



FINANCE COMMITTEE AGENDA
Room 700, Law and Justice Center

Tuesday, March 2, 2004

4:00 P.M.

1. Roll Call
2. Approval of Minutes – February 3, 2004
3. Departmental Matters:
 - A. Robert Keller, Health Department Administrator
 - 1) Items to be presented for Action:
 - a) Request Approval of an Ordinance of the McLean County Board Amending the 2004 Combined Appropriation and Budget Ordinance for Fund 0107
 - 2) Items to be presented for Information:
 - a) General Report
 - b) Other
 - B. Becky McNeil, County Treasurer
 - 1) Items to be presented for Action:
 - a) Request Approval of Service Agreement with Illinois E-Pay to provide credit card services for property taxes
 - 2) Items to be presented for Information:
(Documents to be provided at meeting)
 - a) Accept and place on file County Treasurer's Reports as of February 29, 2004
 - b) General Report
 - c) Other
 - C. Don Lee, Nursing Home
 - 1) Items to be presented for Information:
 - a) Monthly Report
 - b) General Report

- c) Other
- D. Robert Kahman, Supervisor of Assessments
 - 1) Items to be presented for Information:
 - a) Assessment Status Report
 - b) General Report
 - c) Other
- E. Jennifer Ho, Risk Manager
 - 1) Items to be presented for Action:
 - a) Request Approval of an Amended Nursing Home Liability Insurance and of a revised Agreement for Insurance Brokerage Services
 - 2) Items to be presented for Information:
 - a) General Report
 - b) Other
- F. Ruth Weber, County Recorder
 - 1) Items to be presented for Information:
 - a) General Report
 - b) Other
- G. John M. Zeunik, County Administrator
 - 1) Items to be presented for Action:
 - a) EXECUTIVE SESSION: Collective Bargaining
 - 2) Items to be presented for Information:
 - a) Sheriff's Department Follow-up to Outside Auditor's Management Letter: EJS Cash Management Report
 - b) General Report
 - c) Other
- 4. Recommend payment of bills and transfers, if any, to County Board
- 5. Adjournment

Budget Narrative
Grant Fund 0107
Risk Communications Training

The Illinois Department of Public Health issued a supplemental grant to the McLean County Health Department to oversee two regional risk communication and media training exercises to be held in Bloomington. A two day Central Illinois regional training for approximately 150 public health and emergency personnel will be held during the first week in May. IDPH has allocated \$15,000 to defray the cost of hotel conference space, food, equipment rental, printing, postage, and staff time attendant to that event. A second supplemental grant will cover the cost of a more intensive one day event, again to be held in Bloomington, in June to train 20 public health communication and administrative staff from 11 Central Illinois local health departments. IDPH has allocated \$25,000 to cover the cost of this event. The cost will cover conference space, food, equipment purchase, food, printing, postage, staff time, and the cost of a media consulting firm to conduct the training. The \$25,000 grant is subdivided into two components. \$20,000 is the cost of media consulting firm and \$5,000 will be used to defray the cost of the conference. Since a minimal amount of existing staff time will be used on these time-limited projects, no FTE amendment will be needed.

An Ordinance of the McLean County Board
Amending the 2004 Combined
Appropriation and Budget Ordinance for Fund 0107

WHEREAS, Chapter 55, Section 5/6-1003 of the Illinois Compiled Statutes (1992) allows the County Board to approve appropriations in excess of those authorized by the budget; and,

WHEREAS, the McLean County Health Department has requested an amendment to the McLean County Fiscal Year 2004 appropriation in Fund 0107 AIDS/Communicable Disease Prevention, and the Board of Health and Finance Committee concur; and,

WHEREAS, the County Board concurs that it is necessary to approve such amendment, now, therefore,

BE IT ORDAINED AS FOLLOWS:

1. That the Treasurer is requested to increase revenue line 0407-0072 Bioterrorism Grant - in Fund 0107, Department 0061, Program 0062, by \$40,000 from \$147,959 to \$187,959.
2. That the County Auditor is requested to increase the appropriations of the following line - item accounts in Fund 0107, Department 0061, Program 0062, AIDS/Communicable Disease Prevention as follows:

LINE	DESCRIPTION	PRESENT AMOUNT	INCREASE	NEW AMOUNT
0515-0001	Part Time Employees	\$ 51,563	\$ 1,486	\$ 53,049
0599-0001	County IMRF Contrib.	\$ 5,609	\$ 70	\$ 5,679
0599-0003	Social Security Contrib.	\$ 6,768	\$ 113	\$ 6,881
0612-0003	Educational Supplies	\$ 20,000	\$ 1,500	\$ 21,500
0620-0001	Office Supplies	\$ 5,600	\$ 2,750	\$ 8,350
0621-0001	Operational Supplies	\$ 264	\$ 2,000	\$ 2,264
0629-0001	Letterhead/Printed Forms	\$ 5,000	\$ 4,000	\$ 9,000
0630-0001	Postage	\$ 1,600	\$ 750	\$ 2,350
0706-0001	Contract Services	\$ 0	\$20,000	\$ 20,000
0773-0001	Special Services	\$ 0	\$ 7,331	\$ 7,331
TOTALS:		\$ 96,404	\$40,000	\$136,404

3. That the County Clerk shall provide a copy of this ordinance to the County Administrator, County Treasurer, County Auditor, and the Director of the Health Department.

Adopted by the County Board of McLean County this _____ day of _____, 2004.

ATTEST:

APPROVED:

Peggy Ann Milton, Clerk of
the McLean County Board of
the County of McLean

Michael F. Sweeney Chairman of the
McLean County Board



REBECCA C. McNEIL
 COUNTY TREASURER
 (309) 888-5180

104 W. Front Room 706 P.O. Box 2400 Bloomington, Illinois 61702-2400

**Request for Approval to
 Use Illinois E-pay Program
 To Process Internet and IVR
 Credit Card Payments For McLean County**

To the honorable members of the McLean County Finance Committee, McLean County Executive Committee and of the McLean County Board:

The McLean County Treasurer's office and the Office of Information Services respectfully request permission to allow the Illinois E-pay program to act as a processor of credit card transactions which are placed through the internet and via IVR (Interactive Voice Response by phone). Our current agreement is with Official Payments Corporation, which requires only a 10 day written notice for termination of that agreement.

Cost: We are pleased to present an opportunity which delivers a strong convenience to the citizens of McLean County. The proposed agreement *is provided with no additional usage of tax dollars* to McLean County Government. McLean County Government will *neither incur costs nor profit from* the use of the services of Illinois E-Pay. Additionally, the convenience fees are greatly reduced for the citizens of McLean County by using Illinois E-Pay:

Payment		OPC Rate	E-Pay Fee
From	To		
\$0.01	\$49.99	\$3.00	\$1.25
\$50.00	\$99.99	\$5.00	\$2.50
\$100.00	\$199.99	\$7.00	\$5.00
\$200.00	\$299.99	\$10.00	\$7.50
\$300.00	\$399.99	\$12.00	\$10.00
\$400.00	\$499.99	\$15.00	\$11.25
\$500.00	\$599.99	\$18.00	\$12.00
\$600.00	\$699.99	\$21.00	\$14.00
\$700.00	\$799.99	\$24.00	\$16.00
\$800.00	\$899.99	\$27.00	\$18.00
\$900.00	\$999.99	\$30.00	\$20.00

Below is a summary of transactions made in 2003 through Official Payments – we anticipate this number will grow with a more affordable rate:

	Transactions	Payments
Amex	81	\$143,004.76
Discover	80	\$104,013.48
MasterCard	306	\$452,566.44
Visa	462	\$634,657.22
Total	929	\$1,334,241.90

Method: Illinois E-Pay charges a convenience fee for the processing of the transaction, which is indicated to a client before they choose to make that payment. The fee is assessed, charged and paid only to Illinois E-pay under a separate merchant number; the money is never collected nor redistributed to the County. A second transaction is automatically created, debiting to the County the exact amount of the request. This process is diagrammed in the attached documentation.

This method(s) of payment will not replace the methods currently available to our citizens of mail, personal delivery etc., but rather provide an additional option should that citizen desire to use it. All currently available forms and methods of payment will remain in place.

Accepted methods of payments are MasterCard, American Express, Discover and iChecks. Visa is accepted only for Real Estate taxes due to card agreement obligations.

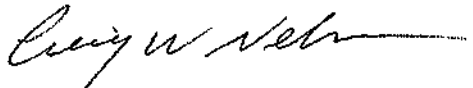
The technological requirements are minimal, have been reviewed by Information Services and been found to be acceptable.

Information Services and the Treasurer's office contacted several current Illinois clients who are pleased with the service. Currently over 40 Illinois counties are being served by the Illinois E-pay system.

We respectfully request approval to terminate our agreement with Official Payments Corporation and to enter into agreement with the Illinois E-pay system.



Rebecca C. McNeil, McLean County Treasurer



Craig W Nelson, Director, McLean County Information Services

ILLINOIS FUNDS ELECTRONIC PAYMENT CLEARING ACCOUNT APPLICATION

THE ILLINOIS FUNDS

FAX to: STATE TREASURER JUDY BAAR TOPINKA
THE ILLINOIS FUNDS
(217) 524-1269

Mail to: STATE TREASURER JUDY BAAR TOPINKA
THE ILLINOIS FUNDS
300 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62702



Date _____ Application to participate in The Illinois Funds Electronic Payment Program

- New Account Application Change of Information

The Government described herein seeks to participate in the Electronic Payment Services Program within The Illinois Funds Money Market Fund, pursuant to Section 17 of the State Treasurer Act (15 ILCS 505/17) which authorizes the State Treasurer to establish a Public Treasurers' Investment Pool. (Formerly known as IPTIP and now The Illinois Funds.)

For Office Use Only:

Account # _____ Type Code _____

Describe your public agency:

(Name of Agency)		(FEIN Number/TIN Number)	
(Subtitle of Account)		(Contact Person and Title)	
(Street Address)	(City)	(County)	(Zip Code)
(Telephone Number)	(FAX Number)	(Email Address)	
(Web Address)			

- Type of service requested: Credit Cards E-checks
 IVR - Speech Recognition
 Internet Global ACH Direct Discover Card Only
 In Office

What is your gross revenue on an annual basis? _____ Average Ticket \$ _____

Check here for fax notification of ACH deposits to your Illinois Funds account.

Withdrawal Options: (You may use more than one option.)

By Check _____ By Wire Transfer _____ By ACH Transfer _____
(standard business checks)

Transfer Instructions: (If more than one transfer path is needed, please submit a separate instruction sheet.)

(Bank Name)	(Further Credit to Your Account #)
(ABA/Route #)	(Contact Name/Phone at Receiving Bank)
(Name on Account if Different Than Above)	

Authorizations to sign checks or execute Transfers: (If more than four, submit a separate sheet.)

Printed Name(s)	Authorized Signature(s)	Sign Checks	Execute Transfers
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Interest income will be posted to your account(s) on the last business day of the month.

Participant accepts the terms and conditions of the administration of The Illinois Funds as outlined by the State Treasurer with the understanding that there will be no changes to this agreement and the information contained herein without prior written notice.

The undersigned hereby certifies that he/she is authorized to open an account(s) in The Illinois Funds E-Pay Program and further certifies that said authority is statutory, or approved by the governing body of the above described Government.

Signature: _____ Position/Title: _____

Participant Agreement



WHEREAS, the Office of the Illinois State Treasurer ("Treasurer"), Global Payments Direct, Inc. ("Global"), and the Member bank ("Member") have entered into a Merchant Service Agreement, including Terms and Conditions;

WHEREAS, Treasurer completed a Merchant Application in connection with the Merchant Service Agreement, which Merchant Application included pricing terms;

WHEREAS, _____ ("Participant") desires to participate in the Treasurer's Electronic Payment Services Program and utilize Global's services as stated in the Terms and Conditions;

NOW THEREFORE, in consideration of the mutual covenants and conditions hereinafter set forth, the parties hereto agree as follows:

1. Participant represents and warrants that it has received and read the Terms and Conditions contained in the Illinois Funds E-Pay Participation Terms of Compliance booklet and Pricing Schedule. Participant agrees that it is a "Merchant" as described and used in the Terms and Conditions and agrees to be bound by the Terms and Conditions in the booklet, the Pricing Schedule, and any other terms, policies or procedures Participant may receive from the Treasurer in the future. Said documents are hereby incorporated into this Agreement by reference.
2. Participant represents and warrants that the undersigned is authorized to enter into this Agreement on its behalf and that all legal prerequisites to entering into this Agreement have been satisfied.

IN WITNESS WHEREOF, Participant, Global, Member, and Treasurer have each caused this Participant Agreement to be executed, sealed and delivered this the ____ day of _____, 2004.

("Participant")
By: _____
Name: _____
Title: _____
Date: _____

Global Payments Direct, Inc.
By: _____
Name: Suellyn P Tornay
Title: Corporate Secretary
Date: _____

HSBC Bank USA
("Member")
By: _____
Name: Suellyn P Tornay
Title: Corporate Secretary for Global Payments Direct, Inc.
Date: _____

Office of the Illinois State Treasurer
By: _____
Name: Josh Budd
Title: E-Pay Program Manager
Date: _____

Brought to you by Illinois State Treasurer Judy Bear Topinka and...



Champaign County Treasurer's Office

Daniel J. Welch, Champaign County Treasurer

Welcome from Champaign County Treasurer Daniel J. Welch

Welcome to the Champaign County Treasurer's tax payment web site. In an effort to offer the most innovative payment options to the taxpayers of Champaign County, I hope that you will find this service convenient and easy to use.

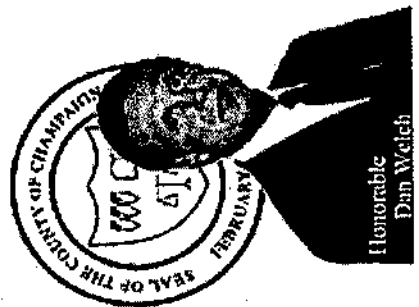
We will start accepting payments on this system after the tax bills are mailed.

Payment can be made by:
Visa, MasterCard, American Express, or Discover

You may make the following payments via E-PAY to Champaign County Treasurer's Office:

- Real Estate Taxes (05/02/2003 - 11/17/2003)
- Real Estate Taxes - Multiple Payment (05/02/2003 - 11/17/2003)

For assistance, please contact us at:
 Champaign County Treasurer's Office
 1776 East Washington
 Urbana, IL 61802
 (217) 384-3743
blittle@co.champaign.il.us



Brought to you by Illinois State Treasurer Judy Bear Topinka and...



Champaign County Treasurer's Office
Daniel J. Walsh, Champaign County Treasurer

Real Estate Taxes - Multiple Payment Payment Information

Bill Number -1	<input type="text"/>
Amount for Bill -1	(99999.99)
Bill Number -2	<input type="text"/>
Bill -2	(99999.99)
Bill Number -3	<input type="text"/>
Amount for Bill -3	(99999.99)
Payment Amount	0

There will be a convenience fee added to your payment amount.
For more information, please click [Schedule](#).

[Next >>](#)

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Champaign County Treasurer's Office

Deborah Walsh, Champaign County Treasurer

Real Estate Taxes Payment Information

Bill Number **111111**
 Payment Amount **245.50**

There will be a convenience fee added to your payment amount.
 For more information, please click [Schedule](#).

[Next >>](#)

The bill number is located towards the top right hand corner of the tax bill, as seen in the highlighted in yellow below:

<p>2002 CHAMPAIGN COUNTY REAL ESTATE TAX BILL DANIEL J. WALSH, CHAMPAIGN COUNTY TREASURER 1000 WEST MAIN ST. CHAMPAIGN, IL 61701-1000</p> <p>1</p> <p>ON ON STATE</p> <p>2002 CHAMPAIGN COUNTY REAL ESTATE TAX BILL DANIEL J. WALSH, CHAMPAIGN COUNTY TREASURER 1000 WEST MAIN ST. CHAMPAIGN, IL 61701-1000</p> <p>2</p> <p>ON ON STATE</p>	<p>NAME: [Redacted] USER ID: [Redacted] LAST PAYMENT SCHEDULE: [Redacted]</p> <p>PHONE NUMBER OR FAX NO: [Redacted] TEL: [Redacted] 2002</p> <p>EMAIL: [Redacted] LAST PAYMENT SCHEDULE: [Redacted]</p> <p>PASSWORD: [Redacted] ONLY FOR THE USER. PLEASE DO NOT SHARE YOUR PASSWORD WITH ANYONE. IF YOU FORGOT YOUR PASSWORD, CONTACT SUPPORT@ILLINOISEPAY.COM</p>
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Brought to you by Illinois State Treasurer Judy Baar Topinka and...

Champaign County Treasurer's Office

Daniel J. Walsh, Champaign County Treasurer



Payment \$245.50 Fee \$10.00 Total Payment \$255.50

Personal Information

Name
(as it appears on the Real Estate Taxes)

Address

City/State/Zip

Phone

E-Mail

Pay via

Copyright 2000-2003, Illinois State Treasurer

Illinois E-PAY version 2.6.2

Brought to you by Illinois State Treasurer Judy Bear Fopinka and...

Champaign County Treasurer's Office

Daniel J. Welch, Champaign County Treasurer



Payment \$245.50 Fee \$10.00 Total Payment \$255.50

Credit Card Information

Name
(as it appears on the account)

Visa Account Number

Expiration Date /

Illinois E-PAY version 2.6.2

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Champaign County Treasurer's Office

Daniel J. Walsh, Champaign County Treasurer



Payment \$245.30 Fee \$10.00 Total Payment \$255.30

Personal Information

Name Jason Winnett
 (as it appears on the Real Estate Taxes)

Address 300 W. Jefferson

City/State/Zip Springfield, IL 62702

Phone (217) 782-7176

E-Mail jwinnett@treasurer.state.il.us

Pay via E-Check Next >>

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Illinois E-PAY version 2.6.2

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Champaign County Treasurer's Office

Daniel J. Welch, Champaign County Treasurer

Payment \$245.50 Fee \$10.00 Total Payment \$255.50

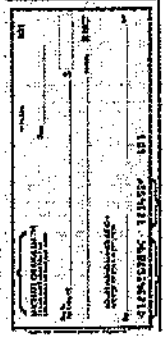
E-Check Information

Pay To This Order Of: **Champaign County Treasurer** **\$255.50**

Memo: **Real Estate Taxes** **Two hundred fifty-five and 50/100 Dollars**

Bank Routing #: Checking Account #: **Jason Winnett**
(Signature - as it appears on the account)

Account Name: <<Previous | Next>>



Routing Account Number Number

Brought to you by Illinois State Treasurer Judy Gear Topinka and...



Champaign County Treasurer's Office

Bonnie J. Welch, Champaign County Treasurer

Confirm Real Estate Taxes Payment

Amount \$245.50
Convenience Fee* \$10.00
 *Your convenience fee will show as a separate entry on your credit card statement if one was assessed. If you entered a valid email address, you will receive a confirmation e-mail for your total payment amount.

Total Amount \$255.50

Bill Number 111111
Name Jason Winnett
Address 300 W Jefferson
City/State/Zip Springfield, IL 62702
Phone 217-782-7176
E-Mail jwinnett@treasurer.state.il.us

Change Payment Information

Cancel Payment

Submit Payment For Processing

Processing the payment may take a couple of minutes. After clicking *submit*, please wait for the process to complete. Please do not re-click submit. After your payment has been processed, please allow 2-3 days for it to be posted.

Copyright 2000-2003, Illinois State Treasurer

Illinois E-PAY version 2.6.2

Brought to you by Illinois State Treasurer *Judy Baar Topinka and...*




Champaign County Treasurer's Office

Daniel J. Weller, Champaign County Treasurer


Your payment is being processed...please wait...
Processing the payment may take a couple of minutes.



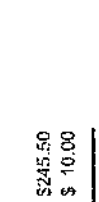
Champaign County Treasurer's Office
 1000 W. Green Street, Champaign, IL 61820



 Electronic Payment Services Program



 Dan Welch
 Illinois State Treasurer



 Judy Baar Tapinka
 Illinois State Treasurer

Thank you for using Illinois E-PAY. Your \$245.50 payment on Bill Number 111111 has been processed successfully. Your payment details are listed below. Please allow 2-3 days for your payment to be posted.

Confirmation Number 000819
Amount \$245.50
Convenience Fee \$ 10.00

Your convenience fee will show as a separate entry on your credit card statement if one was assessed.
Total Amount Charged to Your Card \$255.50

Real Estate Taxes	
Bill Number	111111

Personal Information	
Name on Real Estate Taxes:	Jason Winnett
Address	300 W Jefferson
City/State/zip	Springfield, IL 62702
Phone Number	217-782-7176
Email Address	jwinnett@treasurer.state.il.us

Credit Card Information	
Name on Card	Jason Winnett
Credit Card	1
Card Number:	*****3891
Expiration Date	11/2005

Fri Nov 14 12:50:38 CST 2003
 Please allow 2-3 days for your payment to be posted. Be sure to copy the above confirmation number or print this page and keep it for your records.

Customer's E-Mail Confirmation

E-PAY payment confirmation - Message [Close] [Maximize] [Minimize]

File Edit View Insert Format Tools Compose Help

Reply Reply to All Forward [Icons] [Icons]

Message Options Sent: Fri 11/14/2003 12:51 PM

From: epay@illinoisepay.com
To: jwinnett@treasurer.state.il.us
CC:
Subject: E-PAY payment confirmation

Thank you for making your payment via the Illinois State Treasurer's E-PAY system. Your transaction was successful.

Payment Amount: 245.00
Fee Amount: 10.00
Total Payment: 255.00

Authorization Code: 000819

Real Estate Taxes
Bill Number 111111
Personal Information
Name on Real Estate Taxes: Jason Winnett
Address 300 W Jefferson
City/State/Zip Springfield, IL 62702
Phone Number 217-782-7176
Email Address jwinnett@treasurer.state.il.us
Credit Card Information
Name on Card Jason Winnett
Credit Card 1
Card Number: *****3991
Expiration Date 11/2005

Participant's E-Mail Confirmation

245.50 payment for Bill Number: 111111 - Message

File Edit View Insert Format Tools Compose Help

Reply Reply to All Forward

Message Options

Sent: Fri 11/14/2003 12:51 PM

From: epay@illinoisepay.com

To: epay@illinoisepay.com; nobody@msfw.com

Cc:

Subject: 245.50 payment for Bill Number: 111111

Thank you for making your payment via the Illinois State Treasurer's E-PAY system. Your transaction was successful.

Payment Amount: 245.50
Fee Amount: 10.00
Total Payment: 255.50

Authorization Code: 000819

Real Estate Taxes
Bill Number 111111
Personal Information Jason Winnett
Name on Real Estate Taxes: Jason Winnett
Address 300 W Jefferson
City/State/Zip Springfield, IL 62702
Phone Number 217-782-7176
Email Address jwinnett@treasurer.state.il.us <<mailto:jwinnett@treasurer.state.il.us>>

Credit Card Information
Name on Card Jason Winnett
Credit Card 1
Card Number: *****3991
Expiration Date 11/2005

McLEAN COUNTY NURSING HOME

ACCRUED EXPENDITURE

Prt Date: February 24, 2004

	2004 BUDGET	2004 MONTHLY ALLOC	JAN,2004 ACCRUED EXPENSE	YTD ALLOC	ADJUSTED YTD EXPENSE	REMAINING BUDGET	YTD VARIANCE AMOUNT	PER CENT OF BUDGET SPENT	PROJECTED EXPENSE 12/31/03
SALARIES	3,123,489	265,283	270,117	265,283	270,117	2,853,372	2,853,372	9%	3,180,415
IMRF	198,029	16,819	17,125	16,819	17,125	180,904	307	9%	201,638
MED/LIFE	358,680	11,439	30,380	30,463	30,380	328,300	(83)	8%	357,700
SOC/SEC	238,947	20,294	20,664	20,294	20,664	218,283	370	9%	243,302
VAC LIAB	25,000	2,123	2,117	2,123	2,117	22,883	(6)	8%	24,932
SELLBACK	0	0	0	0	0	0	0	0%	#DIV/0!

PERSONNEL	3,944,145	315,958	340,404	334,982	340,404	3,603,741	5,422	9%	4,007,986
COMMODITIES	641,077	54,448	35,897	54,448	35,897	605,180	(18,550)	6%	422,664
CONTRACTUAL	1,261,189	106,732	102,882	107,115	102,882	1,158,307	(4,233)	8%	1,211,352
CAPITAL	161,294	13,699	6,395	13,699	6,395	154,899	(7,304)	4%	75,291

GRAND TOTAL	6,007,705	490,837	485,578	510,243	485,578	5,522,127	(24,665)	8%	5,717,293
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McLEAN COUNTY NURSING HOME

ACCRUED REVENUE

Prt Date: February 24, 2004

	2004 BUDGET	2004 MONTHLY ALLOC	JAN,2004 ACCRUED REVENUE	YTD ALLOC	ADJUSTED YTD REVENUE	REMAINING BUDGET	YTD VARIANCE AMOUNT	OF BUDGET SPENT	PROJECTED REVENUE 12/31/03
MEDICARE REVENUE	775,400	65,856	40,287	65,856	40,287	735,113	(25,569)	5%	474,344
IDPA REVENUE	2,581,280	219,232	210,550	219,232	210,550	2,370,730	(8,682)	8%	2,479,056
SCHOOLING REIMB	0	0	0	0	0	0	0	#DIV/0!	0
JDC LAUNDRY	7,100	603	358	603	358	6,742	(245)	5%	4,213
JDC FOOD	31,501	2,675	1,665	2,675	1,665	29,836	(1,011)	5%	19,601
MEALS	500	42	34	42	34	466	(8)	7%	400
PVT PAY REVENUE	1,862,960	158,224	176,930	158,224	176,930	1,686,030	18,706	9%	2,083,206
UNGLASS	7,300	620	107	620	107	7,193	(513)	1%	1,255
INTEREST EARNED	41,604	3,533	1,360	3,533	1,360	40,244	(2,174)	3%	16,011
SALE OF ASSETS	0	0	0	0	0	0	0	#DIV/0!	0
TRANSFER IN	424,373	36,043	35,297	36,043	35,297	389,076	(745)	8%	415,597
TELEPHONE REIMB	0	0	900	0	900	(900)	900	#DIV/0!	10,597

TOTAL ACC REVENUE	5,732,018	486,829	467,487	486,829	467,487	5,264,531	(19,342)	8%	5,504,280
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TOTAL ACC REVENUE	5,732,018	486,829	467,487	486,829	467,487	5,264,531	(19,342)	8%	5,504,280
LESS ACCRUED EXPENSE	(6,007,705)	(490,837)	(485,578)	(510,243)	(485,578)	(5,522,127)	24,665	8%	(5,717,293)

ACC REV - (ACC EXP)	(275,687)	(4,008)	(18,092)	(23,415)	(18,092)	(257,596)	5,323		(213,014)
PLUS CAP EXP	0	13,699	6,395	13,699	6,395	154,899	(7,304)		75,291

ACC BALANCE	(275,687)	9,691	(11,697)	(9,716)	(11,697)	(102,696)	(1,981)		(137,723)
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McLEAN COUNTY NURSING HOME

CENSUS Report - 2004

MONTH	AVG MEDICARE	AVG PVT PAY	AVG IDPA	AVG BED HOLD	AVG CENSUS	AVG VACANT
JANUARY	4.97	48.29	75.13	1.68	130.07	19.93
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						

YTD AVERAGE 4.97 48.29 75.13 1.68 130.07 19.93
 % OF CAPACITY 3.31% 32.19% 50.09% 1.12% 86.71% 13.29%

Assessment Status Report

Township	Book to		To		Publisher	Newspaper	Date of		Final Filing Date	2002		2003		Complaints		B/R's		Books Closed
	SIA	Printer	Printer	To			Publication	Final		Factor	Factor	Filed	Filed	Filed	Filed			
Allin	10/28/03	10/30/03	10/29/03	10/29/03	Pantagraph	Pantagraph	11/03/03	12/03/03	12/03/03	1.0561	1.0346	6	6					
Anchor	06/30/03	09/18/03	09/18/03	09/18/03	Ridgeview Review	Ridgeview Review	09/25/03	10/27/03	10/27/03	1.0323	1.0100	4	2					
Arrowsmith	10/27/03	10/28/03	10/28/03	10/28/03	Pantagraph	Pantagraph	11/03/03	12/03/03	12/03/03	1.0000	1.1067	3	3					
Bellflower	12/05/03	12/06/03	12/06/03	12/06/03	LeRoy Journal	LeRoy Journal	12/10/03	01/09/04	01/09/04	1.0943	1.0188	3						
Bloomington	02/17/04	02/19/04	02/19/04	02/19/04	Pantagraph	Pantagraph	02/24/04	03/25/04	03/25/04	1.0215	1.0125							
Blue Mound	07/03/03	09/08/03	09/15/03	09/15/03	Ridgeview Review	Ridgeview Review	09/18/03	10/20/03	10/20/03	1.0419	1.1327	12	4					
Cheney's Grove	12/05/03	12/06/03	12/08/03	12/08/03	Ridgeview Review	Ridgeview Review	12/11/03	01/12/04	01/12/04	1.0585	1.0163	10	1					
Chenoca	01/12/04	01/12/04	01/12/04	01/12/04	Chenoca Town Crier	Chenoca Town Crier	01/15/04	02/17/04	02/17/04	1.0177	1.0501	24						
City	01/30/04	01/31/04	01/31/04	01/31/04	Pantagraph	Pantagraph	02/06/04	03/08/04	03/08/04	1.0412	1.0000	65	9					
Cropsey	07/30/03	09/18/03	09/18/03	09/18/03	Ridgeview Review	Ridgeview Review	09/25/03	10/27/03	10/27/03	1.0000	1.0000	4						
Dale	11/20/03	01/02/04	01/02/04	01/02/04	Pantagraph	Pantagraph	01/09/04	02/09/04	02/09/04	1.0283	1.0321	15	5					
Danvers	10/15/03	10/16/03	10/20/03	10/20/03	Quill	Quill	10/23/03	11/24/03	11/24/03	1.0362	1.0390	30	2					
Dawson	10/29/03	10/30/03	10/30/03	10/30/03	Pantagraph	Pantagraph	11/03/03	12/03/03	12/03/03	1.0000	1.1161	11	8					
Downs	08/12/03	09/26/03	09/26/03	09/26/03	Pantagraph	Pantagraph	10/01/03	12/05/03	12/05/03	1.1121	1.0525	19	8					
Dry Grove	12/29/03	12/31/03	12/31/03	12/31/03	Quill	Quill	01/08/04	02/09/04	02/09/04	1.0663	1.0190	11	1					
Empire	12/10/03	12/15/03	12/15/03	12/15/03	LeRoy Journal	LeRoy Journal	12/17/03	01/16/04	01/16/04	1.0526	1.0229	24	11					
Funk's Grove	12/15/03	12/31/03	12/31/03	12/31/03	Heyworth Star	Heyworth Star	01/08/04	02/09/04	02/09/04	1.0906	1.0188	4						
Gridley	10/24/03	10/27/03	10/27/03	10/27/03	Gridley Village Times	Gridley Village Times	10/30/03	12/01/03	12/01/03	1.0122	1.0133	14	3					
Hudson	10/15/03	10/15/03	10/20/03	10/20/03	Quill	Quill	10/23/03	11/24/03	11/24/03	1.0702	1.0000	23	16					
Lawndale	08/01/03	09/18/03	09/18/03	09/18/03	Ridgeview Review	Ridgeview Review	09/25/03	10/27/03	10/27/03	1.0000	1.0156	2						
Lexington	12/31/03	01/02/04	01/02/04	01/02/04	Lexingtonian	Lexingtonian	01/08/04	02/09/04	02/09/04	1.0192	1.0512	25	6					
Martin	07/07/03	09/09/03	09/15/03	09/15/03	Ridgeview Review	Ridgeview Review	09/18/03	10/20/03	10/20/03	1.0476	1.0085	9	17					
Money Creek	11/06/03	11/12/03	11/12/03	11/12/03	Lexingtonian	Lexingtonian	11/20/03	12/22/03	12/22/03	1.0539	1.0297	15	8					
Mount Hope	12/31/03	12/31/03	12/31/03	12/31/03	Heyworth Star	Heyworth Star	01/08/04	02/09/04	02/09/04	1.0107	1.0399	14	19					
Normal	12/09/03	12/13/03	12/13/03	12/13/03	Normalite	Normalite	12/18/03	01/20/04	01/20/04	1.0396	1.0000	118	38					
Old Town	11/17/03	01/06/04	01/06/04	01/06/04	Pantagraph	Pantagraph	01/10/04	02/09/04	02/09/04	1.0490	1.0127	12	14					
Randolph	09/26/03	09/30/03	09/30/03	09/30/03	Heyworth Star	Heyworth Star	10/09/03	11/10/03	11/10/03	1.0350	1.0228	36	46					
Towanda	12/29/03	01/06/04	01/06/04	01/06/04	Pantagraph	Pantagraph	01/10/04	02/09/04	02/09/04	1.0582	1.0000	22	8					
West	12/05/03	12/06/03	12/06/03	12/06/03	LeRoy Journal	LeRoy Journal	12/10/03	01/09/04	01/09/04	1.1385	1.0029	1	1					
White Oak	10/28/03	10/31/03	10/31/03	10/31/03	Quill	Quill	11/06/03	12/08/03	12/08/03	1.0000	1.0074	7						
Yates	08/01/03	09/18/03	09/18/03	09/18/03	Chenoca Town Crier	Chenoca Town Crier	09/25/03	10/27/03	10/27/03	1.0323	1.0723	4	1					
												547	237					

EAV Change 2002 vs 2003

2003BOR will reflect Board of Review Actions

2002 FINAL EAV	\$2,778,895,098	% Change
2003 TENTATIVE EAV	\$2,923,808,344	105.21%
2003 FINAL EAV	\$0	0.00%

Township	2002FINAL	2003SAEQ	2003BOR	% change
Allin	\$18,515,305	\$18,284,669		-1.25%
Anchor	\$10,042,612	\$9,723,692		-3.18%
Arrowsmith	\$11,707,783	\$11,731,583		0.20%
Bellflower	\$14,821,328	\$16,467,167		11.10%
Bloomington	\$224,180,386	\$237,496,793		5.94%
Blue Mound	\$12,800,545	\$13,105,391		2.38%
Cheney's Grove	\$15,815,393	\$15,562,527		-1.60%
Chenoa	\$29,836,949	\$31,024,835		3.98%
City	\$1,191,990,787	\$1,258,608,041		5.59%
Cropsey	\$4,897,594	\$5,017,547		2.45%
Dale	\$33,381,099	\$34,241,503		2.58%
Danvers	\$32,290,615	\$33,867,947		4.88%
Dawson	\$14,940,316	\$15,725,310		5.25%
Downs	\$26,657,659	\$27,294,651		2.39%
Dry Grove	\$59,714,301	\$58,835,778		-1.47%
Empire	\$63,579,171	\$66,984,939		5.36%
Funk's Grove	\$14,333,962	\$13,712,470		-4.34%
Gridley	\$37,319,636	\$37,051,063		-0.72%
Hudson	\$47,479,089	\$50,547,010		6.46%
Lawndale	\$8,300,797	\$7,998,905		-3.64%
Lexington	\$41,386,885	\$42,721,218		3.22%
Martin	\$20,926,183	\$20,658,839		-1.28%
Money Creek	\$39,637,768	\$40,794,934		2.92%
Mount Hope	\$24,000,419	\$24,137,989		0.57%
Normal	\$587,234,287	\$628,190,068		6.97%
Old Town	\$65,459,759	\$67,792,834		3.56%
Randolph	\$63,162,095	\$66,842,499		5.83%
Towanda	\$29,526,995	\$34,929,994		18.30%
West	\$12,498,224	\$11,567,358		-7.45%
White Oak	\$13,900,076	\$14,162,122		1.89%
Yates	\$8,557,080	\$8,728,668		2.01%



RISK MANAGEMENT OFFICE

TEL: (309) 888-5940 FAX: (309) 888-5949
104 West Front Street P. O. Box 2400

E-MAIL: riskmgt@mclean.gov
Bloomington, IL 61702-2400

Memo To: Matt Sorensen, Chairman
Members, Finance Committee

From: Jen Ho, Risk Manager *Jen Ho*

Date: February 24, 2004

Subject: Amended Nursing Home Liability Insurance/Agent's Service Fee

Following the Board 's approval of the insurance program on February 17, 2004, our agent, Wally McColloch of Acordia/IRM, discovered a mathematical error on computing the premiums for the excess \$ 1 million on the Nursing Home, and the subsequent need to amend our service fees with our agent. Consequently, we are bring these items back for your consideration.

To recap, the Nursing Home Liability Insurance is underwritten as a primary layer of \$ 1 million, with no deductible, and a following excess layer of \$ 1 million to bring the total limits to \$ 2 million. The premiums for the second layer of coverage was computed as a percentage of the underlying premiums of \$ 86,400, inclusive of commissions. Additionally, associated with participating in the program are risk management fees of \$ 3,250.00. Following negotiations with excess carrier, the excess percentage was reduced from 37% to 30%.

The premiums for the \$ 2 million in coverage is computed as follows:

Premiums for Primary layer of \$ 1 million	= \$ 86,400
Premiums for Excess layer of \$ 1 million (30% of Primary)	= \$ 25,920
<u>Total Premiums inclusive of commissions</u>	<u>= \$ 112,320</u>

Total due to Carrier = Premiums + Risk Management Fees
= \$ 112,320 + \$ 3,250 = \$ 115,570

The County will be billed for this amount of \$ 115,570. However, because our agent is working on a fee basis, the net cost to the County for the nursing home liability coverage is as follows:

Net to County = (Premiums - Commissions) + Risk Management Fees
= \$ 108,108 + \$ 3,250 = \$ 111,358

Commissions for the nursing home liability insurance will be deducted from the service agreement for \$ 32,000 approved by the Board on February 17, 2004. All other terms and conditions remain the same. Consequently, we are forwarding the amended changes to the Committee's consideration as follows:

	Changes	Board Approved @2/17/04	Difference
Premiums- \$ 2 Million	\$ 115,570 (gross)	\$ 103,559 (net)	\$ 12,011
Service Fees	\$ 27,700	\$ 32,000	(\$ 4,300)
Total:	\$ 143,270	\$ 135,559	\$ 7,711

Mr. Don Lee, Administrator of the Nursing Home has been advised of this turn of events and will contribute the additional monies from his funds. The contribution from the nursing home will be \$ 74,645. Please call me at 309/888-5940 for questions. Thank you.

AGREEMENT FOR INSURANCE BROKERAGE SERVICES

This Agreement made and entered into this February 17, 2004 , by and between Insurance Risk Managers/Accordia (hereinafter know as "Agent") and the County of McLean (hereinafter known as "County".)

This agreement is made with regard to the following recitals:

- A. The County has determined that the Agent should continued to be retained as the Broker of Record for insurance brokerage services for the period commencing February 18, 2003 and ending March 1, 2004 for desired brokerage services for its property and casualty insurance coverages;
- B. Agent has been selected by the County as its Agent of Record.
- C. Agent will be compensated on a fee based as stipulated in Exhibit I.

Now, therefore, in consideration of this agreement, and the mutual promises, covenants, and stipulation hereinafter contained, the parties agree as follows:

1. TERM

The term of this Agreement shall be for the period of March 1, 2004 to March 1, 2005, unless earlier terminated as provided in paragraph 4 herein.

2. BROKERAGE SERVICES TO BE PROVIDED

Services to be provided by the Agent in this Agreement includes the following:

2.1 Usual and Customary Brokerage Services

2.1.1 Consultation and coordination of activities in the acquisition, enhancement and maintenance of the risk management and insurance program of the County, and as liaison between County and the underwriters.

2.1.2 Administration of insurance programs to ensure the timely issuance and accuracy of policies, endorsements, and other coverage amendments.

2.1.3 Consultation and coordination of all claim reporting activities to the insurance companies and assistance in the settlement and /or processing of claims until all claim matters under the policies or binds are resolved.

2.1.4 Maintenance of current records on reported claims and production of a claim summary not less than annually subject to the availability of internal loss records of the County and the underwriters.

2.1.5 Consultation on loss control, inspection and prevention activities. These consultation services are considered to be the type that normally are included within the scope of routine insurance broker servicing. Additional services requested by the County are mentioned in paragraph 2.2.

- 2.1.6 Participation in meetings with insurance companies and the County to review insurance coverages.
- 2.1.7 Preparation of all necessary support documents, such as automobile ID cards, filings and/or certificates of insurance, in compliance with local statutes or provisions provided within this agreement.
- 2.1.8 Consultation and advice on all relevant changes/trends in the insurance industry to keep the County personnel current with market conditions and insurance coverages affecting the County.
- 2.1.9 Preparation of premium and loss development forecasts as requested.
- 2.1.10 Deliver to the County on or before July 1, a statement of the industry rating and report of financial status of insurance companies providing coverage to the County.
- 2.1.11 Provide the County on or before July 1, a report reviewing and developing premiums indications for coverages, based on market trends, for the County's next fiscal year.
- 2.1.12 Upon consultation with the County, provide alternative proposals from prospective carriers for coverage for the next coverage period.
- 2.1.13 Other usual and customary insurance consulting services as mutually agreed upon.

2.2 ADDITIONAL SERVICES

Services described in this section include special services or those not within the scope of routine insurance brokerage services. Examples of additional services include special study projects, significant changes in an insurance program requiring extensive marketing activities.

Agent agrees that in each such case to notify the County whether it has the expertise within its staff or whether outside specialists are recommended. The County may then either request the Agent to develop a list of outside specialists for the County to interview or the County may request the Agent to do so and make specific recommendations to the County.

3. COMPENSATION

3.1 In consideration of the brokerage services to be provided hereunder, Agent will be compensated on a fee basis as provided in Exhibit I. Statement of Acceptance of Insurance Service Fee Agreement.

3.2 At the request of the County, the Agent shall disclose the commissions earned on the accounts.

4 TERMINATION

4.1 This Agreement may be terminated by either party upon written notice to the other party, provided such notice specifies an effective date for termination of not less than thirty (30) days from the date of such notice.

4.2 As of the termination date, the Agent shall have no further obligation to perform any of the brokerage services set forth in this Agreement or to provide any servicing with respect to any of the County's insurance coverages, with the exception of the continued coordination of claims activities for claims reported or filed while this agreement is in force.

4.3 The Agent shall also return to the County the originals or file copies, if originals are not available, of all documents and materials supplied by the County upon request by the County.

4.4 Agent shall continue to administer, coordinate the claims activity for any reported or filed claims within the coverage periods of insurance policies procured within the duration of this agreement until such claims are resolved.

5 DISCLOSURE, NON-DISCLOSURE AND NOTICES

5.1 During the term of this Agreement or upon termination of this Agreement, the Agent hereby agrees for itself and on behalf of its officers, agents, attorneys and all others acting on its behalf or in its employ:

- (i) to hold in strict confidence and not disclose any "confidential information" furnished by or on behalf of the County;
- (ii) not to use any such information for any purpose other than the management of and the placement of the County's insurance coverages;
- (iii) to return any and all such information (including all copies) upon request by the County. "Confidential information" means all information regarding the County, including information on its operations, assets, and projected future economic performance and prospects, other than information which has already been disclosed to the public, and
- (iv) to disclose to the County on or before June 1 of each year the total amount of contingency fees received by the Agent during the prior calendar year on the the County's insured coverages.

5.2 All notices to be given pursuant to this Agreement shall be deemed given when mailed by certified mail, return receipt requested, to the following addresses:

If to the Agent

Wally McColloch, Sr. Vice President
Accordia/IRM
205 Landmark Drive
Normal, IL 61761-0968

If to the County

Jennifer Ho, Risk Manager
McLean County
104 West Front St
Bloomington, IL 61702-2400

or such other addresses as the parties may, from time to time, specify in writing.

6. INTEREST OF AGENT

Agent warrants that it presently has no interest and shall not acquire any interest, direct or indirect, which could conflict in any manner or degree with the performance of services required to be performed under this Agreement. Agent warrants that, in performance of this Agreement, Agent shall not employ any person having such interest.

7. INDEPENDENT CONTRACTOR

7.1 All acts of Agent, its agents, officers, and employees and all others acting on behalf of Agent relating to the performance of this Agreement, shall be performed as independent contractors and not as agents, officers, or employees of the County. Agent, by virtue of this Agreement, has no authority to bind or incur any obligation on behalf of the County, save and except to bind insurance coverage for the County in its Agent's capacity as an independent contractor. Agent has no authority or responsibility to exercise any rights or power vested in the County. No Agent, officer, or employee of the County is to be considered an employee of Agent. It is understood by both Agent and the County that this Agreement shall not under any circumstances to be construed or considered to create any employer-employee relationship or joint venture.

7.2 Agent shall determine the method, details and means of performing the work and services to be provided by Agent under this Agreement. Agent shall be responsible to the County only for the requirements and results specified in this Agreement, and, except as expressly provided in this Agreement, shall not be subjected to the County's control with respect to the physical action or activities of the Agent in fulfillment of this Agreement. Agent has control over the manner and means of performing the services under this Agreement. Agent is permitted to provide service to others during the period service is provided to the County under this Agreement.

7.3 The County shall reserve the right to inspect the Agent's work and service during the performance of this contract to ensure that this contract is performed according to its terms.

8. HOLD- HARMLESS AND INDEMNIFICATION PROVISION

As an independent contractor, Agent hereby indemnifies and holds the County harmless from any and all claims that may be made against the County arising out of or in any way connected with the performance of work by Agent, or the Agents' representatives in conjunction with this Agreement.

9. INSURANCE REQUIREMENTS

9.1 The Agent shall provide at its own expense and maintain at all times the following insurance with insurance companies licensed in the State of Illinois and shall provide evidence of such insurance to the County as may be required. The policies or certificates thereof shall provide that, thirty (30) days prior to cancellation or material change in the policy, notices of same shall be given to the Risk Manager of the County by registered mail, return receipt requested, for all of the following stated insurance policies.

9.1.1 **Worker's Compensation** – in compliance with the statutes of the State of Illinois, plus employer's liability with a minimum limit of liability of \$500,000.

9.1.2 **General Liability** insurance with a minimum limit of liability per occurrence of \$1,000,000 for bodily injury and \$100,000 for property damage or \$1,000,000 combined single limit. This insurance shall indicate on the certificate of insurance the following coverages and indicate the policy aggregate limit applying to: premises and operations; broad form contractual; independent contractors and subcontractors; products and completed operations; and/or professional liability.

9.1.3 **Automobile Liability** insurance with a minimum limit of liability per occurrence of \$1,000,000 for bodily injury and \$100,000 for property damage or \$1,000,000 combined single limit. This insurance shall cover any automobile for bodily injury and property damage.

9.1.4 **Professional Errors and Omissions** insurance with a minimum limit of \$ 1,000,000 per occurrence.

Upon failure of the Agent to furnish, deliver or maintain such insurance and certificates as above provided, this Agreement, at the election of the County, may be forthwith declared, suspended, or terminated. Failure of the Agent to obtain and/or maintain any required insurance shall not relieve the Agent from any liability under this Agreement, nor shall the insurance requirements be construed to conflict with or otherwise limit the obligations of the Agent concerning indemnification.

10. GENERAL PROVISIONS

10.1 Neither this Agreement nor any rights thereunder shall be assigned by either party, including any assignment by operation of law, without the prior written consent of the other party first having been obtained.

10.2 No waiver, amendment or modification of any covenant, condition, limitation or provision herein contained shall be valid unless in writing and duly executed by both parties.

10.3 It is agreed that if any provision of this Agreement shall be determined to be void by any court of competent jurisdiction, then such determination shall not affect any other provisions of this Agreement, all of which provisions shall remain in full force and effect; it is the intention of the parties hereto that if any provision of this Agreement is capable of two (2) constructions, one of which would render the provision valid, then the provision shall have the meaning which renders the provision valid.

10.4 This Agreement shall be governed by, and construed in accordance with, the Laws of the State of Illinois. All relevant provisions of the laws of the State of Illinois applicable hereto and required to be reflected or set forth herein are incorporated herein by reference.

10.5 This Agreement shall inure to the benefit of and be binding upon the respective successors and assigns, if any, of the parties hereto, except that nothing contained in this paragraph shall be construed to permit any attempted assignment which would be in violation of any other provision of this Agreement.

10.6 This Agreement constitutes the entire agreement between the parties and supercedes all proposals, prior discussions and representations, oral or written, between the parties relating to this Agreement or any services to be provided to the County. No representation or statement expressly contained in this Agreement shall be relied upon or be binding upon the parties.

10.7 Agent shall pay all current and applicable, city, county, state and Federal taxes, licenses as required by law.

IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year first written above.

ATTEST:

the County

By: _____

Name: _____

Title: _____

ATTEST:

the Agent

By: _____

Name: _____

Title: _____

SERVICE FEE EXPLANATION

In accordance with Illinois Insurance Code, a service fee must be agreed upon in writing by the party to be charged. Therefore, please acknowledge by signing the Statement of Acceptance below.

STATEMENT OF ACCEPTANCE INSURANCE SERVICE FEE AGREEMENT

This service fee agreement is made this 1ST day of MARCH,
2004, between Acordia, hereinafter called "agent" and

 COUNTY OF MCLEAN
(a Corporation, Sole Proprietor, Partnership)

hereinafter called "client."

1. This service fee agreement will apply to types of insurance and/or services as checked below:

- | | |
|---|--|
| <input type="checkbox"/> Package | <input type="checkbox"/> Automobile |
| <input checked="" type="checkbox"/> Property | <input type="checkbox"/> Umbrella |
| <input checked="" type="checkbox"/> General Liability | <input checked="" type="checkbox"/> Workers Compensation |
| <input checked="" type="checkbox"/> Other <u>CRIME AND BOILER</u> | |

2. Client agrees to remit the sum of \$27,700.00 as a service fee, payable as follows:

- Quarterly Installments of \$6,925.00. (Payable 3/20/04; 6/20/04; 9/20/04 and 12/20/04)
- Installment
Downpayment due _____ in the amount of \$ _____,
plus _____ equal installments due the _____ of each
succeeding month in the amount of \$ _____ each.

3. Client understands and agrees that the service fee payable under this agreement is in addition to premiums to be paid on policies to the insurance companies involved.

4. Client acknowledges that in the event coverage is cancelled, the service fee charge is immediately earned.

COUNTY OF MCLEAN

ACORDIA

By: _____

By: G.W. McColloch
G.W. McColloch, Agent



Ruth Weber
County Recorder

(309) 888-5171 Fax (309) 888-5927 e-mail: ruth@mclean.gov
104 W. Front, Room 708 P.O. Box 2400 Bloomington, Illinois 61702-2400

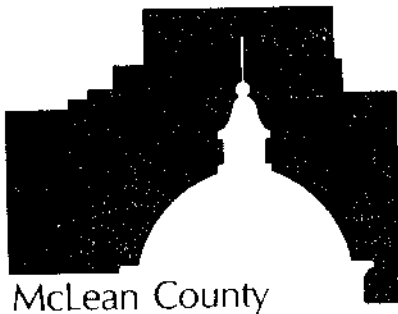
February 26, 2004

To: Finance Committee Chairman and Committee

From: Ruth Weber *Ruth Weber*

The following is a listing of matters handled since the last Finance Committee meeting:

1. All credit account customers have been advised that their credit was being terminated and that all accounts must be paid within the terms of the respective credit agreements.
2. We had a joint meeting with the Outside Auditor, Information Services Director, and the Software Vendor Representative regarding the desired changes in the software system. Desired items are an updated Open Item Detail Statement and a Customer Aging Report. These are in the process of being implemented.
3. The department revenue stamps and daily cash/check turn-ins to the County Treasurer are being handled. Everything is balancing and checking out.



McLEAN COUNTY SHERIFF'S DEPARTMENT
DAVID OWENS, SHERIFF
"Peace Through Integrity"
Administration Office
(309) 888-5034
104 W. Front Law & Justice Center Room 105
P.O. Box 2400 Bloomington, Illinois 61702-2400

Detective Commander (309) 888-5051
Patrol Commander (309) 888-5166
Patrol Duty Sergeant (309) 888-5019
Jail Division (309) 888-5065
Process Division (309) 888-5040
Records Division (309) 888-5055
Domestic Crimes Division (309) 888-5860
FAX (309) 888-5072

February 23, 2004

TO: Mr. Matt Sorensen, Chairman
Finance Committee
FROM: Sheriff David Owens
SUBJ: EJS CASH MANAGEMENT

In an effort to handle inmate funds better, the McLean County Detention Facility will begin using the EJS Cash Management System on Wednesday, February 25th. All the money on the books, for inmates in custody on that day, will be moved to a new account at Commerce Bank. The money held on individual accounts, shown in the Keefe Commissary System for each of these inmates, will be placed on their individual accounts in EJS.

Any money left in the old Keefe account is for outstanding checks and money not held individually by current inmates. This money should eventually go to the Treasurer's Office as unclaimed property.

The Jail Watch Commanders will be able to reconcile funds at the end of each shift and it will only take a few minutes instead of hours as it did on the Keefe System. Accounts were set up in EJS with the help of the EJS DBAs and Jeff Thompson.

If you have any questions, please contact Tom Phares at 888-5068.

Sincerely,

Dave Owens
Sheriff

DO:jc

cc: Mr. John Zeunik
Mr. Tari Renner