207.49	1066.87
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	17207.49	249.51	17207.49	249.51
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

JUDY J. WHITAKER
RECEIVED

NOV 10 2015

CITY CLERK'S OFFICE
GRANITE CITY, IL

DEPARTMENT TOTALS
 CITY CLERK

DEPARTMENT: 10 -02

1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **		
0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		4 CHECK(S)		4 CHECK(S)		
NBR CHECKS -										
NET -	0.00	0.00	0.00	0.00	0.00	4968.78	4968.78			
EARNINGS										
	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		7933.72		7933.72
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	346.64	7783.72	346.64	7783.72
DECLINE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
DEDUCTIONS										
	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	5.12	5.08	5.12	5.08
IPFFA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81.40	0.00	81.40
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00	10.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56.56	0.00	56.56
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.48	0.00	16.48
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	105.63	0.00	105.63
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.41	0.00	4.41
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	220.06	0.00	220.06
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	907.62	357.02	907.62	357.02
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	108.75	0.00	108.75
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES										
	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	7205.76	985.71	7205.76	985.71
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	7205.76	285.29	7205.76	285.29
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	7562.78	468.89	7562.78	468.89
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	7562.78	109.66	7562.78	109.66
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 LEGISLATIVE - ALDERM

DEPARTMENT: 10 -03

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		10 CHECK(S)		10 CHECK(S)	
NBR CHECKS -											
NET -		0.00		0.00		0.00		2095.75		2095.75	
EARNINGS											
GROSS -	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	
SALARY -											
		0.00	0.00	0.00	0.00	0.00	0.00	45.00	2633.30	45.00	2633.30
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	
ST FARM INS		0.00	0.00	0.00	0.00	0.00	1.28	1.27	1.28	1.27	
I.M.R.F -		0.00	0.00	0.00	0.00	0.00	150.60	59.25	150.60	59.25	
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	
FEDERAL W/H-		0.00	0.00	0.00	0.00	0.00	2574.05	174.06	2574.05	174.06	
STATE W/H -		0.00	0.00	0.00	0.00	0.00	2574.05	101.47	2574.05	101.47	
FICA -		0.00	0.00	0.00	0.00	0.00	2633.30	163.30	2633.30	163.30	
MEDICARE -		0.00	0.00	0.00	0.00	0.00	2633.30	38.20	2633.30	38.20	
EIC CREDIT -			0.00		0.00			0.00		0.00	

DEPARTMENT TOTALS

DEPARTMENT: 10 -04 TREASURER

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		4 CHECK(S)		4 CHECK(S)	
NBR CHECKS	-										
NET	-	0.00		0.00		0.00		5001.50		5001.50	
EARNINGS		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS	-		0.00		0.00		0.00		7827.03		7827.03
SALARY	-	0.00	0.00	0.00	0.00	0.00	0.00	346.65	7677.03	346.65	7677.03
DECLINE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
DEDUCTIONS		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG AF-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
HLTH FML AF-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
LOAN PAYMEN-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.78	0.00	80.78
LOAN PAYMEN-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17.48	0.00	17.48
ST FARM INS-	-	0.00	0.00	0.00	0.00	0.00	0.00	2.56	2.54	2.56	2.54
IPPFA 457 P-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	220.20	0.00	220.20
AFSCME 31	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81.40	0.00	81.40
UNITED WAY	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.00	0.00	21.00
DENTAL PRE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	99.04	0.00	99.04
BAS 125 PLA-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS AF-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFT	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41.64	0.00	41.64
I.M.R.F	-	0.00	0.00	0.00	0.00	0.00	0.00	895.41	352.22	895.41	352.22
MELLON ADD	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	-	0.00	0.00	0.00	0.00	0.00	0.00	7254.61	920.13	7254.61	920.13
STATE W/H	-	0.00	0.00	0.00	0.00	0.00	0.00	7254.61	265.33	7254.61	265.33
FICA	-	0.00	0.00	0.00	0.00	0.00	0.00	7827.03	485.28	7827.03	485.28
MEDICARE	-	0.00	0.00	0.00	0.00	0.00	0.00	7827.03	113.49	7827.03	113.49
EIC CREDIT	-		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 10 -05 FINANCIAL ADMINISTRA

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		3 CHECK(S)		3 CHECK(S)	
NBR CHECKS -											
NET -		0.00		0.00		0.00		3468.95		3468.95	
EARNINGS											
GROSS -	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	216.62	4763.47	216.62	4763.47	
WC ED -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00	0.00	225.00	
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00	
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	1.28	1.27	1.28	1.27	
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.70	0.00	40.70	
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62.03	0.00	62.03	
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.24	0.00	8.24	
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	570.68	224.48	570.68	224.48	
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.66	0.00	16.66	
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	4577.06	527.18	4577.06	527.18	
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	4577.06	171.63	4577.06	171.63	
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	4801.54	297.70	4801.54	297.70	
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	4801.54	69.63	4801.54	69.63	
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00	

DEPARTMENT TOTALS												
DEPARTMENT: 10 -06 IT DEPARTMENT												
1ST - QUARTER TOTALS			2ND - QUARTER TOTALS			3RD - QUARTER TOTALS			4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		2 CHECK(S)		2 CHECK(S)			
NET -	0.00		0.00		0.00		0.00		3717.90		3717.90	
EARNINGS												
GROSS -	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT		
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	173.32	5608.34	173.32	5608.34		
DEDUCTIONS												
OPTUM FUNDI	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT		
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	641.60	252.38	641.60	252.38		
TAXES												
FEDERAL W/H-	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX		
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	5154.39	193.29	5154.39	193.29		
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	5406.77	335.22	5406.77	335.22		
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	5406.77	78.40	5406.77	78.40		
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00		

PAYROLL NO#: 01 - City of Granite City

SORTED BY DEPARTMENT

DATE: 11/01/2015 THRU 11/15/2015

TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	186544.08	27371.66	186544.08	27371.66
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	186544.08	6934.02	186544.08	6934.02
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	25486.89	1580.17	25486.89	1580.17
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	204161.01	2960.34	204161.01	2960.34
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

PAYROLL NO#: 01 - City of Granite City

DATE: 11/01/2015 THRU 11/15/2015

UMB ADDITIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADD PRE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX								
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	167017.89	25808.03	167017.89	25808.03
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	167017.89	6167.90	167017.89	6167.90
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	1966.47	121.92	1966.47	121.92
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	162183.95	2351.65	162183.95	2351.65
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 CIVIL DEFENSE

DEPARTMENT: 10 -09

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NBR CHECKS -										
NET -		0.00		0.00		0.00		0.00		0.00
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		0.00		0.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 10 -11 SAFETY

NBR CHECKS - NET	1ST - QUARTER TOTALS 0 CHECK(S)		2ND - QUARTER TOTALS 0 CHECK(S)		3RD - QUARTER TOTALS 0 CHECK(S)		4TH - QUARTER TOTALS 2 CHECK(S)		** TOTAL ** 2 CHECK(S)	
		0.00		0.00		0.00		2751.78		2751.78
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		4160.99		4160.99
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	173.32	4160.99	173.32	4160.99
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	2.56	2.54	2.56	2.54
IPFFA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90.00	0.00	90.00
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.70	0.00	40.70
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00	10.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.48	0.00	16.48
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.40	0.00	28.40
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	476.01	187.25	476.01	187.25
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	3738.86	486.39	3738.86	486.39
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	3738.86	140.21	3738.86	140.21
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	4016.11	249.00	4016.11	249.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	4016.11	58.24	4016.11	58.24
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS

DEPARTMENT: 10 -12 BUILDING & ZONING

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		13 CHECK(S)		13 CHECK(S)	
NBR CHECKS -											
NET -		0.00		0.00		0.00		14155.47		14155.47	
EARNINGS											
GROSS	-	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
			0.00		0.00		0.00		20814.72		20814.72
SALARY	-	0.00	0.00	0.00	0.00	0.00	0.00	866.60	18238.72	866.60	18238.72
HOURLY PAY	-	0.00	0.00	0.00	0.00	0.00	0.00	156.00	2251.00	156.00	2251.00
WC ED	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00	0.00	75.00
AUX COOR	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
DECLINE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
DEDUCTIONS											
OPTUM FUNDI	-	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00
HLTH FML AF-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00	0.00	250.00
LOAN PAYMEN-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	-	0.00	0.00	0.00	0.00	0.00	0.00	8.96	8.89	8.96	8.89
IPFFA 457 P-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00
PBPA LABOR -	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFSCME 31 -	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	244.20	0.00	244.20
UNITED WAY -	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17.31	0.00	17.31
DENTAL PRE -	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	179.68	0.00	179.68
BAS 125 PLA-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.48	0.00	16.48
AMERITAS AF-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFT -	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.40	0.00	28.40
GARN FEE -	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL -	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00	0.00	250.00
I.M.R.F -	-	0.00	0.00	0.00	0.00	0.00	0.00	2311.64	909.30	2311.64	909.30
POL PENSION-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-PRETA-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.64	0.00	19.64
ALLST-TAXAB-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.98	0.00	50.98
LOAN PAYMEN-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29.18	0.00	29.18
REIMBURSE -	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
TAXES											
FEDERAL W/H-	-	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
		0.00	0.00	0.00	0.00	0.00	0.00	19519.30	2219.19	19519.30	2219.19
STATE W/H -	-	0.00	0.00	0.00	0.00	0.00	0.00	19519.30	725.26	19519.30	725.26
FICA -	-	0.00	0.00	0.00	0.00	0.00	0.00	20728.60	1285.17	20728.60	1285.17
MEDICARE -	-	0.00	0.00	0.00	0.00	0.00	0.00	20728.60	300.57	20728.60	300.57
EIC CREDIT -	-		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 10 -13 PUBLIC WORKS

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		30 CHECK(S)		30 CHECK(S)	
NBR CHECKS -											
NET -		0.00		0.00		0.00		49958.46		49958.46	
EARNINGS		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -			0.00		0.00		0.00		75834.94		75834.94
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2513.15	69869.45	2513.15	69869.45
OVERTIME PA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62.00	2566.52	62.00	2566.52
CALL OUT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	3288.96	80.00	3288.96
RANK DIFF -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	96.00	50.01	96.00	50.01
CDL LIC -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	120.00	60.00	120.00	60.00
DEDUCTIONS		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
ST FARM INS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17.92	17.78	17.92	17.78
IPPPA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
TEAMSTERS52-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	963.00	0.00	963.00
LABORER 397-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	616.00	0.00	616.00
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24.72	0.00	24.72
CHILD SUPPT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	762.20	0.00	762.20
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130.00	0.00	130.00
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8675.53	3412.57	8675.53	3412.57
VOL ADD CON-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	390.53	0.00	390.53
ALLST-PRETA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-TAXAB-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35.16	0.00	35.16
2%-LABOR -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	628.12	0.00	628.12
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72192.37	10302.57	72192.37	10302.57
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72192.37	2692.44	72192.37	2692.44
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75834.94	4701.77	75834.94	4701.77
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75834.94	1099.62	75834.94	1099.62
EIC CREDIT -		0.00		0.00		0.00			0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 10 -23
 SUMMER PART-TIME HEL

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NBR CHECKS -										
NET -		0.00		0.00		0.00		0.00		0.00
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		0.00		0.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 CINEMA

DEPARTMENT: 15 -01

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		18 CHECK(S)		18 CHECK(S)	
NBR CHECKS -											
NET -		0.00		0.00		0.00		7026.89		7026.89	
EARNINGS											
GROSS -	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	173.34	6083.61	173.34	6083.61	
HOURLY PAY -	0.00	0.00	0.00	0.00	0.00	0.00	391.38	3306.79	391.38	3306.79	
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00	
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42.25	0.00	42.25	
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	695.97	273.76	695.97	273.76	
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	9049.39	983.49	9049.39	983.49	
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	9049.39	325.78	9049.39	325.78	
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	9323.15	578.04	9323.15	578.04	
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	9323.15	135.19	9323.15	135.19	
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00	

DEPARTMENT TOTALS										
DEPARTMENT: 30 -36 MOTOR FUEL FUND PROJ										
	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NBR CHECKS -										
NET -		0.00		0.00		0.00		0.00		0.00
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		0.00		0.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS

DEPARTMENT: 70 -55

PAYROLL

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		28 CHECK(S)		28 CHECK(S)	
NBR CHECKS -											
NET -		0.00		0.00		0.00		52452.00		52452.00	
EARNINGS		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -			0.00		0.00		0.00		81466.23		81466.23
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2166.52	74425.95	2166.52	74425.95
OVERTIME PA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	120.00	5199.71	120.00	5199.71
RANK DIFF -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	188.00	403.16	188.00	403.16
SHIF/DIFF2 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	278.00	111.20	278.00	111.20
SHIF/DIFF3 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	346.00	259.51	346.00	259.51
SUN PREM -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	112.00	148.40	112.00	148.40
LIC CERT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	768.30	0.00	768.30
DECLINE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
DEDUCTIONS		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTOM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1000.00	0.00	1000.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	175.00	0.00	175.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	187.19	0.00	187.19
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44.38	0.00	44.38
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.60	25.40	25.60	25.40
IPPFA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	300.00	0.00	300.00
ENG LOCAL39-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1856.00	0.00	1856.00
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	76.85	0.00	76.85
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	559.78	0.00	559.78
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56.56	0.00	56.56
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	140.60	0.00	140.60
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHILD SUPPT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	410.04	0.00	410.04
CHAPTER 13 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	297.50	0.00	297.50
PRIN 457% -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	168.85	0.00	168.85
LOAN PYMT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.45	0.00	28.45
PRINCIPAL -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	103.29	0.00	103.29
MISC -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9319.74	3665.97	9319.74	3665.97
VOL ADD CON-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	236.39	0.00	236.39
ALLST-PRETA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-TAXAB-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.00	0.00	45.00
TAXES		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75296.18	10779.30	75296.18	10779.30
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75296.18	2773.28	75296.18	2773.28
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79534.29	4931.13	79534.29	4931.13
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79534.29	1153.27	79534.29	1153.27
EIC CREDIT -		0.00		0.00		0.00		0.00	0.00		0.00

REPORT TOTALS

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		252 CHECK(S)		252 CHECK(S)	
NET -	0.00		0.00		0.00		412899.32		412899.32	
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		625289.96		625289.96
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	19194.37	572129.36	19194.37	572129.36
HOURLY PAY -	0.00	0.00	0.00	0.00	0.00	0.00	596.38	5962.04	596.38	5962.04
SHORT/CHG -	0.00	0.00	0.00	0.00	0.00	0.00	28.00	576.52	28.00	576.52
REIM OT -	0.00	0.00	0.00	0.00	0.00	0.00	87.00	4691.23	87.00	4691.23
TIF ADMIN -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00
OVERTIME PA-	0.00	0.00	0.00	0.00	0.00	0.00	230.25	9953.26	230.25	9953.26
COURT TIME -	0.00	0.00	0.00	0.00	0.00	0.00	2.00	135.75	2.00	135.75
CALL OUT -	0.00	0.00	0.00	0.00	0.00	0.00	219.13	9289.48	219.13	9289.48
C O R -	0.00	0.00	0.00	0.00	0.00	0.00	134.00	5360.00	134.00	5360.00
RANK DIFF -	0.00	0.00	0.00	0.00	0.00	0.00	2165.00	4316.78	2165.00	4316.78
SHIF/DIFF2 -	0.00	0.00	0.00	0.00	0.00	0.00	278.00	111.20	278.00	111.20
SHIF/DIFF3 -	0.00	0.00	0.00	0.00	0.00	0.00	346.00	259.51	346.00	259.51
CDL LIC -	0.00	0.00	0.00	0.00	0.00	0.00	120.00	60.00	120.00	60.00
DISPATCH 2 -	0.00	0.00	0.00	0.00	0.00	0.00	277.00	277.00	277.00	277.00
SUN PREM -	0.00	0.00	0.00	0.00	0.00	0.00	112.00	148.40	112.00	148.40
SHIF/DIFF3 -	0.00	0.00	0.00	0.00	0.00	0.00	1186.00	770.90	1186.00	770.90
LIC CERT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	816.53	0.00	816.53
WC ED -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	387.50	0.00	387.50
EMA COOR -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00
AUX COOR -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
DECLINE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1950.00	0.00	1950.00
CEU HOURS -	0.00	0.00	0.00	0.00	0.00	0.00	169.00	6994.50	169.00	6994.50
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
UMB FUNDING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM FUNDI-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3700.00	0.00	3700.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	525.00	0.00	525.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00
PBPA CHIEF -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	0.00	60.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1903.75	0.00	1903.75
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	545.81	0.00	545.81
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	344.22	0.00	344.22
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	177.92	176.53	177.92	176.53
AMER HERITA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	102.71	0.00	102.71
IPPFA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6759.28	0.00	6759.28
RELIEF & WE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70.00	0.00	70.00
ENG LOCAL39-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1929.75	0.00	1929.75
PBPA LABOR -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2565.00	0.00	2565.00
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1017.50	0.00	1017.50
TEAMSTERS52-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	963.00	0.00	963.00
LABORER 397-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	616.00	0.00	616.00
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	662.21	0.00	662.21
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1858.73	0.00	1858.73
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	987.82	0.00	987.82
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125.00	0.00	125.00
POLICE/FIRE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1034.48	0.00	1034.48

AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	470.08	0.00	470.08
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	162.56	0.00	162.56
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	598.09	0.00	598.09
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	89.85	0.00	89.85
253 FIRE PA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	192.70	0.00	192.70
ADD FIRE PA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.50	0.00	40.50
CHILD SUPPT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3965.25	0.00	3965.25
DIVERS 457%-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1786.47	0.00	1786.47
CHAPTER 13 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.88	0.00	5.88
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	297.50	0.00	297.50
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	220.06	0.00	220.06
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73.49	0.00	73.49
PRIN 457% -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	168.85	0.00	168.85
PRIN LOAN -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	148.84	0.00	148.84
LOAN PYMT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	109.05	0.00	109.05
PRINCIPAL -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1693.29	0.00	1693.29
MISC -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	29683.42	11676.21	29683.42	11676.21
POL PENSION-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16632.09	0.00	16632.09
FIRE PENSIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14986.19	0.00	14986.19
VOL ADD CON-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	626.92	0.00	626.92
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-PRETA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	82.20	0.00	82.20
ALLST-TAXAB-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37.61	0.00	37.61
2%-LABOR -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	628.12	0.00	628.12
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	284.64	0.00	284.64
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.98	0.00	50.98
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	299.60	0.00	299.60
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70.00	0.00	70.00
UMB ADDITIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADD PRE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	578930.03	83781.82	578930.03	83781.82
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	578930.03	21479.57	578930.03	21479.57
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	264985.58	16429.15	264985.58	16429.15
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	603877.18	8756.29	603877.18	8756.29
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00