

(Amended: 11/20/17)

AGENDA
CITY COUNCIL MEETING
November 21, 2017

1. Approval of Minutes – November 7, 2017

2. Approval of Claims

The City Council will be hearing public comments on the following agenda items: _____

Anyone desiring to view the Open Meetings Act may do so. The document is available for public inspection and is located on the south wall of the Council Chambers.

The City Council may go into closed session to discuss certain agenda items to protect the public interest or to prevent the needless injury to the reputation of an individual and if such individual has not requested a public hearing.

3. Action on the appointment of a City Treasurer- Finance Director — Mary Beth Porter

4. Action to terminate the City of Wayne's group health insurance with Blue Cross Blue Shield and enroll with United Healthcare — Gary Boehle, Elkhorn Agency

Background: Gary Boehle, the City's group health insurance agent, advised us that he received the proposed 2018 renewal rates from Blue Cross Blue Shield. The same were going to be increasing by 40.65%. Staff asked Gary to obtain a proposal from United Healthcare, the only other group health insurance carrier in the State of Nebraska. He found a plan that is comparable to the City's current plan, with minimal change in the premiums. The deductibles will increase from \$6,350/\$12,700 to \$6,550/\$13,100, and with the self-insuring that the City does, the additional out-of-pocket expense to the employee will be \$40/\$80. Gary will be at the meeting to go over the new proposed plan and to answer any questions you may have.

Recommendation: Staff recommendation is to terminate coverage with Blue Cross Blue Shield and approve United Healthcare as the new group health insurance carrier for the City effective January 1, 2018.

5. Action on the recommendation of the LB840 Citizens Sales Tax Advisory Committee — Wayne Area Event Center – to deny changing their previously awarded LB840 loan to an LB840 grant

Background: The Wayne Area Event Center was requesting that their previously awarded LB840 loan be changed to an LB840 grant. The Council previously approved \$350,000 as a 3%, 10-year loan. The recommendation for approval of this change failed by a vote of six nays and 0 ayes. Both the 2016 application and the 2017 application are in the packet for your review.

6. Resolution 2017-98: Accepting Bid and Awarding Contract on the purchase of a Bobcat 5600 to Nebraska Harvestore, Norfolk, NE, in the amount of \$50,049.03

Background: Lowell Heggemeyer obtained three bids for the purchase of a Bobcat 5600. The low bid was from Nebraska Harvestore of Norfolk in the amount of \$50,049.03. The high bid was from Sooland Bobcat of Sioux City in the amount of \$53,726.61. The bids, along with a photo of what the piece of equipment looks like is enclosed in the packet. \$53,500 was placed in this year's budget for this purchase, and is split between the Street and Park Departments. Lowell's recommendation is to accept the bid of and award the contract to Nebraska Harvestore of Norfolk for \$50,049.03.

7. [Ordinance 2017-33 Amending Wayne Municipal Code Title VII Traffic Code, Section 78-130 Prohibited Parking; Southeast Quadrant of the City \(Second Reading\)](#)
8. [Ordinance 2017-34: Amending Wayne Municipal Code Title VII Traffic Code, Section 78-131 Restricted Parking 12:00 Midnight to 5:00 a.m.; Southeast Quadrant of the City \(Second Reading\)](#)
9. Action on Estoppel Certificate between the City of Wayne and Cottonwood Wind Project, LLC

Background: NextEra is requesting to amend some language in the City's original power contract to satisfy their tax equity. This will assist with NextEra securing permanent financing for their Cottonwood project.

10. [Ordinance 2017-35: Approving Amendment No. 2 to the Power Purchase Agreement between the City of Wayne and Cottonwood Wind Project, LLC](#)
11. [Action on Change Order No. 1 for the "Beaumont First Addition Water & Sewer Extension Project" which is an increase of \\$10,732.00 to Penro Construction, Inc.](#)

Background: This change order finalizes out the quantities that were installed in the field on this project.

12. [Action on Contractor's Application for Payment No. 2 for the "Beaumont First Addition Water & Sewer Extension Project" in the amount of \\$130,807.41 to Penro Construction, Inc.](#)

Background: This is for work completed in accordance with our contract and approved for payment by the project engineer.

13. [Action on Contractor's Application for Payment No. 3 for the "4th Street Paving Project" in the amount of \\$185,548.48 to A & R Construction](#)

Background: This is for work completed in accordance with our contract and approved for payment by the project engineer.

14. [Action on Change Order No. 1 for the "Wayne Country Club Clubhouse Addition and Remodel Project," which is a decrease of \\$50,785 to OCC Builders, LLC](#)

15. **Resolution 2017-99: Approving Service Agreement between Alliance Cooperative Energy Services Power Marketing LLC and the City of Wayne**

16 Adjourn

**MINUTES
CITY COUNCIL MEETING
November 7, 2017**

The Wayne City Council met in regular session at City Hall on Tuesday, November 17, 2017, at 5:30 o'clock P.M. Mayor Ken Chamberlain called the meeting to order with the following in attendance: Councilmembers Cale Giese, Rod Greve, Jon Haase, Jennifer Sievers, Terri Buck, Jason Karsky, Matt Eischeid and Jill Brodersen; City Attorney Amy Miller; City Administrator Wes Blecke; and City Clerk Betty McGuire.

Notice of the convening meeting was given in advance by advertising in the Wayne Herald on October 26, 2017, and a copy of the meeting notice and agenda were simultaneously given to the Mayor and all members of the City Council. All proceedings hereafter shown were taken while the Council convened in open session.

Councilmember Haase made a motion, which was seconded by Councilmember Sievers whereas, the Clerk has prepared copies of the Minutes of the meeting of October 17, 2017, and that each Councilmember has had an opportunity to read and study the same, and that the reading of the Minutes be waived and declared approved. Mayor Chamberlain stated the motion, and the result of roll call being all Yeas the Mayor declared the motion carried and the Minutes approved.

The following claims were presented to Council for their approval:

VARIOUS FUNDS: A & R CONSTRUCTION, SE, 229643.37; A TO Z VAC N SEW, SU, 593.96; ACE SIGN DISPLAYS, SU, 10549.62; AMERICAN BROADBAND, SE, 2442.55; AMERITAS, SE, 56.54; AMERITAS, SE, 2422.08; AMERITAS, SE, 97.00; AMERITAS, SE, 72.00; ANNIKKA KLEMENT, RE, 150.00; ANTHONY TEBBE, SE, 65.00; APPEARA, SE, 154.19; ARIEL ARPAN, RE, 150.00; B.J. SCHONING, SE, 10.00; BALDWIN, KARI, RE, 60.00; BETTY S REEG REVOCABLE TRUST, RE, 1500.00; BILL LOCKE CONSTRUCTION, RE, 6815.00; BLACK HILLS ENERGY, SE, 351.74; BLUE CROSS BLUE SHIELD, SE, 37848.51; BOLZ CONSTRUCTION, RE, 100.00; BOMGAARS, SU, 761.79; BRIAN HASS, SE, 1298.88; CARTER PETERSON, RE, 750.00; CASS COUNTY COURT, RE, 150.00; CDW GOVERNMENT, SE, 6534.43; CENTURLINK, SE, 416.89; CHEMQUEST, SE, 595.00; CITIZENS STATE BANK, RE, 1923.03; CITY EMPLOYEE, RE, 150.00; CITY EMPLOYEE, RE, 138.87; CITY EMPLOYEE, RE, 3880.00; CITY EMPLOYEE, RE, 193.02; CITY EMPLOYEE, RE, 2453.44; CITY EMPLOYEE, RE, 150.00; DAWN NAVRKAL, RE, 325.25; CITY EMPLOYEE, RE, 469.40; CITY OF MADISON, SU, 130.00; CITY OF PONCA, RE, 15032.24; CITY OF WEST POINT, RE, 21817.34; CITY OF WISNER, RE, 2273.45;

CLARITUS, SU, 92.80; CLAUSSEN, HEATHER, RE, 10.00; COMMERICAL AIR MANAGEMENT, SU, 406.60; COMMUNITY HEALTH, RE, 3.00; CREATIVE PRODUCT SOURCE, SU, 971.13; D & K PRODUCTS, SU, 247.50; DANKO EMERGENCY EQUIPMENT, SU, 128.40; DAS STATE ACCTG-CENTRAL FINANCE, SE, 448.00; DEARBORN NATIONAL LIFE, SE, 99.76; DGR & ASSOCIATES, SE, 267.00; ECHO GROUP, SU, 316.94; ED M. FELD EQUIPMENT, SU, 453.69; FARRIS, JACKSON, RE, 300.00; FASTENAL, SU, 75.11; FIREMAN'S ASSOCIATION, RE, 5000.00; FIRST CONCORD GROUP, SE, 2725.38; FLOOR MAINTENANCE, SU, 911.50; FOURTH GENERATION FAMILY LIMITED PART, RE, 13190.69; FREDRICKSON OIL, SE, 960.78; GERHOLD CONCRETE, SE, 9258.60; GIS WORKSHOP, SE, 2490.00; GRAPHIC CONTROLS ACQUISITION, SU, 935.99; HACH COMPANY, SU, 141.79; HAUFF MID-AMERICAN SPORTS, SE, 44.00; HELENA CHEMICAL, SU, 80.00; HILAND DAIRY, SE, 72.92; HILAND DAIRY, SE, 124.96; HOLDSWORTH, CONNER, SE, 70.00; HOMETOWN LEASING, SE, 412.86; HUBER, EVAN, RE, 95.16; ICMA, SE, 9239.34; IRS, TX, 10704.01; IRS, TX, 2890.58; IRS, TX, 27.54; IRS, TX, 12359.78; IRS, TX, 6.44; JACK'S UNIFORMS, SU, 79.90; JORDAN CORNELIUS, SE, 5.00; JORGENSEN, KEN, RE, 999.98; KATHLEEN A LAUGHLIN, CHAPTER 13 TRUSTEE, RE, 243.00; KAUP FORAGE & TURF, SU, 165.00; KELLY LEGLER, RE, 200.00; KEPCO, SU, 23.67; KRIZ-DAVIS, SU, 149.80; LIBRARY IDEAS, SU, 1589.00; MARRIOTT HOTELS, SE, 104.00; MILLER LAW, SE, 5256.57; NE DEPT OF REVENUE, TX, 3554.32; NE EXPRESSWAYS, FE, 883.44; NE HARVESTORE, SU, 283.92; NE PUBLIC HEALTH ENVIRONMENTAL LAB, SE, 386.00; NEBRASKA RECYCLES, SE, 3540.00; NEXIC, SE, 1480.00; NNEDD, SE, 366.36; NORTHEAST POWER, SE, 3851.00; NORTHERN SAFETY CO, SU, 99.00; ONE CALL CONCEPTS, SE, 122.43; O'REILLY AUTOMOTIVE STORES, SU, 37.00; PCAN, FE, 50.00; PENRO CONSTRUCTION, SE, 99282.09; PETERSON INDUSTRIAL ENGINE SERVICE, SE, 5195.00; PONCA RURAL FIRE BOARD, RE, 3598.43; POSTMASTER, SU, 79.85; PROGRESSIVE PROPERTIES, RE, 250.00; PUMP HOOK & PLACEMENT, SE, 631.13; ROBERT WOehler & SONS, SE, 81977.13; RODNEY R TOMPKINS IRREVOCABLE TRUST, RE, 1500.00; ROSE EQUIPMENT, SE, 230.61; SANDY BROWN, RE, 140.00; SMITH, ADAM, SE, 50.00; STADIUM SPORTING GOODS, SU, 312.00; STAPLES ADVANTAGE, SU, 438.23; STATE NEBRASKA BANK & TRUST, RE, 7701.25; STATE NEBRASKA BANK-PETTY CASH, RE, 200.00; STATE NEBRASKA BANK-PETTY CASH, RE, 92.98; T & S TRUCKING, SE, 658.64; TIMOTHY J & LESLIE A BEBEE, RE, 1650.00; TYLER TECHNOLOGIES, SE, 200.00; UNITED WAY, RE, 5.00; US BANK, SU, 3286.43; UTILITY EQUIPMENT, SU, 575.50; VIAERO, SE, 116.65; VICK, JENNIFER, RE, 29.28; VILLAGE OF WINSIDE, RE, 4809.84; WAED, SE, 7535.83; WAYNE COUNTY COURT, RE, 150.00; WAYNE FOOD PANTRY, RE, 545.00; WAYNE HERALD, SU, 96.00; WESCO, SU, 608.83; WISNER WEST, SU, 69.44; WRIEDT, RONALD, RE, 329.36; ZEE MEDICAL SERVICE, SU, 115.95; APPEARA, SE, 56.21; BARONE SECURITY SYSTEMS, FE, 81.96; CARHART LUMBER CO, SU, 106.56; CARLSON, ALEXIS, RE, 150.00; CARROLL DISTRIBUTING, SE, 810.99; CDW GOVERNMENT, SU, 50.37; CERTIFIED TESTING SERVICES, SE, 1404.50; CITY EMPLOYEE, RE, 82.18; CITY EMPLOYEE, RE, 98.00; COMFORT INN, SE, 299.85; COPY WRITE PUBLISHING, SE, 422.26; DAVE'S DRY CLEANING, SE, 120.00; EASYPERMIT POSTAGE, SU, 1926.52; ECHO GROUP INC JESCO, SU, 52.04; FREDRICKSON OIL, SU, 508.20; GARTRELL, BETHANN, RE, 236.28; GILL HAULING, SE, 190.50; GROSSENBURG IMPLEMENT, SU, 4.14; HAWKINS, SU, 360.86; HILAND DAIRY, SE, 53.32; JWC ENVIRONMENT, SU, 1933.20; KANSAS MUNICIPAL UTILITIES, FE, 825.00; KRIZ-DAVIS, SU, 8172.66; LUTT OIL, SU, 4263.49; MARCO, SE, 126.36; MARTHA ANCUNANDA, RE, 150.00; MATHESON-LINWELD, SU, 40.30; MIDWEST LABORATORIES, SE, 161.50; MODRELL, CECILIA, SE, 35.00; NORTHEAST POWER, RE, 507.37; OVERDRIVE, SU, 250.94; OVERHEAD DOOR, SE, 96.25; PAC N SAVE, SU, 77.14; PAC N SAVE, SU, 448.72; PENGUIN RANDOM HOUSE,

SU, 400.00; POLICE OFFICERS' ASSOCIATION OF NE, FE, 120.00; PRONUNCIATOR, SU, 450.00; QUALITY FOOD CENTER, SU, 686.30; RON'S RADIO, SU, 153.86; TOM'S BODY & PAINT SHOP, SE, 92.00; UTILITY EQUIPMENT, SU, 350.41; WASTE CONNECTIONS, SE, 140.80; WAED, SU, 54.00; WAYNE AUTO PARTS, SU, 428.84; WAYNE COUNTY CLERK, SE, 100.00; WAYNE HERALD, SE, 344.00; WAYNE HERALD, SE, 480.00; WAYNE HERALD, SE, 540.85; WAYNE VETERINARY CLINIC, SE, 98.00; WAPA, SE, 17931.70; ZIMCO SUPPLY, SU, 100.00

Councilmember Haase made a motion, which was seconded by Councilmember Sievers, to approve the claims. Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

Mayor Chamberlain advised the public that a copy of the Open Meetings Act was located on the south wall of the Council Chambers and was available for public inspection. In addition, he advised the public that the Council may go into closed session to discuss certain agenda items to protect the public interest or to prevent the needless injury to the reputation of an individual and if such individual has not requested a public hearing.

Luke Virgil, Executive Director of Wayne Area Economic Development, was present regarding the LB840 Citizens Sales Tax Advisory Committee's recommendation for a \$5,000 grant to Wayne Area Economic Development (WAED) for its role in administering the WAED program. They used to request \$10,000, but the County, approximately 5-6 years ago, starting giving WAED \$5,000 for membership, so they decreased their request.

Last year, the Council denied this recommendation for the reason that they thought this request should be taken out of the 1.85% that is collected from the electric utility revenues rather than the LB840 fund.

Councilmember Eischeid had concerns of not approving the recommendations of the Sales Tax Advisory Committee.

Mayor Chamberlain responded by saying one of the frustrations of Council in the early part of the LB840 stage was that everything got recommended for approval by the Committee. He understands their frustration, too, but the Council still has the ultimate authority.

Councilmember Giese made a motion, which was seconded by Councilmember Brodersen, to approve the recommendation of the LB840 Sales Tax Advisory Committee to approve \$5,000 to Wayne Area Economic Development, with the exception that the same be taken out of the 1.85% that is collected from the electric utility revenues and earmarked for economic development rather than the LB840 Fund. Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

Luke Virgil, Executive Director of Wayne Area Economic Development, was present regarding the LB840 Citizens Sales Tax Advisory Committee's recommendation for a \$210,000 0%, 15-year loan to the Wayne Country Club. The Wayne Country Club revised their initial request for an addition to and remodel of the existing clubhouse with a modified project cost. The Council previously approved a \$150,000, 0%, 15-year loan.

Nancy Braden, Finance Director, stated that in the 2018 fiscal year, she estimates that the City should receive \$158,000 from loans and \$23,533 from interest being paid back. Those monies will start to rebuild the revolving loan fund. There is approximately \$745,000 that still needs to be paid back to the Electric Fund. We have spent \$2.894 million on projects. We have spent another \$60,470 on the interest. We have committed \$33,955 in interest on the debt that is still outstanding, which leaves us a cash balance out of the \$3.2 million of \$60,886.64. We have collected \$1.786 million to date in sales tax. At our current rate, she is calculating that we will have the \$3.2 million collected sometime in 2022. The sale tax sunsets in 2024. Once we receive \$3.2 million in sales tax for LB840, anything over that, until 2024, goes to the General Fund for capital projects. If you want to extend LB840 after 2024, you would need to go back through the process and put the same to a vote of the people.

Councilmember Giese stated he still feels it is crazy to spend the LB840 money on the Country Club, a building which the City now owns. He thought it could be set up differently (the City writes the check and the Wayne Country Club makes "rent payments" for 15 years). It would come out of the Electric Fund.

Rusty Parker was present to answer questions. He stated they have engineered the project cost down to less than what had been previously talked about. They have increased their pledges by \$16,600, and believe that the cost of the project would now be \$529,815. They are going to pull the carpet and flooring out of the bid, and the Club is going to pay for that in December. That would bring the cost down to \$518,215. In addition, they will take care of the furnishings.

After discussion, Councilmember Eischeid made a motion, which was seconded by Councilmember Karsky, approving the LB840 Citizens Sales Tax Advisory Committee's recommendation for a \$210,000, 0%, 15-year loan to the Wayne Country Club. Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, with the exception of Councilmembers Giese, Haase and Sievers who voted Nay, the Mayor declared the motion carried.

Rusty Parker reviewed the one bid received on the Wayne Country Club Clubhouse Addition and Remodel Project. The bid was submitted by OCC Builders, LLC. However, the same is being reduced to \$518,215.

The base bid was originally \$519,400.00, with Alternate #1 - \$20,400 (adding exterior treated wood deck and stairs to include guardrail and hand rail at stairs); Alternate #2 - \$18,600 (adding exterior and interior painting, including labor and materials); Alternate #3 - \$10,600 (adding asphalt shingles, including labor and materials); and Alternate #4 - \$19,300 (to add 4' to length of addition). He, again, stated that Alternate #4 was never in the plan.

Councilmember Brodersen advised the Council that they need to approve the original bid proposal, with Change Orders to reduce the costs of the project coming forward for Council approval at another meeting.

Councilmember Sievers introduced Resolution No. 2017-91 and moved for its approval; Councilmember Greve seconded.

RESOLUTION NO. 2017-91

A RESOLUTION ACCEPTING BID ON THE WAYNE COUNTRY CLUB CLUBHOUSE ADDITION AND REMODEL PROJECT OF OCC BUILDERS, LLC (BASE BID: \$519,400.00; ALT. #1: \$20,400.00; ALT. #2: \$18,600.00; AND ALT. #3: \$10,600.00).

Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

Agenda item no. 6 - Action on the recommendation of the LB840 Citizens Sales Tax Advisory Committee — Wayne Area Event Center – to deny changing their previously awarded LB840 loan to an LB840 grant was asked to be tabled by Josie Broders until the next meeting.

David Lindner was present requesting Council consideration to granting him a waiver to install sidewalk on property he owns on Grainland Road. He is making a request to waive the sidewalk requirements on the west side of his home at 620 Grainland Road, for the reason that the sidewalk goes nowhere.

It was noted that in 2010, Gene Fletcher was given a sidewalk waiver, as well as David Stuthman in 2011.

Councilmember Eischeid made a motion, which was seconded by Councilmember Giese, approving the request of David Lindner for a sidewalk exemption at 620 Grainland Road with the understanding that once the City requires sidewalk to be installed, the owner is going to be required to install it. Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

The following Resolution would amend the schedule of fees as follows:

Building Permits

\$0 - \$5,000	\$40.00
\$5,001 - \$25,000	\$125.00
\$25,001 - \$50,000	\$200.00
\$50,001 - \$100,000	\$325.00
\$100,001 - \$200,000	\$575.00
\$200,001 - \$300,000	\$850.00
\$300,001 - \$400,000	\$1,100.00

\$400,001 - \$500,000	\$1,400.00
\$500,001 - \$1,000,000	\$1,750.00
\$1,000,001 - \$1,500,000	\$2,500.00
\$1,500,001 and up	\$3,500.00

The building permit fees have not been amended since 1998. Staff is recommending a tier schedule with flat fees (above), which will make it much easier for the public to calculate on their own when trying to determine what a building permit would be. Staff also reviewed the 2016 and 2017 permits under the current fee schedule and compared it to what they would have been under the new proposed schedule and the results were as follows:

	Old Schedule	New Schedule
2016	\$22,041.25	\$23,410.00
2017	\$15,603.65	\$16,705.00

Community Activity Center:

The Recreation Director has made some changes to the Personal Training, Merchandise and League Fees, and those are in effect at this time.

Equipment Rental, Materials and Labor:

Although these were amended in September, 2016, staff is of the opinion that they need to be increased so that the City is not in competition with the private sector.

Councilmember Giese introduced Resolution No. 2017-94 and moved for its approval; Councilmember Eischeid seconded.

RESOLUTION NO. 2017-94

A RESOLUTION AMENDING SCHEDULE OF FEES AND CHARGES.

Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

The following Resolution is needed to update staff signatures at State Nebraska Bank.

Councilmember Eischeid introduced Resolution No. 2017-95 and moved for its approval; Councilmember Buck seconded.

RESOLUTION NO. 2017-95

A RESOLUTION OF THE CITY OF WAYNE APPROVING CORPORATE RESOLUTION FOR SIGNATURES AT STATE NEBRASKA BANK OF WAYNE, NEBRASKA.

Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

The following Resolution would approve a Memorandum of Understanding (MOU) between the City and the Greenwood Cemetery Association. The MOU formally outlines what the City will assist the Cemetery with (e.g. general maintenance, trimming trees, chipping branches, pushing snow, and/or other tasks as agreed upon by the City and the Cemetery), and that the Association will continue to maintain ownership of the cemetery.

Councilmember Eischeid introduced Resolution No. 2017-96 and moved for its approval; Councilmember Buck seconded.

RESOLUTION NO. 2017-96

A RESOLUTION APPROVING A MEMORANDUM OF UNDERSTANDING BETWEEN THE CITY OF WAYNE AND THE GREENWOOD CEMETERY ASSOCIATION.

Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

The following Resolution would approve the amended Southview II Subdivision Agreement, which includes an additional subparagraph under the "Miscellaneous," provision, stating that all costs associated with the development of the Battle Creek Farmers' Cooperative property will be the responsibility of Brendon L. Pick and the City of Wayne as detailed above.

Administrator Blecke stated they have requested that the following language also be included in the amendment: "Brendon L. Pick and the City of Wayne agree to defend, indemnify and hold Battle Creek Farmers' Cooperative harmless from and against all claims, damages, liabilities, costs, expenses, suits or obligations of any and every nature whatsoever arising out of or in any manner connected with this Subdivision Agreement."

Councilmember Brodersen introduced Resolution No. 2017-97 and moved for its approval; Councilmember Eischeid seconded.

RESOLUTION NO. 2017-97

A RESOLUTION APPROVING AMENDED SOUTHVIEW II SUBDIVISION AGREEMENT.

Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

The following two ordinances will establish parking restrictions and prohibitions in Lou Bencoter's subdivision in the southeast quadrant of the City. Those changes are as follows:

Prohibited Parking:

- The south side of the centerline of East 4th Street from the north-south alley between Main Street and Logan Street east to the ~~city limits~~ west line of Jaxon Street
- The north side of the centerline of East 4th Street from the east line of Jaxon Street east to the city limits
- The north side of the centerline of Mando Drive from the north-south alley west of Tomar Drive east to the west line of Tomar Drive

No Parking Midnight to 5:00 a.m.:

- The north side of the centerline of East Fourth Street from the east line of Main Street east to the ~~city limits~~ west line of Jaxon Street
- The south side of the centerline of East Fourth Street from the east line of Jaxon Street east to the city limits
- The west side of the centerline of Tomar Drive from the south line of Jaxon Street south to the north line of East Fourth Street

Councilmember Brodersen introduced Ordinance 2017-33, and moved for its approval thereof; Councilmember Greve seconded.

ORDINANCE NO. 2017-33

AN ORDINANCE TO AMEND WAYNE MUNICIPAL CODE TITLE VII TRAFFIC CODE, SECTION 78-130 PROHIBITED PARKING; SOUTHEAST QUADRANT OF THE CITY; TO PROVIDE FOR THE REPEAL OF CONFLICTING ORDINANCES AND SECTIONS; AND TO PROVIDE FOR AN EFFECTIVE DATE.

Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried. The second reading will take place at the next meeting.

Councilmember Sievers introduced Ordinance 2017-34, and moved for its approval thereof; Councilmember Haase seconded.

ORDINANCE NO. 2017-34

AN ORDINANCE TO AMEND WAYNE MUNICIPAL CODE TITLE VII TRAFFIC CODE, SECTION 78-131 RESTRICTED PARKING 12:00 MIDNIGHT TO 5:00 A.M.; SOUTHEAST QUADRANT OF THE CITY; TO PROVIDE FOR THE REPEAL OF CONFLICTING ORDINANCES AND SECTIONS; AND TO PROVIDE FOR AN EFFECTIVE DATE.

Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried. The second reading will take place at the next meeting.

The County has completed its South Centennial Road/Chief's Way paving project. For drainage purposes and road alignment, the ROW straight west of Otte Construction was dug deeper by the County. The City has a water main in this ROW. After this project, the City's water main was left too shallow with fear of freezing in the winter. The City's options were to lower our water main or to fill the ditch back, including a storm water system. Staff discussed these options and feel that the storm water alternative was better than lowering the water main.

Councilmember Giese made a motion, which was seconded by Councilmember Brodersen, approving the easement granted to the City of Wayne by Wayne County in connection with the construction, operation, maintenance, repair and inspection of a water line, as well as for the installation, construction, maintenance, repair, and inspection of a culvert and enclosed storm sewer (East side of the centerline of Centennial Road from the south line of Chief's Way going south 232 feet). Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

The City has received the Annual Renewal Maintenance Agreement from the State of Nebraska Department of Roads. This is their standard form of renewal agreement.

Councilmember Eischeid made a motion, which was seconded by Councilmember Brodersen, approving the Annual Renewal Maintenance Agreement (2018) with the State of

Nebraska Department of Roads. Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

DGR Engineering presented Pay Estimate No. 4 for the “West Inner and East Inner Conversion Electric Distribution Project” for \$67,157.09 to Karian Peterson Powerline Contracting, LLC. They have found the work to date completed in accordance with the plans and specifications, and recommend approval of the same.

Councilmember Eischeid made a motion, which was seconded by Councilmember Greve, approving Pay Estimate No. 3 for \$67,157.09 to Karian Peterson Powerline Contracting, LLC for the “West Inner and East Inner Conversion Electric Distribution Project.” Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

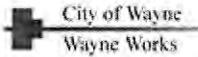
DGR Engineering presented Pay Estimate No. 1 for the “West Inner and East Inner Conversion - Electric Meter Cutover Project” for \$16,886.66 to Klein Electric, Inc. They have found the work to date completed in accordance with the plans and specifications, and recommend approval of the same.

Councilmember Eischeid made a motion, which was seconded by Councilmember Brodersen, approving Pay Estimate No. 1 for \$16,886.66 to Klein Electric, Inc., for the “West Inner and East Inner Conversion - Electric Meter Cutover Project.” Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

Mayor Chamberlain requested Council consideration to the reappointment of Gary Boehle to the LB840 Sales Tax Advisory Committee.

Councilmember Eischeid made a motion, which was seconded by Councilmember Brodersen, approving the reappointment of Gary Boehle to the LB840 Sales Tax Advisory Committee. Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried.

Councilmember Giese made a motion, which was seconded by Councilmember Brodersen, to adjourn the meeting. Mayor Chamberlain stated the motion, and the result of roll call being all Yeas, the Mayor declared the motion carried and the meeting adjourned at 6:43 p.m.



Vendor	Payable Description	Payment Total
AGUIRRE, A VERNONA	UTILITY REFUND	150.00
AMERITAS LIFE INSURANCE	POLICE RETIREMENT 457 PERCENTAGE	84.44
AMERITAS LIFE INSURANCE	POLICE RETIREMENT	52.14
AMERITAS LIFE INSURANCE	POLICE RETIREMENT 457 AMOUNT	72.00
AMERITAS LIFE INSURANCE	AMERITAS ROTH	56.54
AMERITAS LIFE INSURANCE	POLICE RETIREMENT	2,668.12
APPEARA	LINEN & MAT SERVICE	93.12
BAKER & TAYLOR BOOKS	BOOKS	463.53
BRENDA LUBBERSTEDT	AUDITORIUM DEPOSIT REFUND	150.00
BROWN SUPPLY CO	BAND REPAIR CLAMP/CURB STOP/VALVE/BROOMS	1,769.32
BSN SPORTS, INC	BASKETBALLS	256.00
CALIFORNIA CONTRACTORS	THERMAL INDUSTRIAL GLOVES	83.88
CARPENTER, JOSIE	UTILITY REFUND	19.83
CARROLL DISTRIBUTING	END MAG FLOAT	47.00
CITY EMPLOYEE	MEDICAL REIMBURSEMENT	43.20
CITY EMPLOYEE	SAFETY BOOTS	150.00
CITY EMPLOYEE	VISION REIMBURSEMENT	225.56
CITY OF WAYNE	PAYROLL	78,075.17
COMMUNITY HEALTH	PAYROLL DEDUCTIONS	3.00
CUMMINS CENTRAL POWER, LLC	CITY HALL EMERGENCY GENERATOR SERVICE	553.07
DAS STATE ACCTG-CENTRAL FINANCE	WSC INTERNET CHARGES	67.73
DAVISON, MICHELLE	UTILITY REFUND	132.03
DEARBORN NATIONAL LIFE	LIFE/DISABILITY	2,286.80
DGR & ASSOCIATES CO	EAST/WEST INNER CONVERSION	1,286.26
EAKES OFFICE PLUS	COPY CHARGES	731.10
ED M. FELD EQUIPMENT CO INC	EXTINGUISHER REFILL	195.00
ELLIS HOME SERVICES	WATER HEATER INSPECTION	70.00
FIVE STAR ENTERPRISES, INC	LIBRARY MAGNETIC NAME TAG	10.05
FLOOR MAINTENANCE	NAPKINS/BOWLS/PLATES/GLOVES/KLEENEX	246.16
FREDRICKSON OIL CO	MOUNT/BALANCE TIRES	175.75
GERHOLD CONCRETE CO INC.	CENTENNIAL/CHIEF'S WAY ROAD BOX - CONCRETE	646.75
HANSEN, MORGAN	UTILITY REFUND	32.72
HAWKINS, INC	SANTOPRENE PUMP TUBE	103.71
HILAND DAIRY	SENIOR CENTER FOOD SERVICE	31.27
IAEI	MEMBERSHIP RENEWAL - W BREITKREUTZ	120.00
ICMA RETIREMENT-FIRST NATL BANK -MARYLAND	PAYROLL RETIREMENT	9,575.68
INGRAM LIBRARY SERVICES	BOOKS	459.84
IRS	FEDERAL WITHHOLDING	12,688.81
IRS	FEDERAL WITHHOLDING	25.79
IRS	MEDICARE WITHHOLDING	10.80
IRS	FICA WITHHOLDING	46.18

Vendor	Payable Description	Payment Total
IRS	FICA WITHHOLDING	13,513.84
IRS	MEDICARE WITHHOLDING	3,160.44
JMB CONTRACTING LLC	BUILDING PERMIT DEPOSIT REFUND	100.00
KARIAN PETERSON POWER LINE CONTRACTING, LLC	WEST/EAST INNER CONVERSION	67,157.09
KATHLEEN A LAUGHLIN, CHAPTER 13 TRUSTEE	PAYROLL DEDUCTION	243.00
KLEIN ELECTRIC	WEST/EAST INNER CONVERSION- METER CUTOVER	16,886.66
KORN, RICHARD	FIRE ANNUAL CONFERENCE MILEAGE/MEALS	780.81
KRIZ-DAVIS COMPANY	TOGGLE SWITCHES/STEM CONNECTORS	257.49
KTCH AM/FM RADIO	RADIO ADS	644.00
LAWSON PRODUCTS, INC	SCREWS/HEAT SEALER	92.04
MCLAURY ENGINEERING, INC	E 4TH STREET/BANK STABILIZATION ENGINEERING	17,598.75
METERING & TECHNOLOGY SOLUTIONS	AMI METERS	286.62
MICHAEL TODD & CO INC	NO PARKING/DO NOT ENTER SIGNS/BOLTS/WASHERS	1,052.32
NE AIR FILTER	AIR FILTERS	51.63
NE DEPT OF REVENUE	STATE WITHHOLDING	4,191.78
NE DEPT OF REVENUE	STATE WITHHOLDING	6.54
NORFOLK DAILY NEWS	CAC ADVERTISING	79.00
NORTHEAST NE ECONOMIC DEV DIST	HOUSING/ADMIN SERVICES 14-CIS-006 AUG-SEPT	1,065.00
OLSSON ASSOCIATES	RICE COMPLIANCE-OP PERMIT RENEWAL	4,826.75
PAULSON, JORDAN	UTILITY REFUND	43.79
PELLA GATEWAY	WINDOW PARTS	21.31
PITNEY BOWES INC	POSTAGE METER LEASE	253.85
PLUNKETT'S PEST CONTROL	PEST CONTROL	31.20
PROGRESSIVE PROPERTIES	TIF PRINCIPAL & INTEREST	2,700.36
PROGRESSIVE PROPERTIES	TIF INTEREST	7,508.92
PROGRESSIVE PROPERTIES	TIF INTEREST	8,143.29
S & S WILLERS, INC.	FILL SAND	195.55
SHOPKO	OFFICE SUPPLIES	23.58
SIRSIDYNIX	SIRSIDYNIX SOFTWARE MAINTENANCE	5,997.47
SPARKLING KLEAN	JANITORIAL SERVICE/SUPPLIES	3,021.07
STAPLES ADVANTAGE	OFFICE SUPPLIES	44.36
STATE NEBRASKA BANK-PETTY CASH	LIBRARY PETTY CASH	96.19
TOM'S BODY & PAINT SHOP	PATROL CAR BUMPER REPAIR	1,394.65
UNITED WAY	PAYROLL DEDUCTION	5.00
US FOODSERVICE, INC.	SENIOR CENTER FOOD SERVICE	797.11
UTILITY EQUIPMENT CO	REPAIR CLAMP	1,096.63
WAYNE STATE VOLLEYBALL FOUNDATION	REC VOLLEYBALL ASSISTANCE	700.00
WESCO DISTRIBUTION INC	BOX PADS/CONNECTORS	1,100.77
WESTERHOLD, SARA	AUDITORIUM DEPOSIT REFUND	150.00
WESTERN RIDGE III	TIF PRINCIPAL & INTEREST	9,026.18
WISNER WEST	FD GASOLINE	61.46
	Grand Total:	288,364.85



Medical Proposed Rates

Group Name:	City of Wayne	Prepared On:	October 19, 2017
Effective Date:	January 1, 2018		

Plan Info

Option Number	Option 1
Plan Name	BF66 HSA
Offered as Renewal or Alternate	Renewal
HSA	Yes
3 - Tier Plan	No

Benefits

Best Network	NetworkBlue
Copays (PCP/SPC)	Ded+Coins
Deductible (Single/Family)	\$6350/\$12700
Coinsurance (Member Pays)	0%
Out-Of-Pocket (Single/Family)	\$6350/\$12700
Pharmacy	Ded+Coins
Out Of Network	
Deductible (Single/Family)	\$12700/\$25400
Coinsurance (Member Pays)	50%
Out-Of-Pocket (Single/Family)	\$25400/\$50800

Enrollment

Employee	13
Employee & Family	18
Employee & Spouse	5
Employee & Children	1
Total:	37

Monthly Premium Rates

	Current	Proposed
Employee	\$477.88	\$672.14
Employee & Family	\$1,385.87	\$1,949.23
Employee & Spouse	\$979.67	\$1,377.91
Employee & Children	\$836.30	\$1,176.26

Aggregate Premiums

Monthly Premiums	\$36,893	\$51,890
Annual Premiums	\$442,713	\$622,677
Change From Current		40.65%

Expense Buildups

Loss Ratio	80.78%
Including:	
Federal Health Insurer Tax	3.16%
Transitional Reinsurance Fee	0.00%
PCORI Fee	0.04%
Commissions	Standard
Embedded Deductible	

*Please be advised that Blue Cross and Blue Shield of Nebraska does not perform plan discrimination testing. Such activities are the responsibility of the employer.

Produced by Group Underwriting

Prepared By: SS

What is a benefit summary?

This is a summary of what the plan does and does not cover. This summary can also help you understand your share of the costs. It's always best to review your Certificate of Coverage (COC) and check your coverage before getting any health care services, when possible.

What are the benefits of the Choice Plus Plan with an HSA?

Get network freedom and an HSA.

A network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in or out of our network, but you save money when you use the network. You can save money when you use the health savings account (HSA) and the network.

- > **There's coverage if you need to go out of the network.** Out-of-network means that a provider does not have a contract with us. Choose what's best for you. Just remember out-of-network providers will likely charge you more.
- > **There's no need to choose a primary care provider (PCP) or get referrals to see a specialist.** Consider a PCP; they can be helpful in managing your care.
- > **Preventive care is covered 100% in our network.**
- > **You can open a health savings account (HSA).** An HSA is a personal bank account to help you save and pay for your health care, and help you save on taxes.

Not enrolled yet? Learn more about this plan and search for network doctors or hospitals at welcometouhc.com/choiceplushsa or call **1-866-873-3903**, TTY **711**, 8 a.m. to 8 p.m. local time, Monday through Friday.

Are you a member?

Easily manage your benefits online at myuhc.com® and on the go with the **UnitedHealthcare Health4Me**® mobile app.

For questions, call the member phone number on your health plan ID card.

Benefits At-A-Glance

What you may pay for network care

This chart is a simple summary of the costs you may have to pay when you receive care in the network. It doesn't include all of the deductibles and co-payments you may have to pay. You can find more benefit details beginning on page 2.

Co-payment (Your cost for an office visit)	Individual Deductible (Your cost before the plan starts to pay)	Co-insurance (Your cost share after the deductible)
You have no co-payment.	\$6,550	You have no co-insurance.

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage for certain conditions. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Your Costs

In addition to your premium (monthly) payments paid by you or your employer, you are responsible for paying these costs.

Your cost if you use Network Benefits

Your cost if you use Out-of-Network Benefits

Annual Deductible - Combined Medical and Pharmacy

What is an annual deductible?

The annual deductible is the amount you pay for Covered Health Care Services per year before you are eligible to receive Benefits. It does not include any amount that exceeds Allowed Amounts. The deductible may not apply to all Covered Health Care Services. You may have more than one type of deductible.

- > All individual deductible amounts will count towards meeting the family deductible, but an individual will not have to pay more than the individual deductible amount.

Medical Deductible - Individual	\$6,550 per year	\$7,500 per year
Medical Deductible - Family	\$13,100 per year	\$15,000 per year
Dental - Pediatric Services Deductible - Individual	Included in your medical deductible.	Included in your medical deductible.
Dental - Pediatric Services Deductible - Family	Included in your medical deductible.	Included in your medical deductible.

Out-of-Pocket Limit - Combined Medical and Pharmacy

What is an out-of-pocket limit?

The Out-of-Pocket Limit is the maximum you pay per year. Once you reach the Out-of-Pocket Limit, Benefits are payable at 100% of Allowed Amounts during the rest of that year.

- > Your co-pays, co-insurance and deductibles (including pharmacy) count towards meeting the out-of-pocket limit.
- > All individual out-of-pocket limit amounts will count towards meeting the family out-of-pocket limit, but an individual will not have to pay more than the individual out-of-pocket limit amount.

Out-of-Pocket Limit - Individual	\$6,550 per year	\$10,000 per year
Out-of-Pocket Limit - Family	\$13,100 per year	\$20,000 per year

Your Costs

What is co-insurance?

Co-insurance is the amount you pay each time you receive certain Covered Health Care Services calculated as a percentage of the Allowed Amount (for example, 20%). You pay co-insurance plus any deductibles you owe. Co-insurance is not the same as a co-payment (or co-pay).

What is a co-payment?

A Co-payment is the amount you pay each time you receive certain Covered Health Care Services calculated as a set dollar amount (for example, \$50). You are responsible for paying the lesser of the applicable Co-payment or the Allowed Amount. Please see the specific Covered Health Care Service to see if a co-payment applies and how much you have to pay.

What is Prior Authorization?

Prior Authorization is getting approval before you receive certain Covered Health Care Services. Physicians and other health care professionals who participate in a Network are responsible for obtaining prior authorization. However there are some Benefits that you are responsible for obtaining authorization before you receive the services. Please see the specific Covered Health Care Service to find services that require you to obtain prior authorization.

Want more information?

Find additional definitions in the glossary at justplainclear.com.

Your Costs

Following is a list of services that your plan covers in alphabetical order. In addition to your premium (monthly) payments paid by you or your employer, you are responsible for paying these costs.

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Ambulance Services		
Emergency Ambulance	You pay nothing, after the medical deductible has been met.	You pay nothing, after the network medical deductible has been met.
Non-Emergency Ambulance	You pay nothing, after the medical deductible has been met. Prior Authorization is required for Non-Emergency Ambulance.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for Non-Emergency Ambulance.
Clinical Trials		
	The amount you pay is based on where the covered health care service is provided. Prior Authorization is required.	Prior Authorization is required.
Congenital Heart Disease Surgeries		
	Benefits will be the same as stated under Hospital - Inpatient Stay. Prior Authorization is required.	Prior Authorization is required.
Dental Anesthesia Services - Hospital/Medical		
	The amount you pay is based on where the covered health care service is provided. Prior Authorization is required for certain services.	Prior Authorization is required for certain services.
Dental - Pediatric Services (Benefits covered up to age 19)		
Benefits provided by the National Options PPO 30 Network (PPO-UCR 50th).		
Dental - Pediatric Preventive Services		
Dental Prophylaxis (Cleanings) Limited to two times every 12 months.	You pay nothing, after the medical deductible has been met.	You pay nothing, after the medical deductible has been met.
Fluoride Treatments Limited to two times every 12 months.	You pay nothing, after the medical deductible has been met.	You pay nothing, after the medical deductible has been met.
Sealants (Protective Coating) Limited to once per first or second permanent molar every 36 months.	You pay nothing, after the medical deductible has been met.	You pay nothing, after the medical deductible has been met.
Space Maintainers (Spacers)	You pay nothing, after the medical deductible has been met.	You pay nothing, after the medical deductible has been met.

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Dental - Pediatric Diagnostic Services		
Evaluations (Check-up Exams) Limited to 2 times per 12 months. Covered as a separate Benefit only if no other service was done during the visit other than X-rays.	You pay nothing, after the medical deductible has been met.	You pay nothing, after the medical deductible has been met.
Intraoral Radiographs (X-ray) Limited to 2 series of films per 12 months for Bitewings and 1 time per 36 months for Panoramic radiograph image.	You pay nothing, after the medical deductible has been met.	You pay nothing, after the medical deductible has been met.
Dental - Pediatric Basic Dental Services		
Endodontics (Root Canal Therapy)	20% co-insurance, after the medical deductible has been met.	20% co-insurance, after the medical deductible has been met.
Adjunctive Services <u>Palliative (Emergency) Treatment:</u> Covered as a separate Benefit only if no other services (other than the exam and radiographs) were done on the tooth during the visit. <u>General Anesthesia:</u> Covered only when clinically Necessary. <u>Occlusal Guard:</u> Limited to one guard every 12 months.	20% co-insurance, after the medical deductible has been met.	20% co-insurance, after the medical deductible has been met.
Oral Surgery	20% co-insurance, after the medical deductible has been met.	20% co-insurance, after the medical deductible has been met.
Periodontics <u>Periodontal Surgery:</u> Limited to one every 36 months per surgical area. <u>Scaling and Root Planing:</u> Limited to one time per quadrant every 24 months. <u>Periodontal Maintenance:</u> Limited to four times every 12 months in combination with prophylaxis.	20% co-insurance, after the medical deductible has been met.	20% co-insurance, after the medical deductible has been met.
Minor Restorative Services (Amalgam or Anterior Composite)	20% co-insurance, after the medical deductible has been met.	20% co-insurance, after the medical deductible has been met.
Simple Extractions (Simple tooth removal) Limited to one time per tooth per lifetime.	20% co-insurance, after the medical deductible has been met.	20% co-insurance, after the medical deductible has been met.

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Dental - Pediatric Major Restorative Services		
Crowns/Inlays/Onlays Limited to one time per tooth every 60 months.	50% co-insurance, after the medical deductible has been met.	50% co-insurance, after the medical deductible has been met.
Removable Dentures (Full denture/partial denture) Limited to a frequency of one every 60 months.	50% co-insurance, after the medical deductible has been met.	50% co-insurance, after the medical deductible has been met.
Bridges (Fixed partial dentures) Limited to one time every 60 months.	50% co-insurance, after the medical deductible has been met.	50% co-insurance, after the medical deductible has been met.
Implant Procedures Limited to one time every 60 months.	50% co-insurance, after the medical deductible has been met.	50% co-insurance, after the medical deductible has been met.
Dental - Pediatric Medically Necessary Orthodontics		
Benefits are not available for comprehensive orthodontic treatment for crowded dentitions (crooked teeth), excessive spacing between teeth, temporomandibular joint (TMJ) conditions and/or having horizontal/vertical (overjet/overbite) discrepancies.	50% co-insurance, after the medical deductible has been met. Prior Authorization is required for orthodontic treatment.	50% co-insurance, after the medical deductible has been met. Prior Authorization is required for orthodontic treatment.
Dental Services - Accident Only		
	You pay nothing, after the medical deductible has been met. Prior Authorization is required.	You pay nothing, after the network medical deductible has been met. Prior Authorization is required.
Diabetes Services		
Diabetes Self Management and Training/Diabetic Eye Exams/Foot Care:	The amount you pay is based on where the covered health care service is provided.	
Diabetes Self Management Items:	The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Outpatient Prescription Drug Rider.	Prior Authorization is required for DME that costs more than \$1,000.
Durable Medical Equipment (DME), Orthotics and Supplies		
	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for DME or orthotics that costs more than \$1,000.

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Emergency Health Care Services - Outpatient		
	You pay nothing, after the medical deductible has been met.	You pay nothing, after the network medical deductible has been met. Notification is required if confined in an Out-of-Network Hospital.
Gender Dysphoria		
	The amount you pay is based on where the covered health care service is provided. Prior Authorization is required for certain services.	Prior Authorization is required for certain services.
Habilitative Services		
Inpatient: Habilitative services received during an Inpatient Stay in an Inpatient Rehabilitative Facility are not subject to an annual limit	The amount you pay is based on where the covered health care service is provided.	
Outpatient: Outpatient therapies are limited per year as follows: 45 visits for any combination of physical therapy, occupational therapy and speech therapy. 30 visits of post-cochlear implant aural therapy. 20 visits of Spinal Manipulative Treatments.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Hearing Aids		
Limited to \$2,500 every year. Benefits are further limited to a single purchase per hearing impaired ear every three years. Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Home Health Care		
Limited 8 hours per day for Skilled Nursing Care, 60 days per year for a Home Health Aide (includes bathing, feeding and household cleaning duties) and 60 days per year for Respiratory Care. This visit limit does not include any service which is billed only for the administration of intravenous infusion.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required.
Hospice Care		
	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for Inpatient Stay.
Hospital - Inpatient Stay		
	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required.
Lab, X-Ray and Diagnostic - Outpatient		
Lab Testing - Outpatient	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
X-Ray and Other Diagnostic Testing - Outpatient	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.
Major Diagnostic and Imaging - Outpatient		
	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required.
Mental Health Care and Substance - Related and Addictive Disorders Services		
Inpatient:	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Outpatient:	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Partial Hospitalization/Intensive Outpatient Treatment:	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met. Prior Authorization is required for certain services.

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Oral Surgery	The amount you pay is based on where the covered health care service is provided.	Prior Authorization is required.
Ostomy Supplies	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Pharmaceutical Products - Outpatient	This includes medications given at a doctor's office, or in a Covered Person's home.	You pay nothing, after the medical deductible has been met.
Physician Fees for Surgical and Medical Services	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Physician's Office Services - Sickness and Injury	<p>You pay nothing for a primary care physician office visit, after the medical deductible has been met.</p> <p>You pay nothing for a specialist office visit, after the medical deductible has been met.</p>	<p>30% co-insurance, after the medical deductible has been met.</p> <p>Prior Authorization is required for Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer.</p>
Pregnancy - Maternity Services	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.	Prior Authorization is required if the stay in the hospital is longer than 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.
Prescription Drug Benefits	Prescription drug benefits are shown in the Prescription Drug benefit summary.	

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Preventive Care Services		
Physician Office Services, Lab, X-Ray or other preventive tests.	You pay nothing. A deductible does not apply.	30% co-insurance, after the medical deductible has been met.
<p>Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a co-pay, co-insurance or deductible.</p>		
Prosthetic Devices		
<p>Limited to a single purchase of each type of prosthetic device every 5 years unless there is growth or significant change in the Covered Person. Repair and/or replacement of a prosthetic device would apply to this limit in the same manner as a purchase.</p>	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
<p>Prior Authorization is required for Prosthetic Devices that costs more than \$1,000.</p>		
Reconstructive Procedures		
<p>The amount you pay is based on where the covered health care service is provided.</p>		
<p>Prior Authorization is required.</p>		
Rehabilitation Services - Outpatient Therapy and Spinal Manipulative Treatment		
<p>Limited to: 18 visits of pulmonary rehabilitation therapy for Chronic Lung Disease patients. 18 visits of pulmonary rehabilitation for lung transplant, heart-lung transplant and lung volume reduction surgery patients. 18 additional visits will be allowed for lung transplant, heart-lung transplant and lung volume reduction surgery patients within 6 months of discharge from the hospital following surgery. 45 visits for any combination of physical therapy, occupational therapy and speech therapy. 36 visits of cardiac rehabilitation therapy. 30 visits of post-cochlear implant aural therapy. 20 visits of Spinal Manipulative Treatments.</p>	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
<p>Prior Authorization is required for certain services.</p>		

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Skilled Nursing Facility / Inpatient Rehabilitation Facility Services		
Limited to 60 days per year in a Skilled Nursing Facility. Covered Health Care Services in an Inpatient Rehabilitation Facility are not subject to an annual limit.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
		Prior Authorization is required.
Surgery - Outpatient		
	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
		Prior Authorization is required for certain services.
Temporomandibular and Craniomandibular Joint Services		
	The amount you pay is based on where the covered health care service is provided.	
	Prior Authorization is required.	Prior Authorization is required.
Therapeutic Treatments - Outpatient		
Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
		Prior Authorization is required for certain services.
Transplantation Services		
Network Benefits must be received from a Designated Provider.	The amount you pay is based on where the covered health care service is provided.	
	Prior Authorization is required.	
Urgent Care Center Services		
	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.

Your Costs

Covered Health Care Services

Your cost if you use Network Benefits

Your cost if you use Out-of-Network Benefits

Virtual Visits

Network Benefits are available only when services are delivered through a Designated Virtual Visit Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at myuhc.com[®] or the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.

You pay nothing, after the medical deductible has been met.

30% co-insurance, after the medical deductible has been met.

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Vision - Pediatric Services (Benefits covered up to age 19)		
Find a listing of Spectera Eyecare Network Vision Care Providers at myuhcvision.com .		
Routine Vision Exam Limited to once every 12 months.	You pay nothing. A deductible does not apply.	30% co-insurance, after the medical deductible has been met.
Eyeglass Lenses Limited to once every 12 months.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Lens Extras Limited to once every 12 months. Coverage includes polycarbonate lenses and standard scratch-resistant coating.	You pay nothing, after the medical deductible has been met.	You pay nothing, after the medical deductible has been met.
Eyeglass Frames Limited to once every 12 months.		
Eyeglass frames with a retail cost up to \$130.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Eyeglass frames with a retail cost between \$130 - 160.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Eyeglass frames with a retail cost between \$160 - 200.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Eyeglass frames with a retail cost between \$200 - 250.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Eyeglass frames with a retail cost greater than \$250.	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
Contact Lenses/Necessary Contact Lenses	You pay nothing, after the medical deductible has been met.	30% co-insurance, after the medical deductible has been met.
You are eligible to choose only one of either eyeglasses (Eyeglass Lenses and/or Eyeglass Frames) or Contact Lenses. If you choose more than one of these Vision Care Services, we will pay Benefits for only one Vision Care Service.		
Fitting and evaluation limited to once every 12 months.		
Limited to a 12 month supply.		
Find a complete list of covered contacts at myuhcvision.com .		
Low Vision Care Services Limited to once every 24 months.	You pay nothing for Low Vision Testing. A deductible does not apply. 25% co-insurance for Low Vision Therapy. A deductible does not apply.	25% co-insurance for Low Vision Testing, after the medical deductible has been met. 25% co-insurance for Low Vision Therapy, after the medical deductible has been met.

Services your plan does not cover (Exclusions)

It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Alternative Treatments

Acupressure; acupuncture; aromatherapy; hypnotism; massage therapy; rolfing; adventure-based therapy, wilderness therapy, outdoor therapy or similar programs, art therapy, music therapy, dance therapy, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Manipulative Treatment and non-manipulative osteopathic care for which Benefits are provided as described in Section 1 of the COC.

Dental

Dental care (which includes dental X-rays, supplies and appliances and all related expenses, including hospitalizations and anesthesia) except as described under Dental Services Hospitalization/Anesthesia in Section 1 of the COC. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services - Accident Only or dental anesthesia for which Benefits are described under Dental Services - Hospitalization/Anesthesia in Section 1 of the COC. This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Policy, limited to: Transplant preparation; prior to initiation of immunosuppressive drugs; the direct treatment of acute traumatic Injury, cancer or cleft palate. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of tooth decay or cavities resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums. Examples include: removal, restoration and replacement of teeth; medical or surgical treatments of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to preventive care for which Benefits are provided under the United States Preventive Services Task Force requirement or the Health Resources and Services Administration (HRSA) requirement. This exclusion also does not apply to accident-related dental services for which Benefits are provided as described under Dental Services - Accident Only in Section 1 of the COC. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services - Accident Only in Section 1 of the COC. Dental braces (orthodontics). Treatment of congenitally missing, malpositioned, or supernumerary teeth, even if part of a Congenital Anomaly.

Services your plan does not cover (Exclusions)

Dental - Pediatric Services

Benefits are not provided under Pediatric Dental Services for the following: Any Dental Service or Procedure not listed as a Covered Pediatric Dental Service. Dental Services that are not Necessary. Hospitalization or other facility charges. Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.) Reconstructive surgery, regardless of whether or not the surgery is related to a dental disease, Injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body. Any Dental Procedure not directly related with dental disease. Any Dental Procedure not performed in a dental setting. Procedures that are considered to be Experimental or Investigational or Unproven Services. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, or Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Benefits if the procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition. Drugs/medications, received with or without a prescription, unless they are dispensed and used in the dental office during the patient visit. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision. Replacement of complete dentures, fixed and removable partial dentures or crowns and implants, implant crowns and prosthesis if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dental Provider. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). Orthognathic surgery, jaw alignment, and treatment for the temporomandibular joint. Charges for not keeping a scheduled appointment without giving the dental office 24 hours notice. Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled for coverage provided through the Rider to the Policy. Dental Services otherwise covered under the Policy, but provided after the date individual coverage under the Policy ends, including Dental Services for dental conditions arising prior to the date individual coverage under the Policy ends. Services rendered by a provider with the same legal residence as you or who is a member of your family, including spouse, brother, sister, parent or child. Foreign Services are not covered unless required as an Emergency. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO). Billing for incision and drainage if the involved abscessed tooth is removed on the same date of service. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability. Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia. Orthodontic coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, any surgical procedure to correct a malocclusion, replacement of lost or broken retainers and/or habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.

Devices, Appliances and Prosthetics

Devices used as safety items or to help performance in sports-related activities. Orthotic appliances that straighten or reshape a body part. Examples include foot orthotics and some types of braces, including over-the-counter orthotic braces. This exclusion does not apply to braces for which Benefits are provided as described under Durable Medical Equipment (DME), Orthotics and Supplies in Section 1 of the COC. Cranial banding. The following items are excluded, even if prescribed by a Physician: blood pressure cuff/monitor; enuresis alarm; non-wearable external defibrillator; trusses and ultrasonic nebulizers. Cranial Orthotics (for reshaping head). Foot orthotics. This does not include appliances necessary for the prevention of complications associated with diabetes, or when necessary to treat a congenital anomaly. All shoes (off the shelf, or custom, orthopedic, diabetic shoes, etc.). All shoe inserts (arch supports, etc.). All shoe modifications, shoe lifts, shoe wedges. Devices and computers to help in communication and speech except for speech aid devices and tracheo-esophageal voice devices for which Benefits are provided as described under Durable Medical Equipment (DME), Orthotics and Supplies in Section 1 of the COC. Oral appliances for snoring. Repair or replacement of prosthetic devices due to misuse, malicious damage or gross neglect or to replace lost or stolen items.

Services your plan does not cover (Exclusions)

Drugs

Exclusions listed directly below apply to Benefits and Covered Health Care Services described in Section 1 of the COC. These exclusions do not apply to outpatient prescription drug products for which Benefits are available as described in the Outpatient Prescription Drug Rider and Outpatient Prescription Drug Schedule of Benefits. Prescription drug products for outpatient use that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their traits (as determined by us), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and used while in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy. New Pharmaceutical Products and/or new dosage forms until the date they are reviewed. A Pharmaceutical Product that contains (an) active ingredient(s) available in and therapeutically equivalent (having essentially the same efficacy and adverse effect profile) to another covered Pharmaceutical Product. Such determinations may be made up to six times during a calendar year. A Pharmaceutical Product that contains (an) active ingredient(s) which is (are) a modified version of and therapeutically equivalent (having essentially the same efficacy and adverse effect profile) to another covered Pharmaceutical Product. Such determinations may be made up to six times during a calendar year. A Pharmaceutical Product with an approved biosimilar or a biosimilar and therapeutically equivalent (having essentially the same efficacy and adverse effect profile) to another covered Pharmaceutical Product. For the purpose of this exclusion a "biosimilar" is a biological Pharmaceutical Product approved based on showing that it is highly similar to a reference product (a biological Pharmaceutical Product) and has no clinically meaningful differences in terms of safety and effectiveness from the reference product. Such determinations may be made up to six times per calendar year. Certain Pharmaceutical Products for which there are therapeutically equivalent (having essentially the same efficacy and adverse effect profile) alternatives available, unless otherwise required by law or approved by us. Such determinations may be made up to six times during a calendar year.

Experimental or Investigational or Unproven Services

Experimental or Investigational and Unproven Services and all services related to Experimental or Investigational and Unproven Services are excluded. The fact that an Experimental or Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Benefits if the procedure is considered to be Experimental or Investigational or Unproven in the treatment of that particular condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC.

Foot Care

Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care if you have diabetes for which Benefits are provided as described under Diabetes Services in Section 1 of the COC. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care if you are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Treatment of subluxation of the foot. Shoes; shoe orthotics; shoe inserts and arch supports. This exclusion does not apply to podiatric appliances, including orthopedic shoes and orthotics for the feet which are necessary for the prevention of complications associated with diabetes, or when necessary to treat a congenital anomaly.

Gender Dysphoria

Cosmetic Procedures including the following: Abdominoplasty. Blepharoplasty. Breast enlargement, including augmentation mammoplasty and breast implants. Body contouring, such as lipoplasty. Brow lift. Calf implants. Cheek, chin, and nose implants. Injection of fillers or neurotoxins. Face lift, forehead lift, or neck tightening. Facial bone remodeling for facial feminizations. Hair removal. Hair transplantation. Lip augmentation. Lip reduction. Liposuction. Mastopexy. Pectoral implants for chest masculinization. Rhinoplasty. Skin resurfacing. Thyroid cartilage reduction; reduction thyroid chondroplasty; trachea shave (removal or reduction of the Adam's Apple). Voice modification surgery. Voice lessons and voice therapy.

Services your plan does not cover (Exclusions)

Medical Supplies and Equipment

Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: compression stockings, ace bandages, gauze and dressings, urinary catheters. This exclusion does not apply to:

- Disposable supplies necessary for the effective use of DME or prosthetic devices for which Benefits are provided as described under Durable Medical Equipment (DME), Orthotics and Supplies and Prosthetic Devices in Section 1 of the COC. This exception does not apply to supplies for the administration of medical food products.
- Diabetic supplies for which Benefits are provided as described under Diabetes Services in Section 1 of the COC.
- Ostomy supplies for which Benefits are provided as described under Ostomy Supplies in Section 1 of the COC

Tubing and masks except when used with DME as described under Durable Medical Equipment (DME), Orthotics and Supplies in Section 1 of the COC. Prescribed or non-prescribed publicly available devices, software applications and/or monitors that can be used for non-medical purposes. Repair or replacement of DME or orthotics due to misuse, malicious damage or gross neglect or to replace lost or stolen items.

Mental Health Care and Substance-Related and Addictive Disorders

Services performed in connection with conditions not classified in the current edition of the International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association. Outside of an assessment, services as treatments for a primary diagnosis of conditions and problems that may be a focus of clinical attention, but are specifically noted not to be mental disorders within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Outside of an assessment, services as treatments for the primary diagnoses of learning disabilities, conduct and disruptive impulse control and conduct disorders, gambling disorder, and paraphilic disorders. Services that are solely educational in nature or otherwise paid under state or federal law for purely educational purposes. Tuition or services that are school-based for children and adolescents required to be provided by, or paid for by, the school under the Individuals with Disabilities Education Act. Outside of an assessment, unspecified disorders for which the provider is not obligated to provide clinical rationale as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Transitional Living services.

Nutrition

Individual and group nutritional counseling including non-specific disease nutritional education such as general good eating habits, calorie control or dietary preferences. This exclusion does not apply to preventive care for which Benefits are provided under the United States Preventive Services Task Force requirement. This exclusion also does not apply to medical nutritional education services that are provided as part of treatment for a disease by appropriately licensed or registered health care professionals when both of the following are true:

- Nutritional education is required for a disease in which patient self-management is a part of treatment.
- There is a lack of knowledge regarding the disease which requires the help of a trained health professional.

Food of any kind including modified food products such as low protein and low carbohydrate; enteral formula (including when administered using a pump), infant formula and donor breast milk. Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements and other nutrition-based therapy. Examples include supplements and electrolytes.

Personal Care, Comfort or Convenience

Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers; batteries and battery chargers; breast pumps (This exclusion does not apply to breast pumps for which Benefits are provided under the Health Resources and Services Administration (HRSA) requirement); car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; exercise equipment; home modifications such as elevators, handrails and ramps; hot and cold compresses; hot tubs; humidifiers; jacuzzis; mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; stair lifts and stair glides; strollers; safety equipment; treadmills; vehicle modifications such as van lifts; video players, whirlpools.

Services your plan does not cover (Exclusions)

Physical Appearance

Cosmetic Procedures. See the definition in Section 9 of the COC. Examples include: pharmacological regimens, nutritional procedures or treatments. Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). Skin abrasion procedures performed as a treatment for acne. Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple. Treatment for skin wrinkles or any treatment to improve the appearance of the skin. Treatment for spider veins. Hair removal or replacement by any means. Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Note: Replacement of an existing breast implant is considered reconstructive if the first breast implant followed mastectomy. See Reconstructive Procedures in Section 1 of the COC. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body-building, exercise, fitness or flexibility. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded. Wigs regardless of the reason for the hair loss.

Procedures and Treatments

Removal of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Spinal Manipulative Treatment to improve general physical conditions that are provided to reduce potential risk factors, where improvement is not expected, including routine, long-term or maintenance/preventive treatment. Rehabilitation services for speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, cancer, Congenital Anomaly or Autism Spectrum Disorder. Outpatient cognitive rehabilitation therapy except as Medically Necessary following a post-traumatic brain Injury or cerebral vascular accident or stroke. Psychosurgery. Physiological treatments and procedures that result in the same therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Upper and lower jawbone surgery, orthognathic surgery, and jaw alignment. This exclusion does not apply to reconstructive jaw surgery required for you because of a Congenital Anomaly, acute traumatic Injury, dislocation, tumors, cancer, obstructive sleep apnea or temporomandibular and craniomandibular joint disorders. Surgical and non-surgical treatment of obesity. Stand-alone multi-disciplinary tobacco cessation programs. These are programs that usually include health care providers specializing in tobacco cessation and may include a psychologist, social worker or other licensed or certified professional. The programs usually include intensive psychological support, behavior modification techniques and medications to control cravings. Breast reduction surgery except as coverage is required by the Women's Health and Cancer Rights Act of 1998 for which Benefits are described under Reconstructive Procedures in Section 1 of the COC.

Providers

Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal address. Services provided at a Freestanding Facility or diagnostic Hospital-based Facility without an order written by a Physician or other provider. Services which are self-directed to a Freestanding Facility or diagnostic Hospital-based Facility. Services ordered by a Physician or other provider who is an employee or representative of a Freestanding Facility or diagnostic Hospital-based Facility, when that Physician or other provider has not been involved in your medical care prior to ordering the service, or is not involved in your medical care after the service is received. This exclusion does not apply to mammography.

Reproduction

Health care services and related expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. Gestational carrier (surrogate parenting), donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization. Contraceptive Supplies and Services. In vitro fertilization regardless of the reason for treatment.

Services your plan does not cover (Exclusions)

Services Provided under Another Plan

Health care services for when other coverage is required by federal, state or local law to be bought or provided through other arrangements. Examples include coverage required by workers' compensation or similar legislation. If coverage under workers' compensation or similar legislation is optional for you because you could elect it, or could have it elected for you, Benefits will not be paid for any Injury, Sickness or Mental Illness that would have been covered under workers' compensation or similar legislation had that coverage been elected. This exclusion does not apply to executive officers of a corporation who own 25 percent or more of the corporation's stock or executive officers of non-profit corporations who receive an annual compensation of \$1,000 or less. These executive officers will not be construed to be employees of the corporation under the Nebraska's Workers' Compensation Act, unless they elect to bring themselves within the provisions of the Act. Services resulting from accidental bodily injuries arising out of a motor vehicle accident to the extent the services are payable under a medical expense payment provision of an motor vehicle insurance policy. Health care services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health care services during active military duty.

Transplants

Health care services for organ and tissue transplants, except those described under Transplantation Services in Section 1 of the COC. Health care services connected with the removal of an organ or tissue from you for purposes of a transplant to another person. (Donor costs that are directly related to organ removal are payable for a transplant through the organ recipient's Benefits under the Policy.) Health care services for transplants involving permanent mechanical or animal organs.

Travel

Health care services provided in a foreign country, unless required as Emergency Health Care Services. Travel or transportation expenses, even though prescribed by a Physician. Some travel expenses related to Covered Health Care Services received from a Designated Provider may be paid back as determined by us. This exclusion does not apply to ambulance transportation for which Benefits are provided as described under Ambulance Services in Section 1 of the COC.

Types of Care

Multi-disciplinary pain management programs provided on an inpatient basis for sharp, sudden pain or for worsened long term pain. Custodial care or maintenance care; domiciliary care. Private Duty Nursing. Respite care. This exclusion does not apply to respite care for which Benefits are provided as described under Hospice Care in Section 1 of the COC. Rest cures; services of personal care aides. Work hardening (treatment programs designed to return a person to work or to prepare a person for specific work).

Vision and Hearing

Cost and fitting charge for eyeglasses and contact lenses. This exclusion does not apply to a vision correction after surgery when ordered by a Physician because of a change in prescription as a direct result of an intraocular surgery or ocular injury. Implantable lenses used only to fix a refractive error (such as Intacs corneal implants). Eye exercise or vision therapy. Surgery that is intended to allow you to see better without glasses or other vision correction. Examples include radial keratotomy, laser and other refractive eye surgery. Bone anchored hearing aids except when either of the following applies: You have craniofacial anomalies whose abnormal or absent ear canals prevent the use of a wearable hearing aid. You have hearing loss of sufficient severity that it would not be remedied enough by a wearable hearing aid. More than one bone anchored hearing aid per Covered Person who meets the above coverage criteria during the entire period of time you are enrolled under the Policy. Repairs and/or replacement for a bone anchored hearing aid when you meet the above coverage criteria, other than for malfunctions. Routine vision exams, including refractive exams to determine the need for vision correction.

Services your plan does not cover (Exclusions)

Vision - Pediatric Services

Benefits are not provided under Pediatric Vision Services for the following: Medical or surgical treatment for eye disease which requires the services of a Physician and for which Benefits are available as stated in the COC. Non-prescription items (e.g. Plano lenses). Replacement or repair of lenses and/or frames that have been lost or broken. Optional Lens Extras not listed in Vision Care Services. Missed appointment charges. Applicable sales tax charged on Vision Care Services.

All Other Exclusions

Health care services and supplies that do not meet the definition of a Covered Health Care Service. Covered Health Care Services are those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following: Medically Necessary; described as a Covered Health Care Service in Section 1 of the COC and Schedule of Benefits; and not otherwise excluded in Section 2 of the COC. Physical, psychiatric or psychological exams, testing, all forms of vaccinations and immunizations or treatments that are otherwise covered under the Policy when: required only for school, sports or camp, travel, career or employment, insurance, marriage or adoption; related to judicial or administrative proceedings or orders. (This exclusion does not apply to services that are determined to be Medically Necessary). Conducted for purposes of medical research (This exclusion does not apply to Covered Health Care Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in Section 1 of the COC); required to get or maintain a license of any type. Health care services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. This exclusion does not apply if you are a civilian injured or otherwise affected by war, any act of war, or terrorism in non-war zones. Health care services received after the date your coverage under the Policy ends. This applies to all health care services, even if the health care service is required to treat a medical condition that started before the date your coverage under the Policy ended. Health care services when you have no legal responsibility to pay, or when a charge would not ordinarily be made in the absence of coverage under the Policy. However, health care services are covered under the Policy for treatment of Mental Illness and Substance Use Disorders in a publicly-funded Hospital licensed by the Nebraska Department of Health when those services would ordinarily be provided with reduced or no charge. In the event an out-of-Network provider waives, does not pursue, or fails to collect co-payments, co-insurance and/or any deductible or other amount owed for a particular health care service, no Benefits are provided for the health care service when the co-payments, co-insurance and/or deductible are waived. Charges in excess of the Allowed Amount or in excess of any specified limitation. Long term (more than 30 days) storage. Examples include cryopreservation of tissue, blood and blood products. Autopsy. Foreign language and sign language interpretation services offered by or required to be provided by a Network or out-of-Network provider. Health care services related to a non-Covered Health Care Service: When a service is not a Covered Health Care Service, all services related to that non-Covered Health Care Service are also excluded. This exclusion does not apply to services we would otherwise determine to be Covered Health Care Services if the service treats complications that arise from the non-Covered Health Care Service. For the purpose of this exclusion, a "complication" is an unexpected or unanticipated condition that is superimposed on an existing disease and that affects or modifies the prognosis of the original disease or condition. Examples of a "complication" are bleeding or infections, following a Cosmetic Procedure, that require hospitalization.

For Internal Use only:

NEWAB07AUPW18

Item# Rev. Date

370-7307

1017

Base/Value HSA/Comb/Emb/30725/2018

APPLICATION FOR WAYNE'S ECONOMIC DEVELOPMENT PROGRAM (WEDP) FUND

Application Number:

Date Received
October 26, 2017

LB840 (form approved 073109)

2017

PART I. GENERAL INFORMATION

TYPE OR PRINT ALL INFORMATION

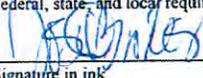
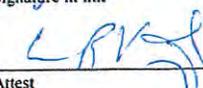
1. APPLICANT IDENTIFICATION	2. PERSON PREPARING APPLICATION
Applicant Name Wayne Area Event Center, Inc.	Name/Business Josie Broders
Mailing Address 2611 N. Hwy 15	Address 1607 Claycomb Rd
Wayne NE 68787 (City) (State) (ZIP)	Wayne NE 68787 (City) (State) (Zip)
Telephone Number (402) 369-6428	Telephone Number (712) 299-1152
Fax Number	Federal Tax ID # / SS#
Federal Tax ID Number 81-2801476	
Email Address josie.broders@gmail.com	Email Address josie.broders@gmail.com
3. BUSINESS TYPE <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	5. FUNDING SOURCES
4. ASSISTANCE TYPE REQUESTED <input type="checkbox"/> Low interest loan <input type="checkbox"/> Interest buy down <input type="checkbox"/> Performance-based loan <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Other	WEDP Funds Requested \$ 350,000 Matching Funds \$ Other Funds \$ 3,250,000 Total Project Funds \$ 3,600,000 <i>(Round amounts to the nearest hundred dollars.)</i>

6. PROGRAM SUMMARY: Brief narrative description of the project for which WEDP funds are requested

The project was previously awarded a \$350,000 loan, with a 10-year repayment at 3% interest, in LB840 funds by the City of Wayne. The remaining project funds come from owner equity and a traditional lender. In order to accommodate changes in the scope of the project, additional capital has been requested via the traditional lender. To secure the additional financing, the lender has requested that the approved LB840 Loan be retitled as an LB840 Grant. Wayne Area Event Center, Inc. has every intention of honoring the original repayment agreement and terms with the City of Wayne. However, retitling the LB840 Loan as an LB840 Grant will decrease the corporation's debt ratio and enable the lender to finance the changes to the scope of the project.

7. CERTIFYING OFFICIAL: Chief Executive Officer or owner of applicant requesting WEDP funds.

To the best of my knowledge and belief, data and information in this application are true and correct, including any commitment of local or other resources. This applicant will comply with all Federal, state, and local requirements governing the use of WEDP funds.

 Signature in ink	Josie Broders, President Typed Name and Title	10/26/17 Date Signed
 Attest	Luke Virgil, Executive Director Typed Name and Title	10/26/17 Date Signed

SUBMIT THE ORIGINAL AND ONE COPY (UNBOUND) OF THE ENTIRE APPLICATION TO:

Wayne Economic Development Program Fund
108 W 3rd Street, Wayne, NE 68787
(402) 375-2240 Fax (402) 375-2246

PART II. FUNDING SUMMARY

(Round amounts to the nearest hundred dollars.)

Eligible Activities	WEDP Funds	Matching Funds	Other Funds	Total Funds	Sources of Matching or Other Funds
The purchase of real estate, options for such purchases, the renewal or extension of such options, and public works improvements	\$350,000				
Payments for salaries and support of City staff to implement the Program or for contracting of an outside entity to implement any part of the Program.					
Expenses for business and industry recruitment activities to locate or relocate a qualifying business into the area and for equity investment in a qualifying business.					
The authority to issue bonds pursuant to the act subject to City Council approval.					
Grants or agreements for job training.					
Small business and microenterprise development including expansion of existing businesses.			\$3.25 million		\$1,350,000 Bank Loan \$1,400,000 Owner Equity
Interest buy down agreements.					
Expand and promote Wayne through marketing, workforce attraction, and tourism related activities.					
Development of housing related programs to foster population growth.					
Activities to revitalize and encourage growth in the downtown area.					
May contribute to or create a revolving loan fund from which low interest or performance based loans will be made to qualifying entities on a match basis.					
Other approved activity					
TOTAL PROGRAM COSTS	\$350,000		\$3,250,000	\$3,600,000	

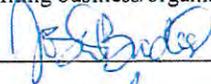
APPLICANT CERTIFICATIONS

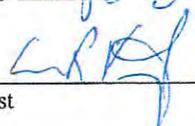
- a. There are no legal actions underway or being contemplated that would significantly impact the capacity of this company to effectively proceed with the project; and to fulfill all WEDP requirements.

If benefiting business/organization is a proprietorship or partnership, sign below:

By: _____ Date: _____

If benefiting business/organization is a Corporation, sign below:

By:  Date: 10/26/2017

 Luke Virgil/Executive Director 10/26/17
Attest Typed Name/Title Date

PART III. PROJECT DESCRIPTION AND IMPACT

On separate sheets of paper, provide any additional information (such as jobs to be created, collateral assignments, community impact, etc.) and enclose with this application form.

Submit the original and one copy of the application form and all application materials.

DO NOT BIND, FOLD, OR STAPLE



WAYNE AREA EVENT CENTER, INC.
DBA: THE BEAUMONT EVENT & CONCERT HALL
2611 NORTH HWY 15 | WAYNE, NEBRASKA 68787
PH: 402.369.6428 | WWW.THEBEAUMONTWAYNE.COM

October 19, 2017

Wayne Area Economic Development
Attn: Sales Tax Advisory Committee
108 West 3rd Street
Wayne, Nebraska 68787

RE: Request for Modification of Terms for LB840 Funds for Wayne Area Event Center, Inc.

Dear Sales Tax Advisory Committee,

This letter is to formally request a modification of terms for Wayne Area Event Center, Inc. (dba: The Beaumont) for the \$350,000 WEDP (LB840) Funds. The current terms are that the funds be considered a loan and be paid back over 10-years at 3% interest.

Our request is to have the loan status changed to a grant, similar to what was done for the investors group with the Cobblestone Hotel. It is still our full intention to honor the previous agreement and pay back the money, however, we are seeking the grant status because it would decrease our business debt ratio on paper, which is a necessary step for the approval additional financing with our primary lender.

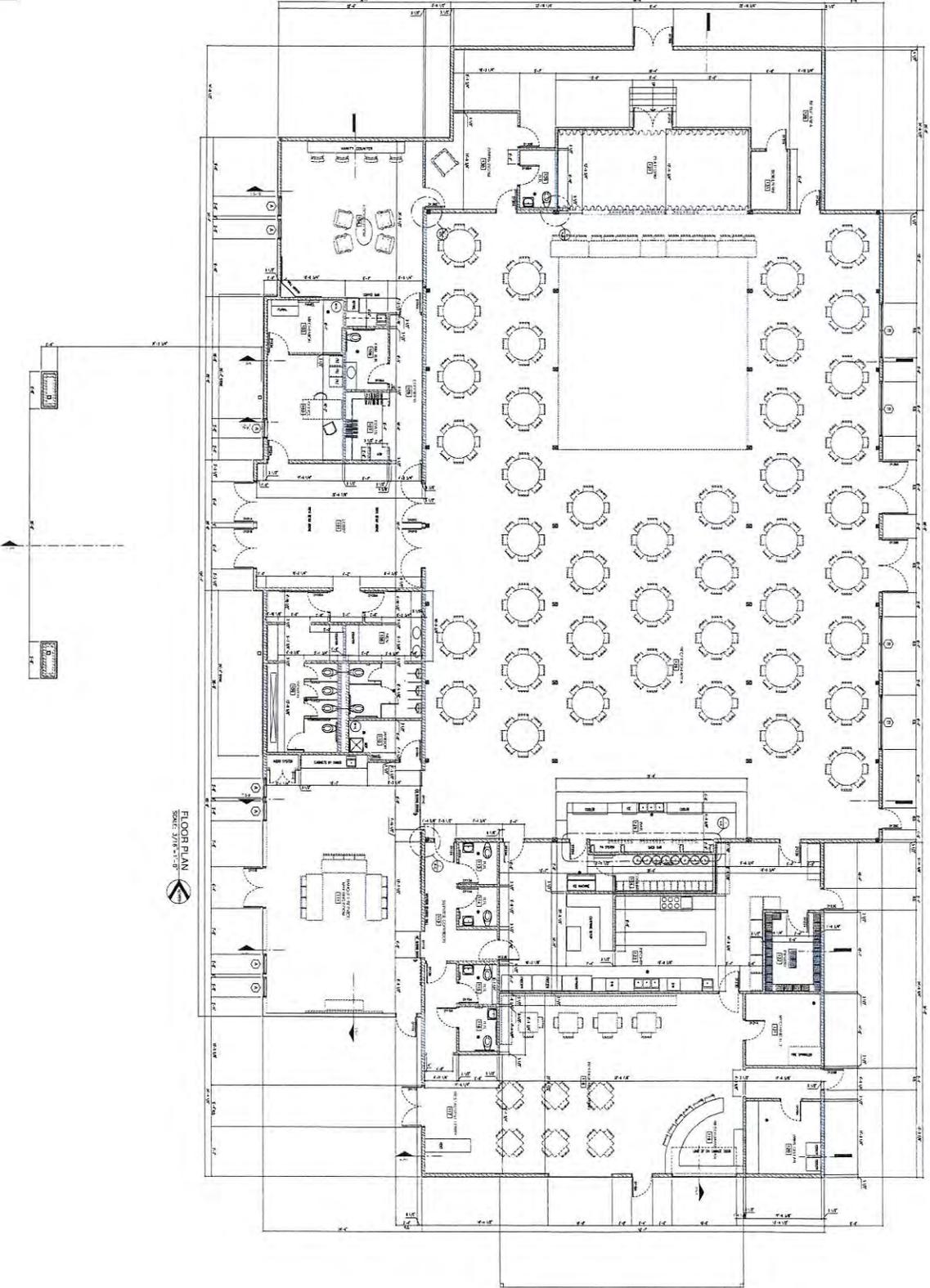
Since the original LB840 loan terms were put in place last year, on October 18, 2016, the event center project has expanded. The building has grown in square footage and now includes additional meeting room space and a steakhouse restaurant, as well as an upgrade to concrete parking.

We continue to receive daily inquires for event bookings and have already begun reserving dates into the 2019 season as most of our 2018 dates are already booked. We are very confident that our cash flow will be enough to pay back the LB840 funds as planned, as well as generate a good amount additional of tax income for the City of Wayne now that the property has been annexed.

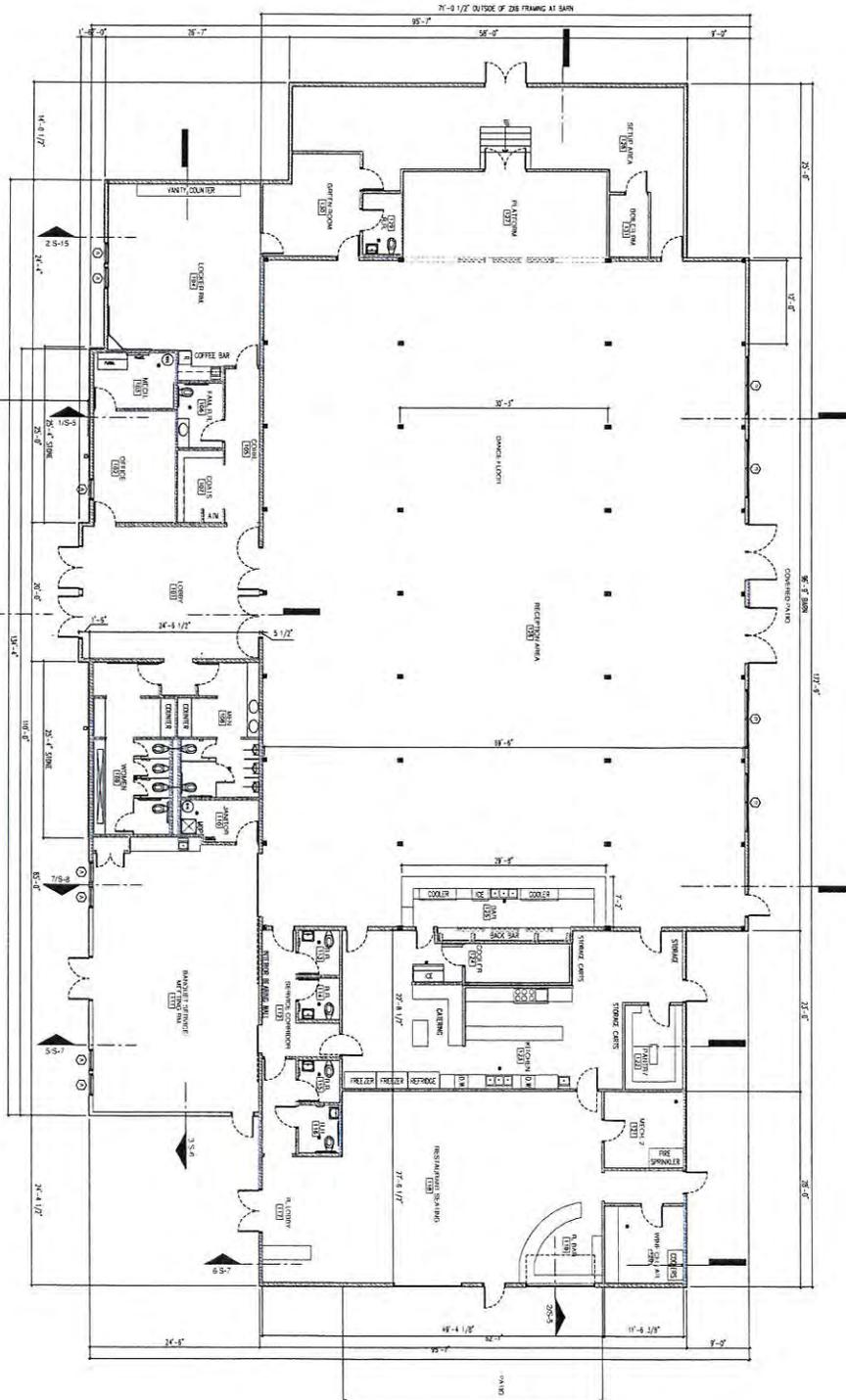
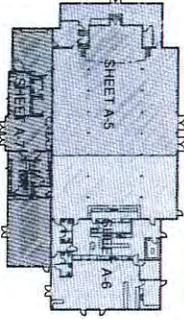
Thank you for your time and consideration of this request.

Sincerely,

Josie Broders, President
Wayne Area Event Center, Inc.



ENLARGED FLOOR PLAN KEY



FLOOR PLAN
SCALE: 1/8" = 1'-0"

A-1

8.30.17
9.20.17

FLOOR PLAN

BEAUMONT EVENT CENTER
2611 NORTH HIGHWAY 15
WAYNE, NE 68787

JILL BRODERSEN, ARCHITECT
106 1/2 MAIN STREET
WAYNE, NE 68787
402.369.1304





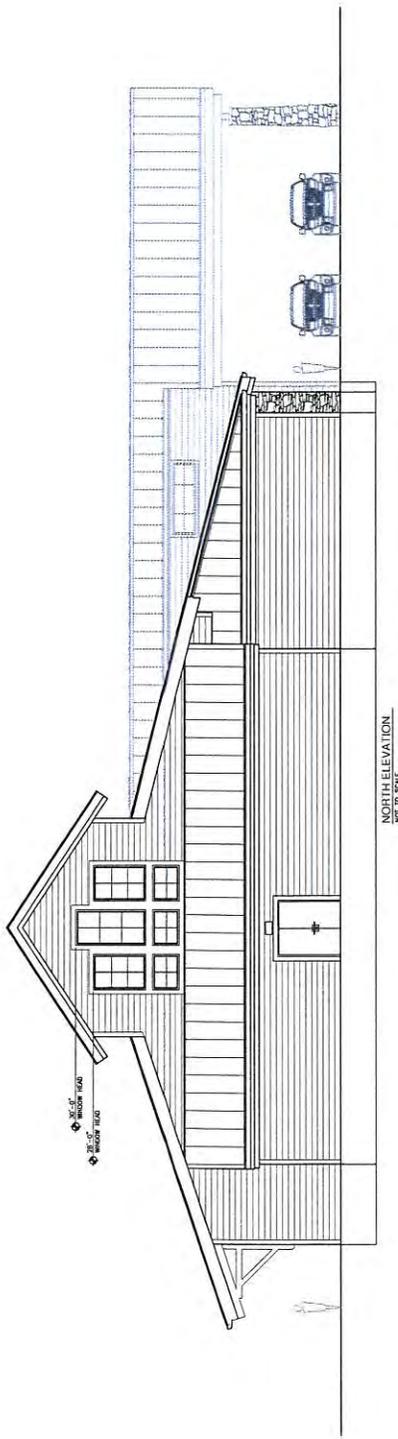
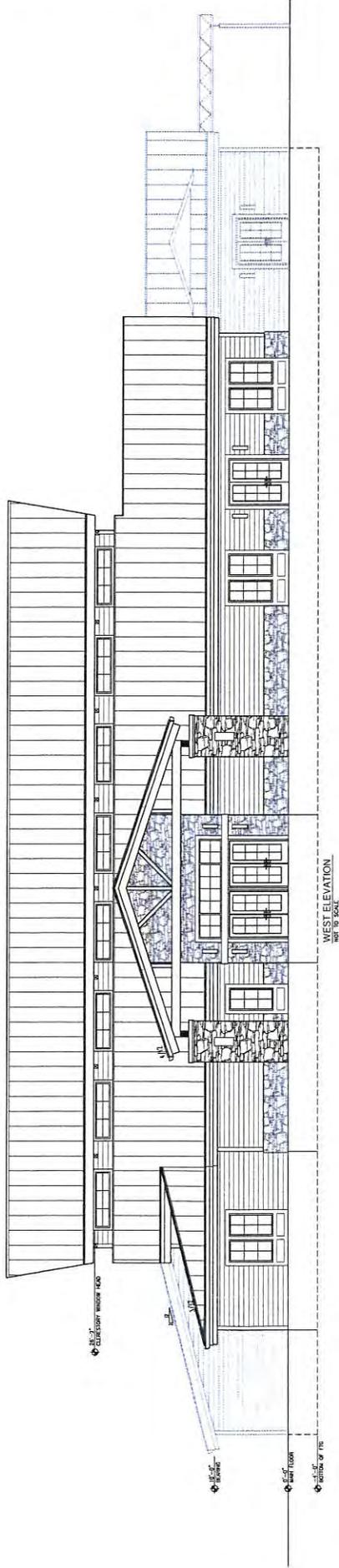
JILL BRODENSEN, ARCHITECT
 106 1/2 MAIN STREET
 WAYNE, NE 68787
 402.269.1204

BEAUMONT EVENT CENTER
 2611 NORTH HIGHWAY 15
 WAYNE, NE 68787

NORTH & WEST EXTERIOR ELEVATIONS

8.30.17
 9.20.17

A-3



NORTH ELEVATION
 WEST TO EAST



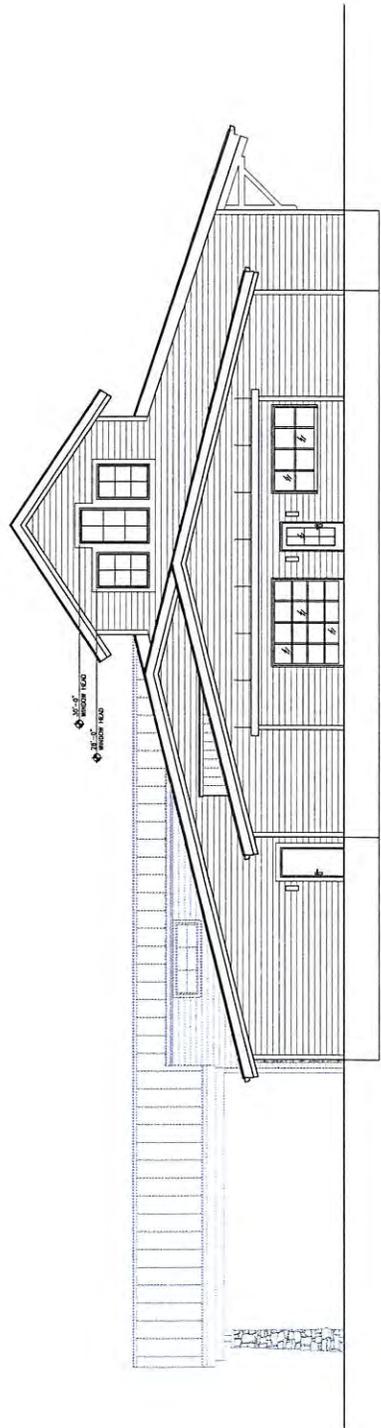
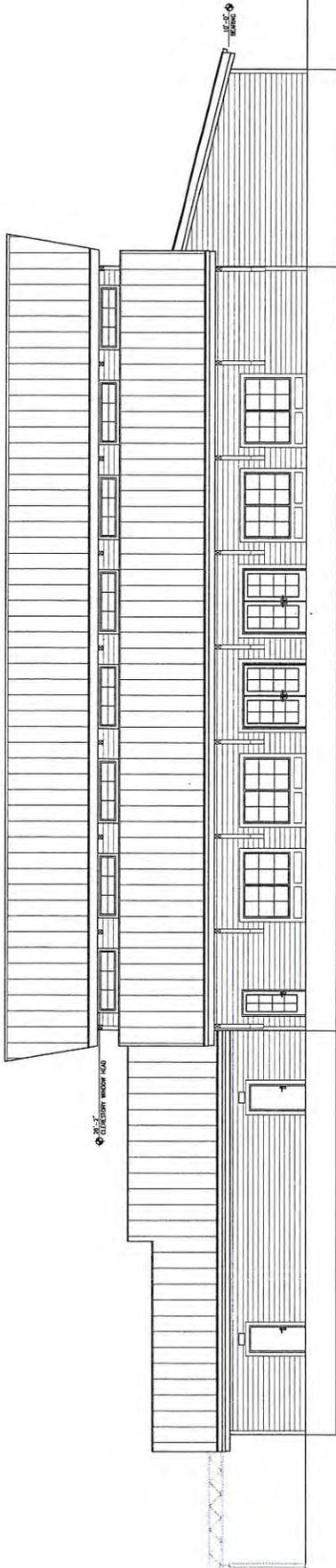
JILL BRODERSEN, ARCHITECT
 106 1/2 MAIN STREET
 WAYNE, NE 68787
 402.595.1304

BEAUMONT EVENT CENTER
 2611 NORTH HIGHWAY 15
 WAYNE, NE 68787

EAST & SOUTH EXTERIOR ELEVATIONS

8.7.17
 9.20.17

A-4



**APPLICATION FOR WAYNE'S
ECONOMIC DEVELOPMENT PROGRAM (WEDP) FUND**

Application Number:

Date Received

Oct 7, 2016

LB840 (form approved 073109)

2016

PART I. GENERAL INFORMATION

TYPE OR PRINT ALL INFORMATION

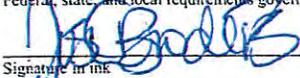
1. APPLICANT IDENTIFICATION			2. PERSON PREPARING APPLICATION		
Applicant Name Wayne Area Event Center, Inc.			Name/Business Josie Broders		
Mailing Address			Address 1607 Claycomb Rd		
Wayne	NE	68787	Wayne	NE	68787
(City)	(State)	(ZIP)	(City)	(State)	(Zip)
Telephone Number (712) 299-1152			Telephone Number (712) 299-1152		
Fax Number			Federal Tax ID # / SS#		
Federal Tax ID Number 81-2801476					
Email Address josie.broders@gmail.com			Email Address josie.broders@gmail.com		
3. BUSINESS TYPE			5. FUNDING SOURCES		
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____			WEDP Funds Requested \$ 350,000		
4. ASSISTANCE TYPE REQUESTED			Matching Funds \$		
<input checked="" type="checkbox"/> Low interest loan <input type="checkbox"/> Interest buy down <input type="checkbox"/> Performance-based loan <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Other _____			Other Funds \$ 2,300,000		
			Total Project Funds \$ 2,650,000		
			<i>(Round amounts to the nearest hundred dollars.)</i>		

6. PROGRAM SUMMARY: Brief narrative description of the project for which WEDP funds are requested

Please see "ATTACHMENT A" for the program summary
of the project for which WEDP funds are requested.

7. CERTIFYING OFFICIAL: Chief Executive Officer or owner of applicant requesting WEDP funds.

To the best of my knowledge and belief, data and information in this application are true and correct, including any commitment of local or other resources. This applicant will comply with all Federal, state, and local requirements governing the use of WEDP funds.

	<u>Josie Broders, President</u>	<u>10-7-16</u>
Signature in ink	Typed Name and Title	Date Signed
	<u>Wes Blecke, ED Director</u>	<u>10/7/16</u>
Attest	Typed Name and Title	Date Signed

SUBMIT THE ORIGINAL AND ONE COPY (UNBOUND) OF THE ENTIRE APPLICATION TO:

Wayne Area Economic Development
Wayne Economic Development Program Fund
108 W 3rd St
Wayne, NE 68787
(402) 375-2240 Fax (402) 375-2246

PART II. FUNDING SUMMARY

(Round amounts to the nearest hundred dollars.)

Eligible Activities	WEDP Funds	Matching Funds	Other Funds	Total Funds	Sources of Matching or Other Funds
The purchase of real estate, options for such purchases, the renewal or extension of such options, and public works improvements	\$ 350,000				
Payments for salaries and support of City staff to implement the Program or for contracting of an outside entity to implement any part of the Program.					
Expenses for business and industry recruitment activities to locate or relocate a qualifying business into the area and for equity investment in a qualifying business.					
The authority to issue bonds pursuant to the act subject to City Council approval.					
Grants or agreements for job training.					
Small business and microenterprise development including expansion of existing businesses.			\$2,300,000		\$1.2 million from investors \$1.1 million bank loan
Interest buy down agreements.					
Expand and promote Wayne through marketing, workforce attraction, and tourism related activities.					
Development of housing related programs to foster population growth.					
Activities to revitalize and encourage growth in the downtown area.					
May contribute to or create a revolving loan fund from which low interest or performance based loans will be made to qualifying entities on a match basis.					
Other approved activity					
TOTAL PROGRAM COSTS	\$ 350,000		\$2,300,000	\$2,650,000	

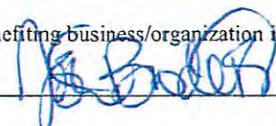
APPLICANT CERTIFICATIONS

- a. There are no legal actions underway or being contemplated that would significantly impact the capacity of this company to effectively proceed with the project; and to fulfill all WEDP requirements.

If benefiting business/organization is a proprietorship or partnership, sign below:

By: _____ Date: _____

If benefiting business/organization is a Corporation, sign below:

By:  _____ Date: 10-7-16

Attest

Typed Name/Title

Date

**APPLICATION FOR WAYNE'S
ECONOMIC DEVELOPMENT PROGRAM (WEDP) FUND**

ATTACHMENT A

6. PROGRAM SUMMARY: Brief narrative description of the project for which WEDP funds are requested.

Wayne Area Event Center, Inc. will build and operate a first class event venue for weddings & receptions, concerts, dances, corporate events, trade shows, school events, conventions, private banquets, meetings and outdoor events. We expect to stop the migration of these similar events out of Wayne while drawing new events to the Wayne community and also offering a larger banquet space for the college. The venue will provide enough space to accommodate over 500 seated attendees for large events, while also providing additional meeting space outside of the main ballroom, with a minimum of 100 paved parking spaces for guests. Negotiations are currently underway on several location possibilities.

The beautiful, 13,000 square foot venue will celebrate the unique building style of a local business, Sand Creek Post & Beam, with the overall design of the building being a contemporary, classic barn style with high-end finishes. We expect this venue to be a premier destination showpiece that will draw events from all over the Northeast Nebraska area along with many local events. The facility will boast large outdoor patios, pergolas and stone fireplaces for outdoor events and wedding ceremonies. The building will also have large accordion style doors to provide an indoor/outdoor feel for events, while also serving as an entrance for cars and equipment for trade shows and other events. There will also be a full stage and sound system available, along with his and her dressing rooms.

The venue will have a large catering kitchen with all amenities needed for outside food service to be provided by the clients. We expect to have and maintain our own liquor and bar service, which will be a major source of income for the facility.

There will be three to four full-time employees and as many as 12 part-time staff members in addition to the outside employment of local catering companies, musicians, service technicians, landscaping companies, etc.

Proposed Event Center & Wedding Venue
Wayne, Nebraska

TOTAL PROJECTED COSTS

October 7, 2016

	2016 Sept-Dec	2017 1st QTR	2017 2nd QTR	2017 3rd QTR	
Land Acquisition	350,000				350,000
Civil Engineering	14,000				14,000
Survey / Staking / As Built	1,500		1,500		3,000
Architectural Services	30,000	10,000	10,000	10,000	60,000
Mechanical / Structural Engineering	20,000	20,000			40,000
Builders Risk / Liability Insurance	4,000		6,000		10,000
Legal & Accounting	3,000		1,000		4,000
	\$ 422,500	\$ 30,000	\$ 18,500	\$ 10,000	481,000
Site Grading	8,000				8,000
Water & Sewer Service	25,000		40,000		65,000
Electrical Service / Transformer	10,000		15,000		25,000
Site Lighting			10,000		10,000
Geothermal HVAC	35,000		42,000		77,000
Security System			6,000		6,000
Phone / Internet Connection			2,500		2,500
Building (including foundation)	175,000	250,000	575,000	225,000	1,225,000
Streets / Parking			89,500		89,500
Finish Grading / Landscaping			45,000		45,000
Electronic Monument Sign			22,800		22,800
	\$ 253,000	\$ 250,000	\$ 847,800	\$ 225,000	1,575,800
Loan Fees / Appraisal / Closing Costs	16,000				16,000
Interim Construction Interest	2,000	4,000	8,000	12,000	26,000
Building Contingency			125,000		125,000
Staff Training Startup				4,500	4,500
Supervision Salary / Co-Management	12,500	12,500	12,500	12,500	50,000
	\$ 30,500	\$ 16,500	\$ 145,500	\$ 29,000	\$ 221,500
State Licensing / Liquor License	1,000	1,000	1,500		3,500
Sound / Stage Lights / Projectors			55,500	32,500	88,000
Kitchen, Restrooms & Bar FF&E			35,250	35,250	70,500
Cleaning / Maintenance Equipment				18,700	18,700
Office FF&E / Computers / Printers			3,250	5,250	8,500
Tables / Chairs				77,150	77,150
Linens / Tableware / Flatware / Glassware				26,500	26,500
Bar Stock				18,850	18,850
Misc. - Unforeseen Contingency	15,000	15,000	15,000	15,000	60,000
	\$ 16,000	\$ 16,000	\$ 110,500	\$ 229,200	\$ 371,700

PRELIM TURNKEY PROJECT COST

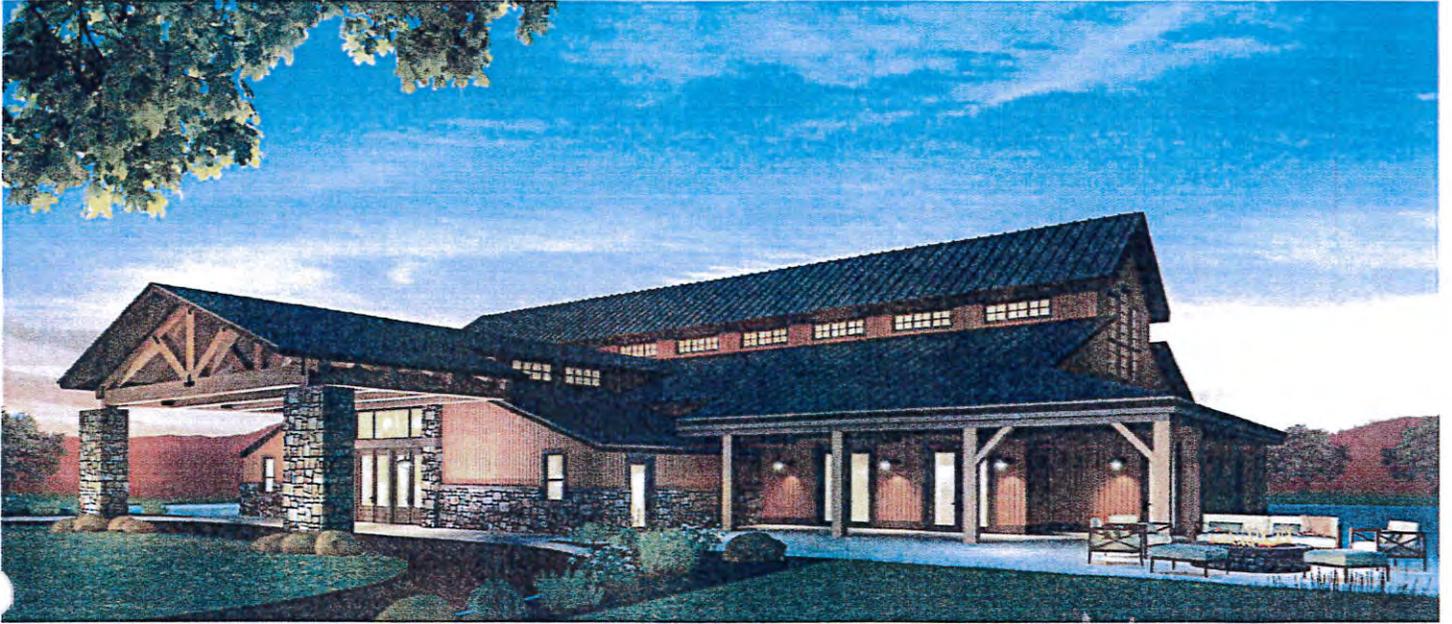
\$ 2,650,000

PROJECT FUNDING SOURCES

First Mortgage Loan	1,100,000
Investors / Stockholders	1,200,000
LB-840 Funds	350,000
	\$ 2,650,000

Proposed
Event Center & Wedding Venue
Wayne, Nebraska

Vision Board



The images above and below are professional 3D drawings of the barn venue we have designed. The main portion of the venue will be a raised center barn with board & batten siding and stone features. The barn will have two covered walkout patios with outdoor seating areas and fireplaces. One end of the barn will have large accordion style glass doors what will open up to the outdoor ceremony area and grand stone fireplace.



This interior view is looking out from the stage area over the main ballroom. The entire interior will have exposed post and beam construction with a hammer truss design for a grand, cathedral feel. The finished portion of the walls will have a stucco texture painted a warm tone. The floor will be a high shine, stained & stamped concrete.

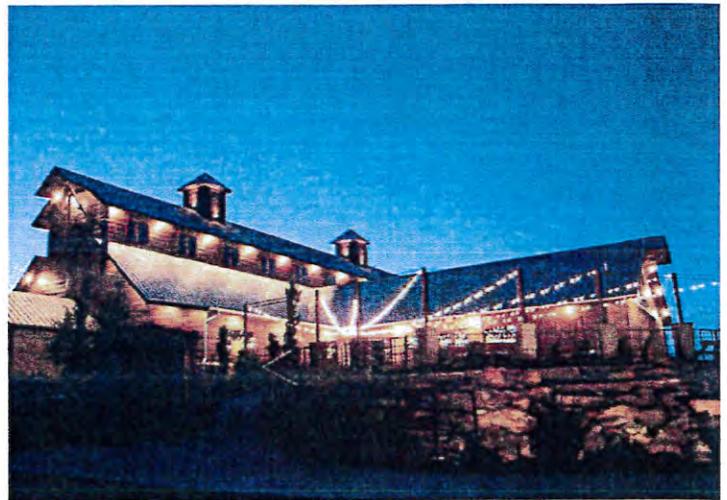
Proposed
Event Center & Wedding Venue
Wayne, Nebraska

Vision Board



JENNY DeMARCO

The bar in our venue has been designed to resemble the unique style of an old-time, classic saloon. The photo above was an inspiration and has similar qualities to our design.

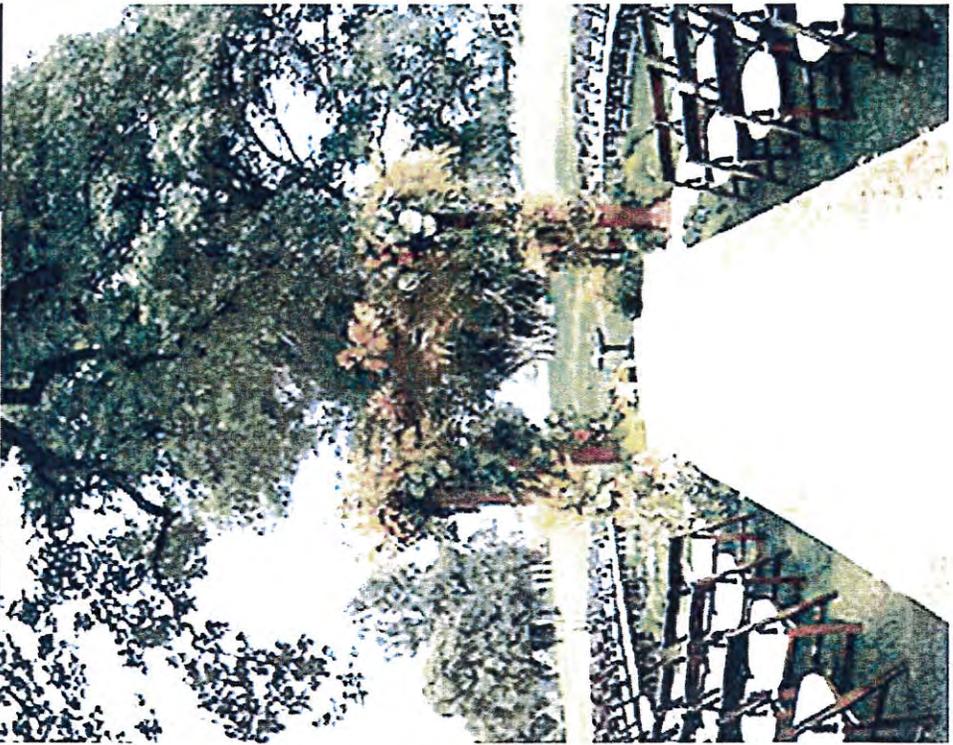
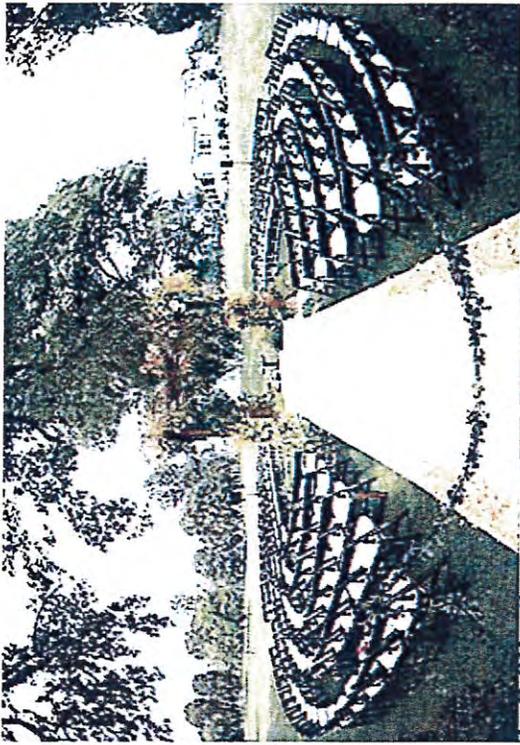
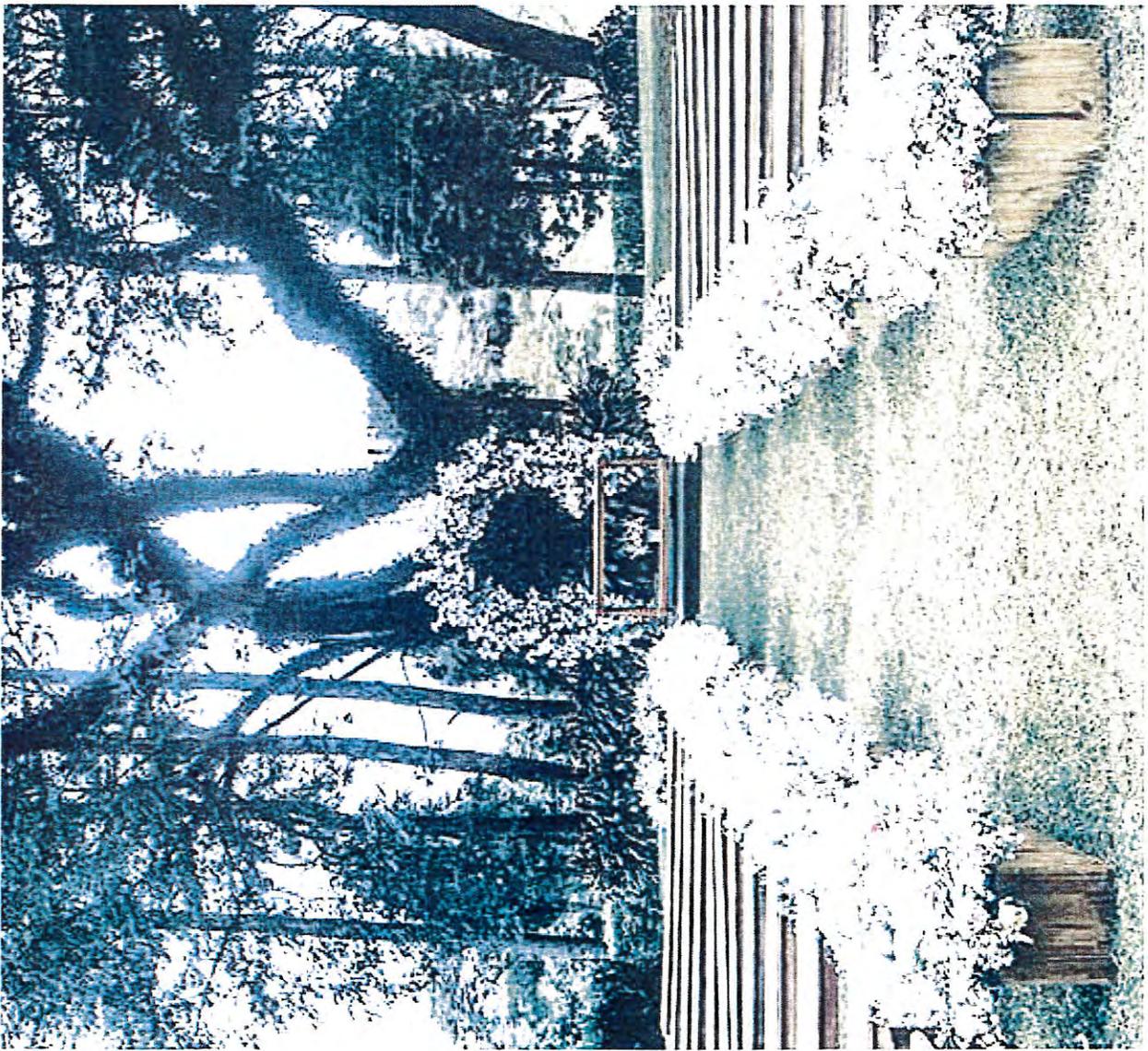


The photos above are what the overall vision of the venue will be. Rustic elegance with a warm and inviting atmosphere. Our event venue in Wayne, Nebraska will be a destination in itself.

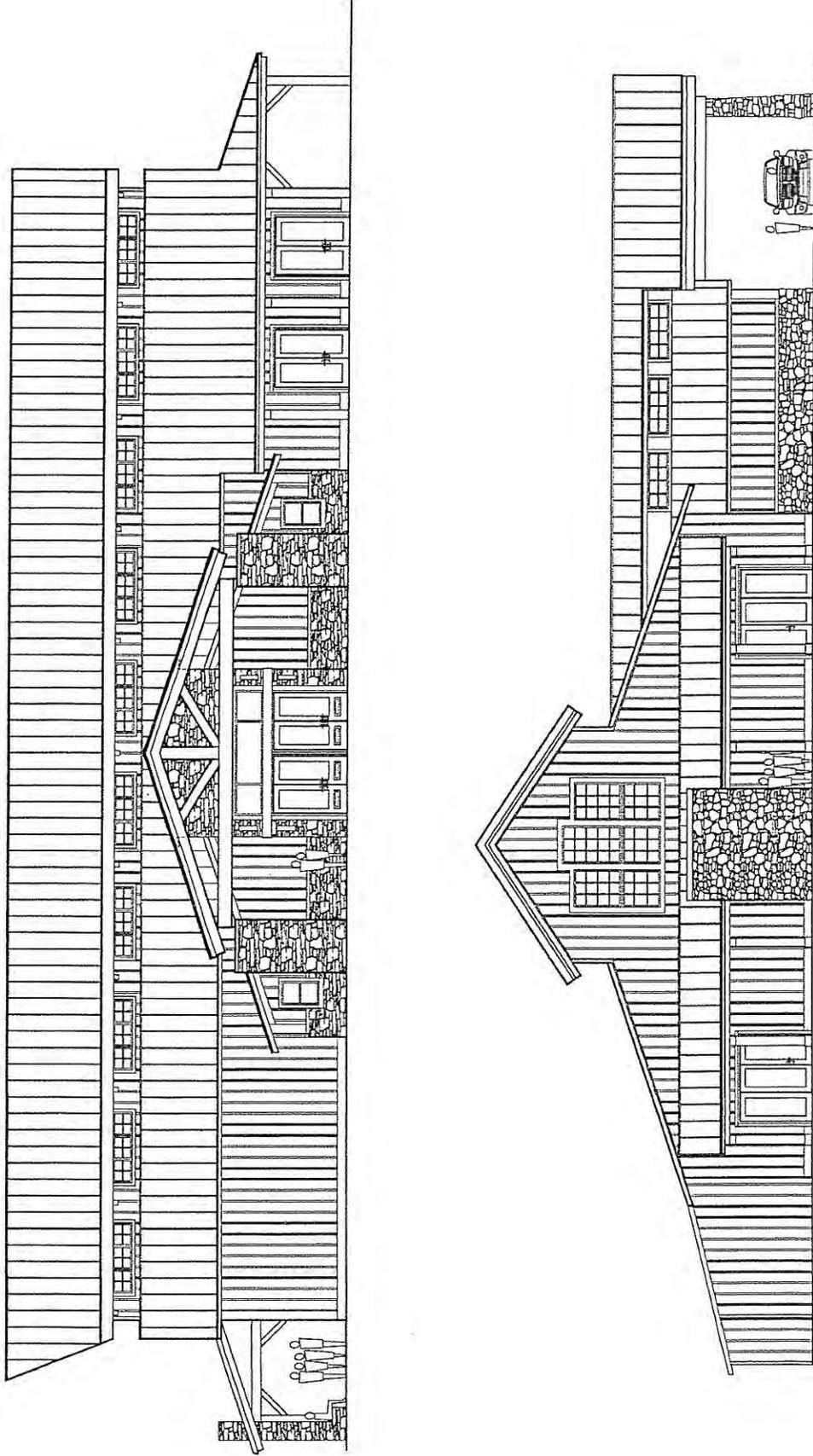
Proposed Event Center & Wedding Venue

Wayne, Nebraska

Ceremony Area Vision Board



2016 PROPOSED EVENT CENTER
WAYNE, NEBRASKA

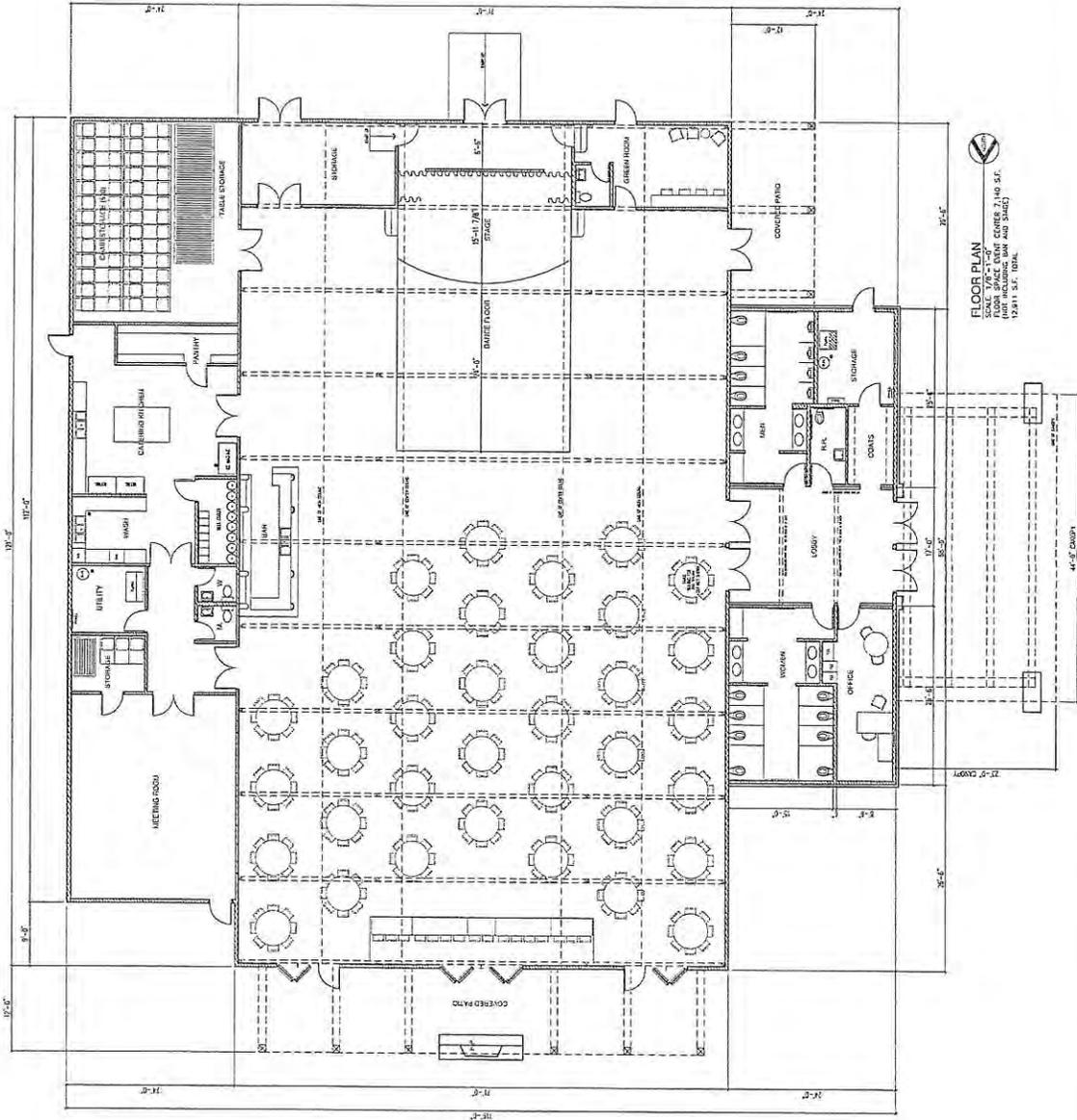


NORTH ELEVATION
SCALE: 3/16" = 1'-0"

JILL M. BRODERSEN, ARCHITECT
WAYNE, NEBRASKA • 402.399.1304 • 6.27.16

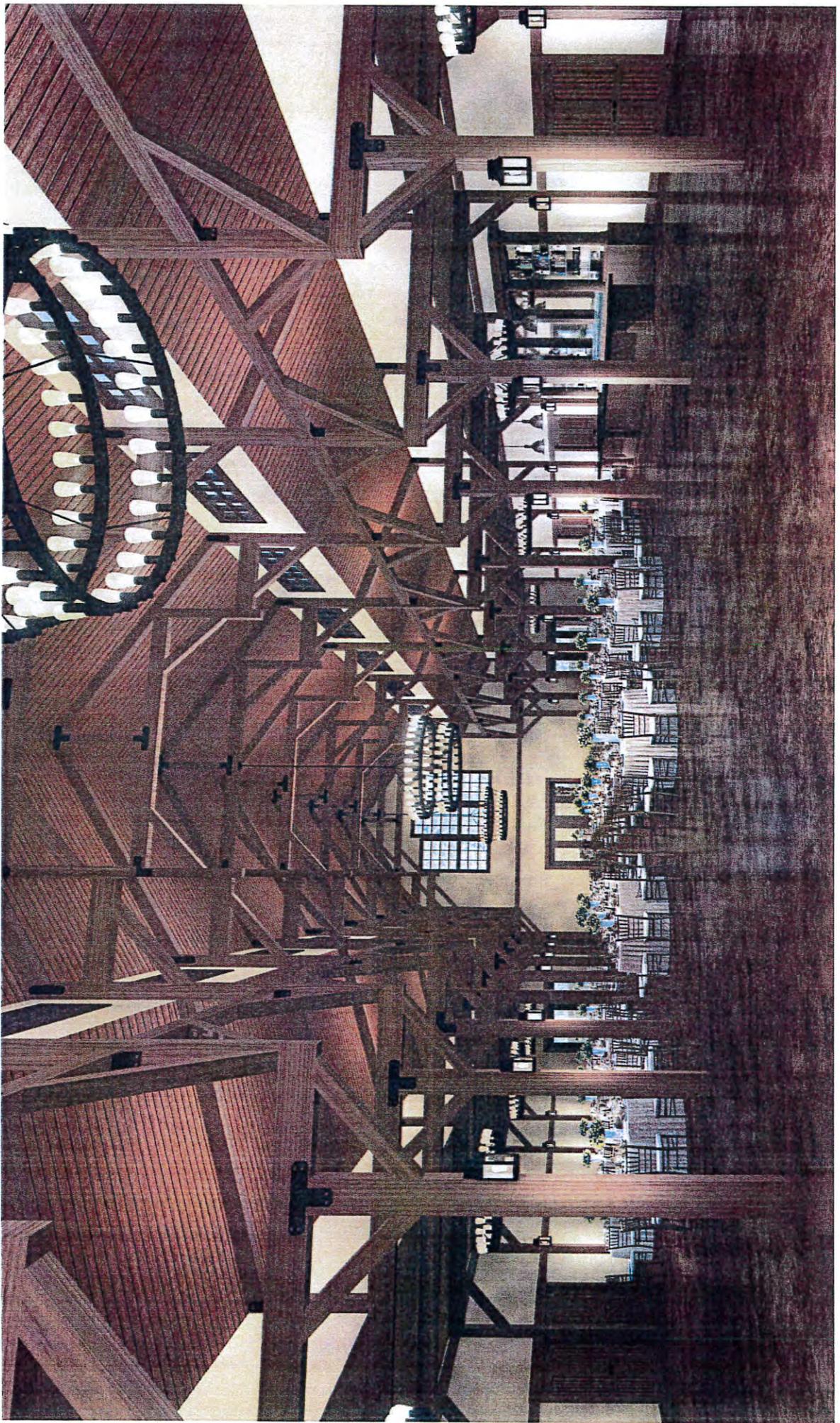
2016 PROPOSED EVENT CENTER WAYNE, NEBRASKA

JILL M. BRODERSEN, ARCHITECT
 1 WAYNE, NEBRASKA • 402.359.1304 • 8.11.16



FLOOR PLAN
 FLOOR SPACE: 7,140 SF
 (NOT INCLUDING WALL AND STAIR)
 (2011) 5/11/16





**Product Quotation**

Quotation Number: 27239D027395

Date: 2017-11-03 15:36:27

①

Ship to	Bobcat Dealer	Bill To
CITY OF WAYNE Attn: Lowell 306 PEARL ST. PO BOX 8 WAYNE, NE 68787 Phone: (402) 375-8627 Fax: (402) 375-7900	Nebraska Harvestore Systems, Norfolk, NE 3201 SOUTH 13TH STREET NORFOLK NE 68701-9304 Phone: (402) 371-0144 Fax: (402) 371-6031 ----- Contact: Zach Kruse Phone: 402-371-0144 Fax: 402-371-6031 E Mail: zkruse@nebraskaharvestore.com	CITY OF WAYNE Attn: Lowell 306 PEARL ST. PO BOX 8 WAYNE, NE 68787 Phone: (402) 375-8627 Fax: (402) 375-7900

Description	Part No	Qty	Price Ea.	Total
Bobcat 5600	M1221	1	\$50,723.00	\$50,723.00
Adjustable Vinyl Seats	Hydraulic Dump Box			
All-Wheel Steer	Instrumentation:			
Automatically Activated Glow Plugs	Hour meter, Job Hours, Speedometer,			
Auxiliary Hydraulics	Tachometer, Fuel Gauge, Engine			
Variable Flow with dual direction detent	Temperature Gauge, and Warning Lights			
Beverage Holders	Joystick, Manually Controlled with Lift Arm Float			
Bob-Tach	Lift Arm Support			
Boom Float	Parking Brake, automatic			
Cargo Box Support	Power Steering with Tilt Steering Wheel			
Cruise Control	Radiator Screen			
Deluxe Operator Canopy includes:	Rear Receiver Hitch			
Front Window, Rear Window ,	Seat Belts, Shoulder Harness			
Front Wipers, and Electrical Power Port	Spark Arrestor Muffler			
Lower Engine Guard	Suspension, 4-wheel independent			
Limited Slip Transaxle	Tires: 27 x 10.5-15 (8 ply), Lug Tread			
Engine and Hydraulic Monitor with Shutdown	Toolcat Interlock Control System (TICS)			
Front Work Lights	Two-Speed Transmission			
Full-time Four-Wheel Drive	Warranty: 1 Year, Unlimited Hours			
Horsepower Management				
Roll Over Protective Structure (ROPS) . Meets Requirements of SAE-J1040 & ISO 3471				
Falling Object Protective Structure (FOPS) . Meets Requirements of SAE-J1043 & ISO3449, Level I				
Dome Light				
Deluxe Road Package	M1221-P01-C01	1	\$2,211.00	\$2,211.00
Backup Alarm	Side Mirrors			
Turn Signals	Horn			
Flashers	Lower Engine Guard			
Tail Lights	Rear Work Lights			
Brake Lights	Headlights			
Rear View Mirror				
Cab Enclosure with Heater & Air Conditioning	M1221-R02-C03	1	\$4,632.00	\$4,632.00
29 X 12.5 Turf Tires	M1221-R05-C05	1	\$655.00	\$655.00
Keyless Ignition	M1221-R06-C02	1	\$305.00	\$305.00
Heavy Duty Battery	M1221-R07-C02	1	\$81.00	\$81.00
Attachment Control	M1221-R08-C02	1	\$190.00	\$190.00
Power Bob-Tach	M1221-R12-C02	1	\$999.00	\$999.00
Radio Option	M1221-R15-C02	1	\$444.00	\$444.00

Traction Control	M1221-R16-C02	1	\$495.00	\$495.00
Interior Trim	M1221-A01-C05	1	\$195.00	\$195.00
Strobe Light Kit, Amber	7129301	1	\$316.51	\$316.51
68" Snow & Light Material Bucket	7184103	1	\$1,120.00	\$1,120.00
--- Bolt-On Cutting Edge, 68"	6718006	1	\$194.77	\$194.77

Total of Items Quoted	\$62,561.28
Discount Nebraska State Contract	(\$12,512.25)
Quote Total - US dollars	\$50,049.03

Notes:

All prices subject to change without prior notice or obligation. This price quote supersedes all preceding price quotes. Customer must exercise his purchase option within 30 days from quote date.

Customer Acceptance: Purchase Order: _____

Authorized Signature:

Print: _____ **Sign:** _____ **Date:** _____

LET YOUR UTILITY VEHICLE DO THE HARD PART.

BOBCAT
UTILITY VEHICLE
ATTACHMENTS

You can do the work from your seat with the Bobcat® 3650 utility vehicle. Just hook up one of the variety of Bobcat-built, PTO-driven attachments with your Multi-Attachment X-Change™ (M.A.X.) system. Independent engine throttle allows you to separately control engine speed and travel speed for maximum torque while moving at low speeds.

**ANGLE BROOM**

Sweep a clean path through dirt, debris and snow with this low-maintenance attachment.

- Front-mounted PTO attachment for 3650
- Working width: 70 in.
- Hydraulically angles 25 degrees left or right

**BUCKET**

Load, carry, grade and dig materials with this high-capacity, high-strength bucket.

- Non-PTO attachment for 3650
- Overall width: 62.2 in.
- ISO heaped capacity: 4.7 cu. ft.

**GRAPPLE**

The utility grapple offers the additional holding ability necessary to bite down on even the loosest materials.

- Non-PTO attachment for 3650
- Attached to 62-in. utility vehicle bucket
- Overall width: 42.5 in.



For specifications disclaimer and trademark information, visit www.bobcat.com/company-info/terms-of-use

Bobcat and ATTACHMENTS



LANDPLANE

Working in either forward or reverse, the landplane makes it easy to break up hard ground and level a surface.

- Non-PTO attachment for 3650
- Overall width: 62 in.
- Can be used like a bucket to transport material



MOWER

Change rough terrain to a smooth, clean-cut landscape. Blades travel at 18,770 feet per minute.

- Front-mounted PTO attachment for 3650
- Cutting width: 66 in.
- Cutting height range: 2 to 4.5 in.



PALLET FORK

Move pallets and materials quickly and easily. The 36-inch tines can be manually positioned to fit the pallet and materials.

- Non-PTO attachment for 3650
- Overall width: 38 in.
- Lift capacity: 450 lb.



SNOW BLADE

Clear snow in the winter or do light grading in warmer months. Hydraulically angles 30 degrees left or right.

- 69-in.-wide attachment for 3650 (orange)
- Torsion spring trip moldboard minimizes impact damage
- 72-in.-wide snow plow kit available for 3600 (not shown)



SNOWBLOWER

Throw and blow snow to clear a clean path. A large, 12-inch-diameter auger provides generous capacity for deep snow removal.

- Front-mounted PTO attachment for 3650
- Cutting width: 62 in.
- Cutting height: 21 in.



SPREADER

Quickly and evenly spread sand and salt for winter maintenance.

- Fits into the cargo box of utility vehicles
- Adjustable spreading pattern of 5 to 38 ft.
- Control the speed of the auger and spinner from inside the cab



2

Product Quotation

Quotation Number: 27491D027807

Date: 2017-11-03 15:47:28

Ship to	Bobcat Dealer	Bill To
CITY OF WAYNE Attn: LOWELL HEGGEMEYER WAYNE, NE 68000 Phone: (402) 375-8627	Bobcat of Omaha, Omaha, NE 8701 SOUTH 145TH STREET OMAHA NE 68138-3618 Phone: (402) 895-6660 Fax: 402-884-2497 ----- Contact: Brock Partridge Phone: 402-895-6660 Fax: 402-895-3141 Cellular: 402-972-5656 E Mail: bpartridge@bobcat-omaha.com	CITY OF WAYNE Attn: LOWELL HEGGEMEYER WAYNE, NE 68000 Phone: (402) 375-8627

Description	Part No	Qty	Price Ea.	Total
Bobcat 5600	M1221	1	\$50,723.00	\$50,723.00
Deluxe Road Package	M1221-P01-C01	1	\$2,211.00	\$2,211.00
Backup Alarm	Side Mirrors			
Turn Signals	Horn			
Flashers	Lower Engine Guard			
Tail Lights	Rear Work Lights			
Brake Lights	Headlights			
Rear View Mirror				
Cab Enclosure with Heater & Air Conditioning	M1221-R02-C03	1	\$4,632.00	\$4,632.00
29 X 12.5 Turf Tires	M1221-R05-C05	1	\$655.00	\$655.00
Keyless Ignition	M1221-R06-C02	1	\$305.00	\$305.00
Heavy Duty Battery	M1221-R07-C02	1	\$81.00	\$81.00
Attachment Control	M1221-R08-C02	1	\$190.00	\$190.00
Power Bob-Tach	M1221-R12-C02	1	\$999.00	\$999.00
Radio Option	M1221-R15-C02	1	\$444.00	\$444.00
Interior Trim	M1221-A01-C05	1	\$195.00	\$195.00
68" Snow & Light Material Bucket	7184103	1	\$1,120.00	\$1,120.00
--- Bolt-On Cutting Edge, 68"	6718006	1	\$147.00	\$147.00

Total of Items Quoted	\$61,702.00
Dealer P.D.I.	\$150.00
Freight Charges	\$625.00
Dealer Assembly Charges	\$66.00
Discount Municipal Discount	(\$11,043.00)
Quote Total - US dollars	\$51,500.00

Notes:

All prices subject to change without prior notice or obligation. This price quote supersedes all preceding price quotes. Customer must exercise his purchase option within 30 days from quote date.

Customer Acceptance: _____ **Purchase Order:** _____

Authorized Signature: _____

Print: _____ **Sign:** _____ **Date:** _____



Bobcat

3

Product Quotation

Quotation Number: HMM-06043

Date: 2017-11-02 15:38:17

Customer Name/Address:	Bobcat Delivering Dealer	ORDER TO BE PLACED WITH: Contract Holder/Manufacturer
CITY OF WAYNE Attn: LOWELL 207 FAIRGOUNDS AVE WAYNE, NE 68787	Doug Muilenburg Sooland Bobcat, Sioux City, IA 3109 HIGHWAY 75 NORTH SIOUX CITY IA 51105-2218 Phone: (712) 277-8066 Fax: (712) 277-8809	Clark Equipment Co dba Bobcat Company 250 E Beaton Dr, PO Box 6000 West Fargo, ND 58078 Phone: 701-241-8719 Fax: 855.608.0681 Contact: Heather Messmer Heather.Messmer@doosan.com

Description

Bobcat 5600

Adjustable Vinyl Seats

All-Wheel Steer

Automatically Activated Glow Plugs

Auxiliary Hydraulics

- Variable Flow with dual direction detent

Beverage Holders

Bob-Tach

Boom Float

Cargo Box Support

Cruise Control

Deluxe Operator Canopy includes:

- Front Window, Rear Window ,
- Front Wipers, and Electrical Power Port

Lower Engine Guard

Limited Slip Transaxle

Engine and Hydraulic Monitor with Shutdown

Front Work Lights

Full-time Four-Wheel Drive

Horsepower Management

- Roll Over Protective Structure (ROPS) . Meets Requirements of SAE-J1040 & ISO 3471
- Falling Object Protective Structure (FOPS) . Meets Requirements of SAE-J1043 & ISO3449, Level I

Dome Light

Deluxe Road Package

Backup Alarm

Turn Signals

Flashers

Tail Lights

Brake Lights

Rear View Mirror

Cab Enclosure with Heater & Air Conditioning

29 X 12.5 Turf Tires

Keyless Ignition

Heavy Duty Battery

Attachment Control

Power Bob-Tach

Radio Option

Traction Control

Interior Trim

Strobe Light

Part No

M1221

Qty

1

Price Ea.

\$43,114.55

Total

\$43,114.55

Hydraulic Dump Box

Instrumentation:

- Hour meter, Job Hours, Speedometer,
- Tachometer, Fuel Gauge, Engine
- Temperature Gauge, and Warning Lights

Joystick, Manually Controlled with Lift Arm Float

Lift Arm Support

Parking Brake, automatic

Power Steering with Tilt Steering Wheel

Radiator Screen

Rear Receiver Hitch

Seat Belts, Shoulder Harness

Spark Arrestor Muffler

Suspension, 4-wheel independent

Tires: 27 x 10.5-15 (8 ply), Lug Tread

Toolcat Interlock Control System (TICS)

Two-Speed Transmission

Warranty: 1 Year, Unlimited Hours

M1221-P01-C01

1

\$1,879.35

\$1,879.35

Side Mirrors

Horn

Lower Engine Guard

Rear Work Lights

Headlights

M1221-R02-C03

1

\$3,937.20

\$3,937.20

M1221-R05-C05

1

\$556.75

\$556.75

M1221-R06-C02

1

\$259.25

\$259.25

M1221-R07-C02

1

\$68.85

\$68.85

M1221-R08-C02

1

\$161.50

\$161.50

M1221-R12-C02

1

\$849.15

\$849.15

M1221-R15-C02

1

\$377.40

\$377.40

M1221-R16-C02

1

\$420.75

\$420.75

M1221-A01-C05

1

\$165.75

\$165.75

6815259

1

\$162.64

\$162.64

68" Snow & Light Material Bucket	7184103	1	\$851.20	\$851.20
--- Bolt-On Cutting Edge, 68"	6718006	1	\$147.27	\$147.27

Total of Items Quoted	\$52,951.61
Freight Charges	\$625.00
Dealer Assembly Charges	\$150.00
Quote Total - US dollars	\$53,726.61

Notes:

**Prices per the Nebraska Contract# 14660 OC Contract Period: 11/1/16 through 06/16/19*
**Terms Net 30 Days. Credit cards accepted.*
**FOB Destination within the 48 Contiguous States.*
**Delivery: 60 to 90 days from ARO.*
**State Sales Taxes apply. IF Tax Exempt, please include Tax Exempt Certificate with placed order.*
**TID# 38-0425350*
**ORDERS MUST BE PLACED WITH: Clark Equipment Company dba Bobcat Company, Govt Sales, PO Box 6000, 250 E. Beaton Drive, West Fargo, ND 58078.*

Prices & Specifications are subject to change. Please call before placing an order. Applies to factory ordered units only.

ORDER ACCEPTED BY:

SIGNATURE

DATED

PRINT NAME AND TITLE

PURCHASE ORDER #

SHIP TO ADDRESS: _____

BILL TO ADDRESS (if different than Ship To): _____



ORDINANCE NO. 2017-33

AN ORDINANCE TO AMEND WAYNE MUNICIPAL CODE TITLE VII TRAFFIC CODE, SECTION 78-130 PROHIBITED PARKING; SOUTHEAST QUADRANT OF THE CITY; TO PROVIDE FOR THE REPEAL OF CONFLICTING ORDINANCES AND SECTIONS; AND TO PROVIDE FOR AN EFFECTIVE DATE.

BE IT ORDAINED by the Mayor and Council of the City of Wayne, Nebraska:

Section 1. That Section 78-130 of the Wayne Municipal Code be amended as follows:

§ 78-130 PROHIBITED PARKING; SOUTHEAST QUADRANT OF THE CITY.

(A) No person shall, at any time, park a vehicle upon the following described streets or parts of streets:

The east side of the centerline of Nebraska Street from the north line of East 2 nd Street north to the south line of East 7 th Street
The east side of the centerline of South Nebraska Street from the south line of Fairgrounds Avenue south to the city limits
The east side of the centerline of Dearborn Street from the north line of East 5 th Street north to the south line of East 7 th Street
The east side of the centerline of Dearborn Street from the north line of East 4 th Street south to the north line of East 4 th Street
The east side of the centerline of Walnut Street from the north line of East 4 th Street north to the south line of East 7 th Street
The east side of the centerline of Wayside Lane from the north line of Valley Drive north to the south line of East 6 th Street
The east side of the centerline of Tomar Drive from the south line of East 7 th Street south to the north line of East 4 th Street
The east side of the centerline of South Windom Street from the north line of Fairgrounds Avenue north to the south line of East 3 rd Street
The east side of the centerline of Main Street from 75 feet north of the north line of 4 th Street to the south line of 7 th Street
The east side of the centerline of Windom Street from the north line of East 3 rd Street north to the south line of East 7 th Street
The east side of the centerline of South Windom Street from the south line of Fairgrounds Avenue south to the city limits

The east side of the centerline of Logan Street from the north line of East 4 th Street north to the south line of East 7 th Street
The east side of the centerline of Thorman Street from the south line of East 7 th Street south to the north line of East 4 th Street
The east side of the centerline of Joel Street from the south line of Erin Street south to the north line of Alex Street
The south side of the centerline of Fairgrounds Avenue from the east line of South Nebraska Street east to the city limits
The south side of the centerline of East 3 rd Street from the east line of Logan Street to the west line of Windom Street
The south side of the centerline of East 4 th Street from the north-south alley between Main Street and Logan Street east to the city limits west line of Jaxon Street
The north side of the centerline of East 4th Street from the east line of Jaxon Street east to the city limits
The north side of the centerline of Mando Drive from the north-south alley west of Tomar Drive east to the west line of Tomar Drive
The south side of the centerline of Valley Drive from the east line of 5 th Street east to the point where Valley Drive turns north and then on the east side of the centerline north to the south side of East 7 th Street
The south side of the centerline of East 5 th Street from the north-south alley between Main Street and Logan Street east to Valley Drive
The south side of the centerline of East 7 th Street from the east line of Main Street east to the city limits
The south side of the centerline of Folk Street from the east line of South Nebraska Street to the west line of South Windom Street
The south side of the centerline of East 6 th Street from the north-south alley between Main Street and Logan Street east to the west line of Tomar Drive
The south side of the centerline of Jaxon Street from the west line of Tomar Drive west to the north line of East 4 th Street
The south side of the centerline of Erin Street from the west line of Thorman Street west to the east line of Joel Street
The west side of the centerline of Logan Street from the north line of East 5 th Street north to the south line of East 7 th Street
The west side of the centerline of Windom Street from the south line of East 7 th Street south for a distance of 25 feet
The west side of the centerline of Tomar Drive from the south line of East 7 th Street south 600 feet to

the north line of Jaxon Street

The west side of the centerline of Windom Street from the north line of East 3rd Street north a distance of 150 feet

(B) Appropriate signs shall be placed to advise the public of these prohibited parking regulations.

Section 2. Any other ordinances or parts of ordinances in conflict herewith are repealed.

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

PASSED AND APPROVED this ____ day of _____, 2017.

THE CITY OF WAYNE, NEBRASKA,

By _____
Mayor

ATTEST:

City Clerk

ORDINANCE NO. 2017-34

AN ORDINANCE TO AMEND WAYNE MUNICIPAL CODE TITLE VII TRAFFIC CODE, SECTION 78-131 RESTRICTED PARKING 12:00 MIDNIGHT TO 5:00 A.M.; SOUTHEAST QUADRANT OF THE CITY; TO PROVIDE FOR THE REPEAL OF CONFLICTING ORDINANCES AND SECTIONS; AND TO PROVIDE FOR AN EFFECTIVE DATE.

BE IT ORDAINED by the Mayor and Council of the City of Wayne, Nebraska:

Section 1. That Section 78-131 of the Wayne Municipal Code be amended as follows:

§ 78-131 RESTRICTED PARKING 12:00 MIDNIGHT TO 5:00 A.M.; SOUTHEAST QUADRANT OF THE CITY.

- A) No person shall, at any time, park a vehicle between the hours of 12:00 midnight and 5:00 a.m. upon any of the following described streets or parts of streets:

The east side of the centerline of Logan Street from the north line of Fairgrounds Avenue north to the south line of East Fourth Street
The north side of the centerline of Valley Drive from the east line of East Fifth Street east to the point where Valley Drive turns north and then on the west side of the centerline north to the south line of East Seventh Street
The north side of the centerline of East Fourth Street from the east line of Main Street east to the city limits west line of Jaxon Street The south side of the centerline of East Fourth Street from the east line of Jaxon Street east to the city limits The west side of the centerline of Tomar Drive from the south line of Jaxon Street south to the north line of East Fourth Street
The north side of the centerline of East Third Street from the east line of Logan Street east to the west line of Windom Street
The north side of the centerline of Fairgrounds Avenue from the east line of Main Street east to the city limits
The north side of the centerline of East Fifth Street east to a point where East Fifth Street becomes Valley Drive
The north side of the centerline of East Sixth Street east to the city limits
The north side of the centerline of Folk Street from the east line of South Nebraska Street east to the west line of South Windom Street
The north side of the centerline of Erin Street from the west line of Thorman Street west to the west line of Joel Street

The west side of the centerline of Windom Street from the south line of East Third Street south to the north line of Fairgrounds Avenue
The west side of the centerline of Walnut Street from the north line of East Fourth Street north to the south line of East Seventh Street
The west side of the centerline of Dearborn Street from the north line of East Fourth Street north to the south line of East Seventh Street
The west side of the centerline of Wayside Lane from the north line of Valley Drive north to the south line of East Sixth Street
The west side of the centerline of Logan Street from the south line of East Fifth Street south to the north line of Fairgrounds Avenue
The west side of the centerline of South Nebraska Street from the south line of Fairgrounds Avenue south to the city limits
The west side of the centerline of Windom Street from the north line of East Third Street north to the south line of East Seventh Street
The west side of the centerline of Nebraska Street from the north line of East Second Street north to the south line of East Seventh Street
The west side of the centerline of South Windom Street from the south line of Fairgrounds Avenue south to the city limits
The west side of the centerline of Thorman Street from the south line of East Seventh Street south to the north line of East Fourth Street
The west side of the centerline of Joel Street from the north line of Erin Street south to the south line of Alex Street

(B) Appropriate signs shall be placed to advise the public of these prohibited parking regulations.

Section 2. Any other ordinances or parts of ordinances in conflict herewith are repealed.

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

PASSED AND APPROVED this ____ day of _____, 2017.

THE CITY OF WAYNE, NEBRASKA,

By _____
Mayor

ATTEST:

City Clerk

ORDINANCE NO. 2017-35

AN ORDINANCE APPROVING AMENDMENT NO. 2 TO THE POWER PURCHASE AGREEMENT BETWEEN THE CITY OF WAYNE, NEBRASKA, AND COTTONWOOD WIND PROJECT, LLC.

WHEREAS, the City of Wayne is a political subdivision of the State of Nebraska authorized to engage in the generation, transmission, sale and distribution of electricity; and

WHEREAS, Cottonwood Wind Project, LLC, is a Delaware Limited Liability Company, constructing a wind energy facility in Webster County, Nebraska; and

WHEREAS, the City of Wayne approved entering into a Power Purchase Agreement with Cottonwood Wind Project, LLC, at their meeting on May 2, 2017, (as amended by Amendment No. 1 approved at their meeting on October 3, 2017); and

WHEREAS, it is necessary to again amend said contract, as outlined in Paragraph 3 of said Amendment No. 2.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the City of Wayne, Nebraska, that Amendment No. 2 to the Power Purchase Agreement between Cottonwood Wind Project, LLC, and the City of Wayne, Nebraska, is hereby approved, and the Mayor is hereby authorized to execute said Amendment No. 2 on behalf of the City.

PASSED AND APPROVED this ____ day of _____, 2017.

THE CITY OF WAYNE, NEBRASKA,

By _____
Mayor

ATTEST:

City Clerk

Date of Issuance: **11/12/17** Effective Date: **November 13, 2017**
 Owner: **City of Wayne** Owner's Contract No.: **42170402**
 Contractor: Contractor's Project No.:
 Engineer: **McLaury Engineering, Inc.** Engineer's Project No.: **42170402**
 Project: **Beaumont First Addition Water & Sewer Extension** Contract Name: **Penro Construction**

The Contract is modified as follows upon execution of this Change Order:

Description: **Finalizing all pay items to installed quantities.**

CHANGE IN CONTRACT PRICE	CHANGE IN CONTRACT TIMES <i>[note changes in Milestones if applicable]</i>
Original Contract Price: \$ <u>259,922.60</u>	Original Contract Times: Substantial Completion: <u>December 1st, 2017</u> Ready for Final Payment: <u>April 15th, 2018</u> days or dates
[Increase] [Decrease] from previously approved Change Orders No. <u>-</u> to No. <u>-</u> : \$ <u>N/A</u>	[Increase] [Decrease] from previously approved Change Orders No. <u>-</u> to No. <u>-</u> : Substantial Completion: <u>N/A</u> Ready for Final Payment: <u>N/A</u> days
Contract Price prior to this Change Order: \$ <u>259,922.60</u>	Contract Times prior to this Change Order: Substantial Completion: <u>December 1st, 2017</u> Ready for Final Payment: <u>April 15th, 2018</u> days or dates
Increase of this Change Order: \$ <u>10,732.00</u>	[Increase] [Decrease] of this Change Order: Substantial Completion: <u>N/A</u> Ready for Final Payment: <u>N/A</u> days or dates
Contract Price incorporating this Change Order: \$ <u>270,654.60</u>	Contract Times with all approved Change Orders: Substantial Completion: <u>December 1st, 2017</u> Ready for Final Payment: <u>April 15th, 2018</u> days or dates

RECOMMENDED:	ACCEPTED:	ACCEPTED:
By: <u>Kim M. Laury</u> By: _____ By: <u>Ro King</u>	By: _____	By: _____
Engineer (if required)	Owner (Authorized Signature)	Contractor (Authorized Signature)
Title: <u>Project Engineer</u> Title: _____ Title: <u>V. P.</u>	Title: _____	Title: _____
Date: <u>11-24-17</u> Date: _____ Date: <u>11-14-17</u>	Date: _____	Date: _____

Approved by Funding Agency (if applicable)
 By: _____ Date: _____
 Title: _____

CHANGE ORDER - SUMMARY

For (Contract):		Beaumont First Addition Water & Sewer Extension		Change Order Number: 1											
Application Period:		11/1/2017		Application Date: 11/12/2016											
Item		A		B		C		D		E		F		G	
Item No.	Description	Contract Information		Change Order Information		Contract Information		Change Order Information		Contract Information		Change Order Information		Contract Information	
		Original Item Quantity	Units	Unit Price	Total Value of Item (\$)	New Item Quantity	Units	New Unit Price	New Total Value of Item (\$)	Increase or (Decrease) in Contract Price (F - B)					
GROUP B - FORCEMAIN ITEMS															
6	4" GROUP B - FORCEMAIN ITEMS HDPE SDR 11 FORCEMAIN	1097	LF	\$6.75	\$7,404.75	1229	LF	\$8,295.75	\$8,295.75	\$891.00					
7	1.5" HDPE SDR 11 FORCEMAIN	1097	LF	\$2.50	\$2,742.50	1229	LF	\$3,072.50	\$3,072.50	\$330.00					
GROUP C - SEWER ITEMS															
3	8" PVC SANITARY SEWER PIPE	89	LF	\$50.00	\$4,450.00	164	LF	\$50.00	\$8,200.00	\$3,750.00					
GROUP D - WATERMAIN ITEMS															
11	8" GATE VALVE & BOX	2	EACH	\$1,250.00	\$2,500.00	3	EACH	\$1,250.00	\$3,750.00	\$1,250.00					
12	10" GATE VALVE & BOX	3	EACH	\$2,000.00	\$6,000.00	4	EACH	\$2,000.00	\$8,000.00	\$2,000.00					
19	10" PVC WATERMAIN	1285	LF	\$27.00	\$34,695.00	1378	EACH	\$27.00	\$37,206.00	\$2,511.00					
Total					\$57,792.25					\$10,732.00					

Progress Estimate - Unit Price Work

Contractor's Application

For (Contract):		Beaumont First Addition Water & Sewer Extension		Application Number:		2					
Application Period:		Through 11/12/2017		Application Date:		11/12/2017					
Bid Item No.	Item Description	Contract Information			C	D	E	F			
		Item Quantity	Units	Unit Price					Total Value of Item (\$)	Estimated Quantity Installed	Value of Work Installed to Date
GROUP A - GENERAL ITEMS											
1	MOBILIZATION	1	LUMP SUM	\$1,150.00		1	\$1,150.00		100.0%	\$1,150.00	
2	GENERAL CLEARING AND GRUBBING	1	LUMP SUM	\$800.00		1	\$800.00		100.0%	\$800.00	
3	INCIDENTAL WORK, UTILITIES	1	CU YD	\$1,200.00		1	\$1,200.00		100.0%	\$1,200.00	
4	TRAFFIC CONTROL	1	SQ YD	\$2,500.00		1	\$2,500.00		100.0%	\$2,500.00	
5	REMOVE AND REPLACE TOPSOIL	1	EACH	\$600.00		1	\$600.00		100.0%	\$600.00	
6	6" GRAVEL SURFACING	200	SQ YD	\$6.85		200	\$1,370.00		100.0%	\$1,370.00	
GROUP B - FORCEMAIN ITEMS											
1	MOBILIZATION	1	LUMP SUM	\$2,200.00		1	\$2,200.00		100.0%	\$2,200.00	
2	LIFT STATION	1	LUMP SUM	\$28,350.00		1	\$28,350.00		100.0%	\$28,350.00	
3	ELECTRICAL, MISCELLANEOUS	1	LUMP SUM	\$4,500.00							\$4,500.00
4	6" BOLLARD	4	EACH	\$440.00							\$1,760.00
5	DIRECTIONAL BORE FORCEMAIN	1229	LF	\$16.75		1229	\$20,585.75		100.0%	\$20,585.75	
6	4" HDPE SDR 11 FORCEMAIN	1229	LF	\$6.75		1229	\$8,295.75		100.0%	\$8,295.75	
7	1.5" HDPE SDR 11 FORCEMAIN	1229	LF	\$2.50		1229	\$3,072.50		100.0%	\$3,072.50	
8	8" ENCASEMENT PIPE	132	LF	\$95.00		132	\$12,540.00		100.0%	\$12,540.00	
9	1.5" MJ PIPE BEND	2	EACH	\$75.00							\$150.00
10	4" MJ PIPE BEND	2	EACH	\$135.00							\$270.00
11	SEWER FORCEMAIN TRENCH BEDDING MATERIAL	132	EACH	\$1.75		132	\$231.00		100.0%	\$231.00	
GROUP C - SEWER ITEMS											
1	MOBILIZATION	1	LUMP SUM	\$1,725.00		1	\$1,725.00		100.0%	\$1,725.00	
2	CONNECT TO EXISTING SANITARY MANHOLE	1	EACH	\$2,400.00		1	\$2,400.00		100.0%	\$2,400.00	
3	8" PVC SANITARY SEWER PIPE	164	LF	\$50.00		164	\$8,200.00		100.0%	\$8,200.00	
4	6" PVC SANITARY SEWER PIPE	5	LF	\$48.00		5	\$240.00		100.0%	\$240.00	
5	SANITARY SEWER PIPE BEDDING MATERIAL	94	LF	\$2.25		94	\$211.50		100.0%	\$211.50	
6	6" PIPE CAP	1	EACH	\$60.00		1	\$60.00		100.0%	\$60.00	
7	16" STEEL CASING (BORED)	75	LF	\$420.00		75	\$31,500.00		100.0%	\$31,500.00	
8	SEWER MANHOLE	1	EACH	\$8,850.00		1	\$8,850.00		100.0%	\$8,850.00	
9	MANHOLE FRAME AND GRAGE	1	EACH	\$735.00		1	\$735.00		100.0%	\$735.00	
10	2" ADJUSTING RINGS	2	EACH	\$45.00		2	\$90.00		100.0%	\$90.00	

Progress Estimate - Unit Price Work

Contractor's Application

For (Contract):		Beaumont First Addition Water & Sewer Extension		Application Number:		2													
Application Period:		Through 11/12/2017		Application Date:		11/12/2017													
Bid Item No.	Item Description	Contract Information			C	D	E	F											
		Item Quantity	Units	Unit Price					Total Value of Item (\$)	Value of Work Installed to Date	Materials Presently Stored (not in C)	Total Completed and Stored to Date (D + E)	% (F / B)	Balance to Finish (B - F)					
GROUP D - WATERMAIN ITEMS																			
1	MOBILIZATION	1	LUMP SUM	\$2,655.00	1	\$2,655.00													
2	CONNECT TO EXISTING 8" WATERMAIN	1	EACH	\$1,200.00	1	\$1,200.00													
3	CONNECT TO EXISTING 16" WATERMAIN	1	EACH	\$1,650.00	1	\$1,650.00													
4	8" X 6" TEE	1	EACH	\$320.00	1	\$320.00													
5	8" X 8" TEE	1	EACH	\$350.00	1	\$350.00													
6	REMOVE EXISTING TEE	1	EACH	\$400.00	1	\$400.00													
7	10" X 6" TEE	1	EACH	\$400.00	1	\$400.00													
8	10" X 8" TEE	2	EACH	\$405.00	2	\$810.00													
9	16" X 10" TEE	1	EACH	\$1,850.00	1	\$1,850.00													
10	6" GATE VALVE & BOX	2	EACH	\$875.00	2	\$1,750.00													
11	8" GATE VALVE & BOX	3	EACH	\$1,250.00	3	\$3,750.00													
12	10" GATE VALVE & BOX	4	EACH	\$2,000.00	4	\$8,000.00													
13	6" FIRE HYDRANT	1	EACH	\$3,100.00	1	\$3,100.00													
14	8" CAP	1	EACH	\$190.00	1	\$190.00													
15	10" CAP	1	EACH	\$215.00	1	\$215.00													
16	45 DEGREE BEND	2	EACH	\$350.00	2	\$700.00													
17	90 DEGREE BEND	1	EACH	\$315.00	1	\$315.00													
18	8" PVC WATERMAIN	380	LF	\$22.00	380	\$8,360.00													
19	10" PVC WATERMAIN	1378	LF	\$27.00	1378	\$37,206.00													
20	18" STEEL CASING (BORED)	93	LF	\$325.00	93	\$30,225.00													
21	WATERMAIN PIPE BEDDING MATERIAL	1665	LF	\$8.50	1665	\$14,152.50													
GROUP E - EROSION CONTROL ITEMS																			
1	MOBILIZATION	1	LUMP SUM	\$1,150.00	1	\$1,150.00													
2	SEEDING, TYPE C	0.5	ACRE	\$2,600.00	0.5	\$1,300.00													
3	COVER CROP SEEDING	0.43	ACRE	\$1,600.00	0.43	\$688.00													
4	FIBER MULCHING	1	TON	\$1,800.00	1	\$1,800.00													
5	LOW FLOW SILT FENCE	1550	LF	\$2.50	1550	\$3,875.00													
6	HIGH FLOW SILT FENCE	18	LF	\$3.50	18	\$63.00													
7	TYPE 2 EROSION CONTROL BLANKET	212	SY	\$2.80	212	\$593.60													
Totals						\$270,654.60	\$255,655.00		\$255,655.00	94.5%	\$14,999.60								

Contractor's Application for Payment No. 3

Application Period: November 2017		Application Date: 11/12/2017	
To (Owner): City of Wayne	From (Contractor): A&R Construction	Via (Engineer): McLauri Engineering, Inc.	
Project: 4th Street Paving Project	Contract Date: 7/31/2017	Contract Completion: 12/1/2017	
Owner's Contract No.: 42151201	Contractor's Project No.:	Engineer's Project No: 42151201	

**Application For Payment
Change Order Summary**

Approved Change Orders Number	Additions	Deductions
1	\$76,301.76	\$174,743.75
TOTALS	\$76,301.76	\$174,743.75
NET CHANGE BY CHANGE ORDERS		-\$98,441.99

1. ORIGINAL CONTRACT PRICE..... \$ 779,496.27
2. Net change by Change Orders..... \$ -98,441.99
3. Current Contract Price (Line 1 ± 2)..... \$ 681,054.28
4. TOTAL COMPLETED AND STORED TO DATE (Column F total on Progress Estimates)..... \$ 5519,692.78
5. RETAINAGE:
 - a. 10% X \$519,692.78 Work Completed..... \$ 51,969.28
 - b. 10% X Stored Material..... \$
 - c. Total Retainage (Line 5.a + Line 5.b)..... \$ 51,969.28
6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5.c)..... \$ 467,723.50
7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application)..... \$ 282,175.02
8. **AMOUNT DUE THIS APPLICATION..... \$ 185,548.48**
9. BALANCE TO FINISH, PLUS RETAINAGE (Column G total on Progress Estimates + Line 5.c above)..... \$ 213,330.78

Contractor's Certification The undersigned Contractor certifies, to the best of its knowledge, the following: (1) All previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment; (2) Title to all Work, materials and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to Owner at time of payment free and clear of all Liens, security interests, and encumbrances (except such as are covered by a bond acceptable to Owner indemnifying Owner against any such Liens, security interest, or encumbrances); and (3) All the Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.	Contractor Signature By:  Date: 11-14-17
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Payment of: \$ 185,548.48	(Line 8 or other - attach explanation of the other amount)
is recommended by:  (Engineer)	11-14-17 (Date)
Payment of: \$ 185,548.48	(Line 8 or other - attach explanation of the other amount)
is approved by:	(City of Wayne, Mayor Ken Chamberlain) (Date)
Approved by:	City of Wayne Finance Officer, Nancy Braden (Date)

Progress Estimate - Unit Price Work

Contractor's Application

For (Contract):		4th Street Paving Project		Application Number:		3						
Application Period:		November 2017		Application Date:		11/12/2017						
Bid Item No.	Item Description	Contract Information				C	D	E	F	Balance to Finish (B - F)		
		Item Quantity	Units	Unit Price	Total Value of Item (\$)						Estimated Quantity Installed	Value of Work Installed to Date
GROUP A - GRADING ITEMS												
1	MOBILIZATION	1	LUMP SUM	\$3,265.00		1	\$3,265.00			100.0%	\$3,265.00	
2	GENERAL CLEARING AND GRUBBING	1	LUMP SUM	\$1,100.00		1	\$1,100.00			100.0%	\$1,100.00	
3	EXCAVATION (ESTABLISHED QUANTITY)	14255	CU YD	\$42,765.00		14255	\$42,765.00			100.0%	\$42,765.00	
4	REMOVE WALK	12	SQ YD	\$53.00		12	\$636.00			100.0%	\$636.00	
5	REMOVE SIGN AND POST		EACH	\$800.00								
6	TRAFFIC CONTROL	1	LUMP SUM	\$6,400.00		1	\$6,400.00			100.0%	\$6,400.00	
GROUP B - PAVING ITEMS												
1	MOBILIZATION	1	LUMP SUM	\$5,480.00		1	\$5,480.00			100.0%	\$5,480.00	
2	GRAVEL SURFACE COURSE		CY	\$65.00								
3	TIE BARS	24	EACH	\$6.00		24	\$144.00			100.0%	\$144.00	
4	CONCRETE CLASS 47B-3500 SIDEWALK	746	SQ YD	\$34.00								\$25,364.00
5	DETECTABLE WARNING PANEL	100	SQ FT	\$24.00								\$2,400.00
6	8" CONCRETE PAVEMENT, CLASS 47B-3500	5813	SQ YD	\$35.56		5813	\$206,710.28			100.0%	\$206,710.28	
7	RECONSTRUCT MANHOLE	2	EACH	\$400.00		2	\$800.00			100.0%	\$800.00	
8	FLY ASH FOR SUBGRADE	991	TON	\$72.00								\$71,352.00
9	SUBGRADE PREPARATION	8258	SQ YD	\$1.75		8258	\$14,451.50			100.0%	\$14,451.50	
GROUP C - UTILITY ITEMS												
1	MOBILIZATION	1	LUMP SUM	\$25,500.00		1	\$25,500.00			100.0%	\$25,500.00	
2	CAST IRON COVER AND FRAME	1005	POUND	\$4.20		1005	\$4,221.00			100.0%	\$4,221.00	
3	CAST IRON GRATE AND FRAME		POUND	\$5.00								
4	CAST IRON CURB INLET GRATE AND FRAME	1000	POUND	\$6.00		1000	\$6,000.00			100.0%	\$6,000.00	
5	CURB INLET	8	EACH	\$33,950.00		6	\$271,600.00			75.0%	\$23,700.00	\$7,900.00
6	AREA INLET		EACH	\$3,720.00								
7	MANHOLE	1	EACH	\$3,900.00								\$3,900.00
8	CONCRETE COLLAR	2	EACH	\$1,200.00		2	\$2,400.00			100.0%	\$2,400.00	
9	15" REINFORCED CONCRETE PIPE	163	LF	\$35.00		163	\$5,705.00			100.0%	\$5,705.00	
10	18" REINFORCED CONCRETE PIPE	401	LF	\$38.50		401	\$15,438.50			100.0%	\$15,438.50	
11	24" REINFORCED CONCRETE PIPE	854	LF	\$46.00		854	\$39,284.00			100.0%	\$39,284.00	
12	30" REINFORCED CONCRETE PIPE	320	LF	\$64.00		320	\$20,480.00			100.0%	\$20,480.00	
13	36" REINFORCED CONCRETE PIPE		LF	\$77.00								
14	15" CONCRETE FLARED-END SECTION		EACH	\$800.00								
15	24" CONCRETE FLARED-END SECTION		EACH	\$900.00								
16	36" CONCRETE FLARED-END SECTION		EACH	\$1,500.00								
17	24" ROUND EQUIVALENT REINFORCED CONCRETE PIPE		LF	\$76.00								
18	24" ROUND EQUIVALENT CONCRETE FLARED-END SECTION		EACH	\$850.00								
19	ELBOW	2	EACH	\$1,200.00		2	\$2,400.00			100.0%	\$2,400.00	

Progress Estimate - Unit Price Work

Contractor's Application

For (Contract):		4th Street Paving Project		Application Number:		3				
Application Period:		November 2017		Application Date:		11/12/2017				
Bid Item No.	Item Description	Contract Information			C	D	E	F		
		Item Quantity	Units	Unit Price				Total Value of Item (\$)	Total Completed and Stored to Date (D + E)	% (F / B)
20	TAPPING EXISTING SANITARY SEWER MANHOLE	2	EACH	\$550.00	\$1,100.00	2	\$1,100.00		100.0%	\$1,100.00
21	SANITARY MANHOLE	1	EACH	\$4,400.00	\$4,400.00	1	\$4,400.00		100.0%	\$4,400.00
22	4" P.V.C. SANITARY SEWER PIPE	184	LF	\$16.00	\$2,944.00	235	\$3,760.00		127.7%	-\$816.00
23	8" P.V.C. SANITARY SEWER PIPE	572	LF	\$27.00	\$15,444.00	572	\$15,444.00		100.0%	\$15,444.00
24	SEWER CLEANOUT	2	EACH	\$990.00	\$1,980.00	2	\$1,980.00		100.0%	\$1,980.00
25	8" X 4" P.V.C. WYE	10	EACH	\$200.00	\$2,000.00	10	\$2,000.00		100.0%	\$2,000.00
	GROUP D - EROSION CONTROL									
1	MOBILIZATION	1	LUMP SUM	\$2,000.00	\$2,000.00	1	\$2,000.00		100.0%	\$2,000.00
2	SEEDING, TYPE C	2.9	ACRE	\$80.00	\$232.00	1.2	\$96.00		41.4%	\$136.00
3	COVER CROP SEEDING		ACRE	\$300.00						
4	AREA INLET PROTECTION		EACH	\$180.00						
5	CURB INLET PROTECTION	106	LF	\$18.00	\$1,908.00	24	\$432.00		22.6%	\$1,476.00
6	FABRIC SILT FENCE-LOW POROSITY	1321	LF	\$3.00	\$3,963.00	1523	\$4,569.00		115.3%	-\$606.00
7	FABRIC SILT FENCE-HIGH POROSITY	102	LF	\$3.50	\$357.00	59	\$206.50		57.8%	\$150.50
8	SILT CHECK, TYPE 2-LOW	148	LF	\$5.25	\$777.00					\$777.00
9	HYDROMULCH	2.7	TON	\$2,400.00	\$6,480.00	1.8	\$4,320.00		66.7%	\$2,160.00
10	RIPRAP FILTER FABRIC	48	SY	\$2.00	\$96.00	48	\$96.00		100.0%	\$96.00
11	ROCK RIPRAP	52	TON	\$55.00	\$2,860.00	52	\$2,860.00		100.0%	\$2,860.00
	BID ALTERNATE 3 - 4TH STREET ADD									
1	CONCRETE CLASS 47B-3500 SIDEWALK	200	SY	\$31.00	\$6,200.00					\$6,200.00
2	8" CONCRETE PAVEMENT, CLASS 47B-3500	1138	SY	\$36.00	\$40,968.00					\$40,968.00
	CHANGE ORDER ITEMS									
1	42" REINFORCED CONCRETE PIPE	500	LF	\$96.82	\$48,410.00	500	\$48,410.00		100.0%	\$48,410.00
2	42" CONCRETE FLARED-END SECTION	1	EACH	\$1,712.00	\$1,712.00	1	\$1,712.00		100.0%	\$1,712.00
	Totals				\$681,054.28		\$519,692.78		76.3%	\$161,361.50