

PRESIDENT
Dr. James L. Discipio
VILLAGE MANAGER
Julia A. Cedillo
VILLAGE CLERK
Amanda G. Seidel



TRUSTEES
Scott F. Mesick
Patricia B. Rocco
Michael L. Sheehan
James P. Kucera
Mario J. Fotino
Robert T. Lautner

VILLAGE BOARD MEETING

Tuesday, MAY 26, 2015 – 7:30 p.m.

AGENDA

1. **Call meeting to order**
2. **Pledge of Allegiance**
3. **Roll Call**
4. **Installation and Oath of Newly Elected Officials**

- **Swearing-in of Village Trustees**
Scott Mesick
Patricia Rocco
Robert Lautner

5. **Swearing-In of Deanne Curelo as Deputy Village Clerk**
6. **Presentation to Executive Secretary Andy Bagley**
7. **Employee Recognition Ceremony**
8. **Public Participation (Agenda Related Items Only)**
8. **Consent Agenda (Roll Call Vote)**

No discussion. Trustees wishing to discuss any of the items below MUST request that item be removed from the Consent Agenda prior to motion to approve.

A. Approval of Minutes

- (i) Village Board Meeting – April 28, 2015
- (ii) Village Board Executive Session – April 28, 2015
- (iii) Work Session Meeting – May 12, 2015
- (iv) Village Board Executive Session – May 12, 2015

- B. Action – West Suburban Public Safety Dispatch Consolidation Project – Lyons Township Area Communications Center ("L-TAC") – *Motion: 1) To Authorize the Hiring of an Executive Director for the Consolidated Dispatch Center for the Villages of La Grange Park, La Grange and Western Springs, the Lyons Township Area Communications Center ("L-TAC"); and 2) To Approve a Cost Sharing Agreement for the New Consolidated Dispatch Center for the Villages of La Grange Park, La Grange and Western Springs, the Lyons Township Area Communications Center ("L-TAC")*

- C. Action – Authorization to Destroy Executive Session Recordings – *Motion: To Adopt a Resolution Authorizing the Destruction of Certain Verbatim Records of Closed Meetings*

VILLAGE BOARD MEETING
Tuesday, May 26 – 7:30 p.m.

AGENDA (continued – Page 2

- D. Action – *Motion to Authorize the President and Chairperson of the Finance Committee to sign the register for bills, and authorize the Treasurer and Village Clerk to sign checks in payment of operating bills and salaries as itemized in the Check Registers*
- E. Action – *Motion to Authorize the Village Treasurer and Village Clerk to sign checks in the payment of payroll and other bills that become due between this date and June 23, 2015 with subsequent approval of the Payroll Register and Voucher Register by the Board of Trustees at its regular meeting to be held on June 23, 2015*

9. **Village Manager's Report**

10. **Administration Committee** – Robert Lautner, Chairman
A. Monthly Report

11. **Building & Zoning Committee** – Michael Sheehan, Chairman
A. Monthly Report

12. **Engineering & Capital Projects Committee** – James Kucera, Chairman
A. Monthly Report

13. **Public Safety Committee** – Trustee Rocco to give Report
A. Monthly Report – Police Department
B. Monthly Report – Fire Department

14. **Public Works Committee** – Scott Mesick, Chairman
A. Monthly Report – Public Works Department

15. **Finance Committee** – Patricia Rocco, Chairman
A. Monthly Report
B. Discussion & Action – Authorized Signers for Village Financial Accounts – *Motion: 1) To Approve and Ordinance Designating Village Depository and Financial Institutions and Authorized Signers, and 2) To Approve Banking Resolutions for FNBC Bank & Trust*

16. **Other Reports**

- A. Village Clerk
- B. Village Treasurer
For Information Only – Police Pension Fund Annual Report by Treasurer
- C. Village Engineer
- D. Village Attorney
- E. Committee and Collectors Report

Action – Motion to Approve Committee and Collectors Report as Presented

VILLAGE BOARD MEETING
Tuesday, May 26 – 7:30 p.m.

AGENDA (continued – Page 3)

17. **Village President**
Discussion & Action – Commission Appointments 2015: *Motion to approve the Committee and Commission Re-Appointments*
18. **Public Participation (Non-Agenda Related Items Only)**
19. **New Business**
20. **Executive Session -**
21. **Adjourn**

Village Board Work Session Meeting: June 9, 2015
Village Board Meeting: June 23, 2015



RULES FOR PUBLIC COMMENT

Village Board Work Session Meetings Village Board Meetings

1. Please step up to the microphone before speaking, and announce your name and address before beginning your comments.
2. After announcing your name and address for the record, you will be allowed to speak for three (3) minutes.
3. You may not use profane or obscene language and you may not threaten any person with bodily harm, or engage in conduct which amounts to a threat of physical harm.
4. (a) Agenda-related comments: The Village President reserves the right to disallow comments that are repetitive of comments previously made during the meeting, or comments that do not relate to agenda items.

(b) Non-agenda-related comments: The Village President reserves the right to disallow comments that are repetitive of comments previously made during the meeting, or comments that do not relate to Village business, Village services or Village governance.
5. The Village of La Grange Park complies with the Americans with Disabilities Act of 1990. If you require accommodations in order to observe or participate in the meeting, please contact Ms. Andy Bagley at (708) 354-0225 between 9:00 and 5:00 before the meeting so that the Village can make reasonable accommodations for you.

Consent Agenda Items

Village Board Agenda Memo

Date: May 21, 2015

To: Village President and Board of Trustees

From: Julia Cedillo, Village Manager 

RE: West Suburban Public Safety Dispatch Consolidation Project – Lyons Township Area Communications Center (“L-TAC”)

PURPOSE

This agenda item seeks authorization to (1) hire an Executive Director; and (2) approve a Cost Sharing Agreement for the new consolidated dispatch center with the Villages of La Grange and Western Springs.

GENERAL BACKGROUND

At the June 2014 Work Session, the Village Board approved a Resolution authorizing the Village to proceed with the design phase of a Consolidated Dispatch Center with the Villages of La Grange and Western Springs. More recently, at the September 23, 2014 Board Meeting, the Village Board approved a Proposal for Professional Services with GOVHR for services associated with the recruitment and selection of an Executive Director for the new consolidated dispatch center.

In recruiting for the position, the three Villages received over 20 applications from very qualified individuals. With the assistance of GOVHR, we narrowed the candidate pool to five for a Police and Fire Chief panel interview. From there, two finalists advanced to a second panel interview with the Village Managers and Assistant Village Managers. Following the completion of the 2nd panel interview, the candidate selected to fill the position is Kimberly Knutsen. The decision was unanimous by each panel.

Ms. Knutsen is presently working as the Communications Director for the Village of Romeoville, Illinois (population 39,650) where she also oversees the agency’s compliance with Emergency Medical Dispatch (EMD) with the Illinois Department of Health. Prior to her position in Romeoville, she served as the Director of Operations for the Police Communications Center at the Village of Bolingbrook (population 73,936). Ms. Knutsen has experience as a Board Member of the Will County Emergency Telephone Systems and serves on the Technology, Finance and Equipment Committee and the Personnel Committee. In the course of her career, she has been actively involved in numerous system enhancements including two radio upgrades, upgraded CPU equipment and a recent cut-over to a new CAD system. Her noteworthy accomplishments include: the supervision of the construction of a new state of the art 9-1-1 center, assisted in the implementation of a county-wide upgrade of a new CAD system, successfully designed and facilitated a standardized training and compliance program and finally, and currently serves as the Secretary/Treasurer for the Illinois Emergency Telecommunications Response Task Force.

Ms. Knutsen’s first day will be June 1, 2015.

Costs

Also attached to this memorandum please find a draft Cost Sharing Agreement. This draft document provides for the sharing of costs related to the salary (\$100,000 annually) and benefits of the new executive director, as well as any costs related to the Project Management Phase and preliminary start up activities. The Agreement also provides for the responsibilities and obligations of the Start-Up Committee as it relates to oversight of the Project Management Phase. At the time of the May 12th Work Session, the document was under review with the three Villages. Since that time, the attorneys and staff from the three have confirmed that there are no suggested changes to the document.

Update

As a matter of follow-up, staff has confirmed that plans are underway for Ms. Knutsen’s arrival and her first assignment is the development of an Implementation Plan. As part of the plan, Ms. Knutson will begin the work necessary for the inventory, evaluation and coordination of equipment, technology, and administrative processes for the consolidated dispatch center. As part of the plan, she will facilitate the development and delivery of the Estimated Budget for Project Management Phase Costs (Exhibit “B” of the Cost Sharing Agreement) and the Estimated Budget for Preliminary Start-Up Costs (Exhibit “C” of the Cost Sharing Agreement). These documents will be forwarded to the Village Managers for review and approval and then reported out to village boards.

Under the Cost Sharing Agreement, Ms. Knutsen will work in coordination with the Start Up Committee and progress reports will be provided on a frequent and regular basis (weekly or bi-weekly – TBD). Costs incurred under the Agreement will be shared equally, reported regularly and billed quarterly. Any expense or purchase that exceeds the Village Manager’s spending authority will go to the Village Board for approval.

The Cost Sharing Agreement will terminate once an Intergovernmental Agreement (IGA) between the three communities is approved. A draft IGA is largely complete and will be provided to Ms. Knutsen upon her arrival, for her review. Once in good form, it will go to the village attorneys for a final review and then to each village board for their consideration. An updated project budget will be included in the IGA, as an exhibit.

MOTION / ACTION REQUESTED:

“Motion to authorize the hiring of an Executive Director for the consolidated dispatch center for the Villages of La Grange Park, La Grange and Western Springs, the *Lyons Township Area Communications Center (“L-TAC”)*.

“Motion to approve a Cost Sharing Agreement for the new consolidated dispatch center for the Villages of La Grange Park, La Grange and Western Springs, the *Lyons Township Area Communications Center (“L-TAC”)*.

STAFF RECOMMENDATION:

Staff recommends approval of these motions. The new Executive Director will provide the planning, development, and support for the new dispatch agency and will be critical to the recommendations and coordination of tasks that are essential to the operation of the new facility. The Cost Sharing Agreement will ensure that each community is equally responsible with regard to the costs and oversight of the Project Management Phase and preliminary start up activities for the interim period, until an Intergovernmental Agreement (in development) is approved by all communities and the Illinois Commerce Commission.

DOCUMENTATION:

- Position Announcement for Executive Director, GOVHR
- Cost Sharing Agreement for Establishment of Lyons Township Area Communications Center, (May 7, 2015).



Announces a Recruitment For

EXECUTIVE DIRECTOR

**For A New Consolidated Dispatch Center for
THE VILLAGES OF LaGRANGE, LaGRANGE PARK, AND
WESTERN SPRINGS, ILLINOIS**

GovHr USA is pleased to announce the recruitment and selection process for the position of Executive Director for a new consolidated dispatch center comprised of the police and fire departments of the Village of La Grange, La Grange Park and Western Springs, Illinois. This brochure provides background information on the law enforcement and fire service departments of these municipalities, as well as the requirements and expected qualifications for the position. Candidates interested in applying for the position should submit their résumé and cover letter, along with contact information for five work-related references by **December 31, 2014** to www.GovHRUSA.com/current-positions/recruitment.

Lee McCann, Vice President
Paul Harlow, Vice President

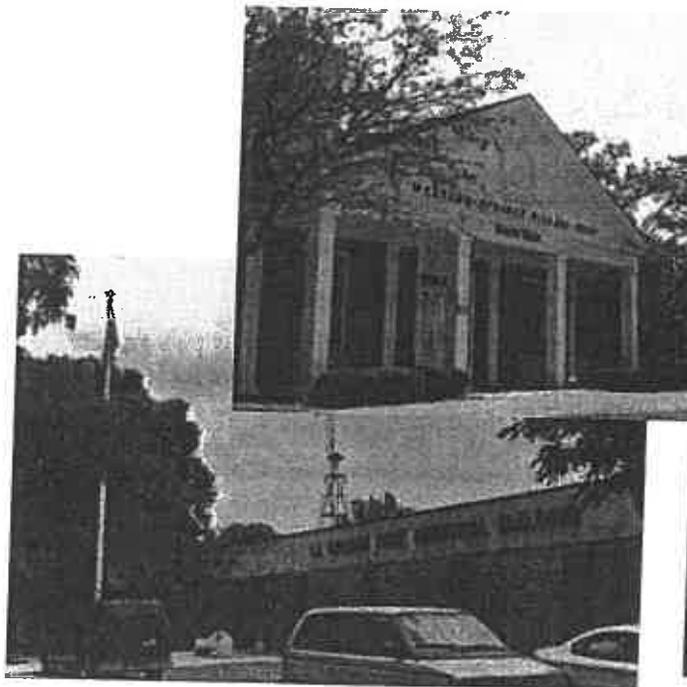
GovHR USA/Voorhees Associates
650 Dundee Road, Suite 270

Northbrook, IL 60062

TEL: 847-380-3240

FAX: 866-401-3100

Formal applications should be submitted to:
www.govhrusa.com/current-positions/recruitment



Consolidated Dispatch Center

PROFESSIONAL ANNOUNCEMENT

The Villages of La Grange, La Grange Park and Western Springs are communities located in Cook County, Illinois, approximately 15 miles west of downtown Chicago. Through an Intergovernmental Agreement, the municipalities are developing a consolidated dispatch center to serve the public safety needs of the combined communities and are in search of a communications executive to serve as its first Executive Director. The Executive Director will report to a Board of Directors (Village Managers of the member communities) and work closely with an Operations Committee (3 Police Chiefs and 3 Fire Chiefs of the member communities). The consolidated dispatch center, anticipated to be fully operational in 2015, will provide E911 Police, Fire and Emergency Medical Services dispatching to the member communities, which have a residential service population of approximately 42,000 and an area of approximately 7.5 square miles. Candidates should have a bachelor's degree in public administration or a related field. A master's degree in public administration or related field is a plus. Candidates should have at least ten years of increasingly responsible experience in an operational public safety communications position with five of those years in a supervisory or administrative capacity, preferably in a multi-position, multi-jurisdictional environment; or an equivalent combination of training and experience. Professional certification as an Emergency Number Professional through NENA, Registered Public Safety Leader through APCO, and Emergency Medical Dispatch certification is considered very desirable for this position.

The Executive Director's responsibilities will include managing and directing a staff of 14 full-time employees and the operations of the 911 Center. The candidate must have requisite skills in the areas of project and personnel management, budget development and administration, financial accounting, long-range financial planning, training, 911 system design, maintenance and operations of equipment, including Computer Aided Dispatch (CAD) software, hardware and process. Candidates should have a comprehensive knowledge of the principles and regulations pertaining to 911 systems and 911 system design, equipment and practices.



The successful candidate will be a highly effective, experienced administrator with a proven track record in progressive communications systems management, with the ability to work closely with municipal officials. The consolidated dispatch authority will offer a competitive benefits package and is an Equal Opportunity Employer. Starting salary: \$100,000+/- DOQ. Candidates should apply no later than December 31, 2014 with résumé, cover letter and contact information for 5 references to www.govhrusa.com/current-positions/recruitment to the attention of Leo C. McCann or Paul M. Harlow, GovHR USA , 650 Dundee Road #270, Northbrook, IL 60062 Tel: 847-380-3240; Fax: 866-401-3100.

BACKGROUND

The Village of La Grange

The La Grange Police Department is made up of 28 full-time sworn Police Officers and 4 part-time Police Officers. There are also 16 unpaid Auxiliary Police Officers assisting the Department. The La Grange Fire Department is made up of 20 members, including 18 Firefighter/Paramedics. The Department provides fire and emergency medical services to the community.

Executive Director

The Village of La Grange Park

The La Grange Park Police Department has a compliment of 21 full-time sworn Police Officers. The La Grange Park Fire Department consists of 50 personnel, staffed mostly by paid-on-call personnel along with full-time contracted Paramedic/Firefighters. Paid-on-call personnel are all Village residents or otherwise work for the Fire Department with the contract service.

The Village of Western Springs

The Western Springs Police Department is staffed by 20 sworn Officers. The Western Springs Fire Department is staffed by four full-time, one part-time, six contract Firefighter/Paramedics and thirty-eight paid-on-call personnel. The Department provides Fire and EMS response.

Combined, the new Dispatch Center will serve a total population of approximately 42,560 residents (La Grange – 15,732, La Grange Park – 13,659, Western Springs – 13,171) and an area of approximately 7.5 square miles. The most recent data shows the combined call load for the municipalities at 42,600 calls per year (Fire/EMS 5,100 – Police 37,500).

All three communities are in Cook County and are contiguous to one another. The communities are all fully developed and have limited opportunities for new development or annexation. New construction is primarily the result of redevelopment of properties. Location within the Chicago metropolitan area, convenient transportation via commuter train, proximity to the Interstate highway system and excellent infrastructure mark these communities



as highly desirable places to live and conduct business. The Villages place a high value on quality education and are serviced by Lyons Township High School, Riverside Brookfield High School and Nazareth Academy. All three communities are predominantly residential in character and have supporting institutional and commercial land uses. Each community is non-home rule and a council-manager form of government. The primary source of revenue for the municipalities is real estate property tax. The municipalities share a strong sense of "community" with a high regard on quality community service leading to the expectation that the consolidated dispatch center will carry out this philosophy in every phase of operation.

BACKGROUND

In 2011 a Service Sharing Study was conducted for the Villages of La Grange, La Grange Park and Western Springs in conjunction with the Metropolitan Mayors Caucus. The study noted several commonalities and opportunities for public safety sharing. The study noted the opportunity in the area of 911 Emergency Communications Serving both Police and Fire.

Consolidated Dispatch Center

An opportunity exists to combine in some fashion the emergency communications of the three study participants. While all three use a common communications frequency, each department deploys its own dispatching center which handles both police and fire calls.

The study concluded with the following recommendation:



Combine emergency dispatching responsibilities either through a regional service provider or through an intergovernmental agreement between the three members.

With the support of the governing bodies of each municipality, the communities have undertaken the task of consolidating into a combined dispatch center that will service the police and fire departments of the municipalities. An Intergovernmental Agreement between the Villages of La Grange, La Grange Park and Western Springs as allowed for under the Illinois Intergovernmental Cooperation Act (5ILCS 220/1) will provide the legal basis for the new consolidated dispatch center and by-laws will be adopted to serve as the foundation for the organization.

MEMBER AGENCY OVERSIGHT AND GOVERNANCE

The consolidated dispatch center (yet to be named) will be governed by a Board of Directors comprised of the Village Managers of the participating communities. The Police and Fire Chiefs will serve as the Operations Committee. The Executive Director, appointed by the Board of Directors, will serve as the chief administrative officer of the organization.

FACILITY AND TECHNOLOGY

The combined dispatch center will be located at the Village of La Grange's 911 Emergency Communications Center. The agency will dispatch calls for service to law enforcement and fire service departments on the radio frequencies already being used by the member departments. A new Computer Aided Dispatch (CAD) system is considered a high priority to be researched and developed by the new Executive Director.

STAFFING

The staffing in place at the separate communications centers (14 full-time dispatchers) will provide the immediate staffing needs of the combined dispatch center. The organization structure and personnel needs will be developed by the Executive Director as part of his/her responsibilities to develop an annual budget for the agency.

Executive Director

CHALLENGES AND OPPORTUNITIES

The first Executive Director of the consolidated dispatch center for the Villages of La Grange, La Grange Park and Western Springs will:

- Have the unique opportunity to be part of the development of the organization, to initiate operational guidelines and policies, establish the Center's mission, goals, objectives and long-range strategic plan.
- Apply his/her education, skills and experience to perform project and personnel management, budget development and administration, financial accounting, long-range financial planning, training, 911 system design, maintenance and operations of equipment, including Computer Aided Dispatch (CAD) software, hardware and process; train staff and implement Emergency Medical Dispatch.
- Be responsible to develop an organization and its personnel to set a mark for exceptional customer service to the center's constituents. Assure that all services provided by the organization are fairly and effectively carried out for all disciplines and members.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Work with the Board of Directors to establish the Center's mission, goals, objectives and long-range strategic planning for the Center.

Develop and recommend an organization structure for the Board of Directors' consideration.

Recommend to the Operations Committee for adoption such measures as may be deemed necessary or expedient for the efficient operation of the Center; including the development, coordination, planning, training and implementation of all operational-related systems and policies.

Enforce, administer, and to make operative the policies of the Center as established by the Board of Directors and the Operations Committee.

Attend and participate in all meetings of the Board of Directors and the Operations Committee.

Be responsible for the Center's operation, its technology, physical facilities, written directives, rules and regulations and staffing.

Ensure proper resources (staff and equipment) are obtained to achieve the mission of the Center. Plan and prioritize the Center's physical resources.

Prepare a monthly report of the Center's activities and submit it to the Board of Directors and the Operations Committee.



Consolidated Dispatch Center

Prepare a proposed annual budget as well as a report of estimated revenues and expenses in order to determine the estimated funding necessary to defray the expenses of the Center for the fiscal year and to present same to the Board of Directors and the Operations Committee.

Assist in the preparation of a multi-year operational and capital plan.

Appoint, evaluate, promote, demote or remove employees of the Center pursuant to the approved budget and in accord with the policies and procedures of the Center.

Manage within a collective bargaining agreement environment, ensuring adherence to the contract and administration of any grievances.

Ensure that all Center personnel are properly and adequately trained for their individual job functions.

Develop emergency and contingency planning and response to emergency situations, modifying plans, actions, and decisions in light of given circumstances.



Effectively communicate, orally, in writing and via various forms of electronic media, with all levels of management and technical and non-technical staff.

Be responsible for media relations and public information for matters pertaining to the Center.

Be responsive to the needs of the Center's members and ensure that issues are addressed fairly and in a timely manner for all municipalities.

Display a comprehensive knowledge of the principles and regulations pertaining to 911 systems and 911 system design, equipment and practices.

CANDIDATE QUALIFICATION CRITERIA

The following education, experience, management, and leadership criteria have been identified by the Villages of La Grange, La Grange Park and Western Springs as important skills and abilities for candidates to possess and demonstrate.

Education and Experience

(Not in order of importance)

Candidates should have a bachelor's degree in public administration or a related field. A master's degree in public administration or related field is a plus.

Candidates should have at least ten years of increasingly responsible experience in an operational public safety (police and fire) communications position with five of those years in a supervisory or administrative capacity, preferably in a multi-position, multi-jurisdictional environment; or an equivalent combination of training and experience.

Executive Director

Candidates should have professional certification as an Emergency Number Professional through NENA, Registered Public Safety Leader through APCO, and Emergency Medical Dispatch certification is considered very desirable for this position.

The successful candidate will be highly collaborative, with the ability to work closely with elected and appointed officials and department heads of the municipalities.

Candidates should have a thorough knowledge of laws and regulations as they pertain to the administration of a consolidated 911 dispatch center; be familiar with current and emerging communications issues and be able to ensure compliance with appropriate reporting and record keeping requirements for municipal government.

The candidate will be required to provide and present comprehensive, clear, concise and understandable information to the Board of Directors and Operations Committee, ensuring that complete and accurate information is made available to all on a timely basis.

Candidates must have experience working with information technology and be able to create, coordinate and evaluate information through the use of recognized software programs, and be adept in the use of personal computer applications including the use of Word, Excel, Access, Outlook and PowerPoint.

Leadership Skills and Management Style

(Not in order of importance)

Candidates must have complete personal and professional integrity; conduct all personal and professional interactions fairly, honestly and ethically, avoiding any appearances of a conflict of interest.

Be an articulate and effective communicator, both orally and in writing; be thoroughly knowledgeable about the operations of the Center at all times.

Candidates will be required to provide policy insights and recommendations to the Board of Directors and Operations Committee and be able to effectively present professional views and options, and carry out decisions in a timely, professional, and impartial manner.



Be flexible in exploring and analyzing communications systems and services, methodologies and policies; have an open, friendly personality and management style and be one who can establish trust quickly with others. Maintain a calm demeanor during times of stress, providing thoughtful guidance to employees and participating department heads.

Candidates need to have an appreciation for the communities the organization serves; the quality of life and the expectation to provide exceptional, cost-effective services that the residents of the participating communities expect.

Candidates must be willing to commit to a reasonable tenure in service to the Center.

**COST SHARING AGREEMENT FOR ESTABLISHMENT OF
LYONS TOWNSHIP AREA COMMUNICATIONS CENTER**

This Cost Sharing Agreement for Establishment of Lyons Township Area Communications Center is made and entered into this ___ day of May, 2015, by and between the Villages of La Grange, La Grange Park and Western Springs (collectively the "Villages" or individually as "La Grange", "La Grange Park" and "Western Springs") (the "Agreement") for the purpose of allocating and sharing the costs and obligations relating to the payment of salary and employment benefits to an Executive Director, the project management phase costs and the preliminary start-up costs regarding the establishment of a centralized, combined emergency services dispatch and communication system to be known as "the Lyons Township Area Communications Center", which will be a public agency organized and established in calendar year 2015 by the Villages through the adoption of an intergovernmental agreement ("L-TAC"). The Villages agree as follows:

RECITALS:

WHEREAS, the Villages have determined that there exists a need to jointly cooperate and share the costs of establishing and operating L-TAC. Once L-TAC is formally established by an intergovernmental agreement (the "IGA"), this Agreement will be terminated after the Villages' respective obligations are satisfied. The IGA that will create L-TAC will include the operating and procedural terms, protocols and covenants for L-TAC; and

WHEREAS, the Villages of La Grange, La Grange Park and Western Springs have taken all necessary corporate actions to authorize the Village Managers of La Grange (Robert J. Pilipiszyn), La Grange Park (Julia Cedillo) and Western Springs (Patrick R. Higgins) (collectively the "Village Managers") to approve and enter into this Agreement on behalf of the Villages. This Agreement is authorized and entered into in accordance with the applicable State laws, including Article VII, Section 10 of the 1970 Constitution of the State of Illinois, the Illinois Intergovernmental Cooperation Act (5 ILCS 220/1 *et seq.*), the Illinois Municipal Code (65 ILCS 5/1 *et seq.*), the Emergency Telephone System Act (50 ILCS 750/1 *et seq.*), the Wireless Emergency Telephone Safety Act (50 ILCS 751/1 *et seq.*) and the Prepaid Wireless 9-1-1 Surcharge Act (50 ILCS 753/1 *et seq.*).

NOW, THEREFORE, in consideration of the mutual agreements, obligations and covenants set forth in this Agreement, and upon the further consideration stated in the foregoing Recitals, it is agreed by the Parties as follows:

Section 1. Incorporation. The above Recitals are incorporated by reference into this Section 1.

Section 2. Sharing of Costs and Obligations. The Villages agree to allocate and share the following costs and obligations:

A. Salary and Employment Benefits for L-TAC Executive Director.

1. The Villages agree to employ the services of Kimberly A. Knutsen as Executive Director of the proposed L-TAC under the terms, provisions and conditions set forth in this Agreement, including the terms of a Letter of Appointment dated April 13, 2015 that is addressed to Knutsen and executed by the Village Managers of the Villages, and the duties and responsibilities set forth in the Position Description for Executive Director of L-TAC. Copies of the Letter of Appointment and the Position Description for Executive Director of L-TAC are attached to this Agreement as **Group Exhibit "A"** and made a part hereof.

Phase activities.

3. Budget for Project Management Phase Costs. The draft Estimated Budget for Project Management Phase Costs shall be prepared by the Executive Director for review and comment by the Start-Up Committee. The Start-Up Committee and the Executive Director shall work cooperatively to finalize the draft Estimated Budget for Project Management Phase Costs, which final version shall be sent to the Village Managers for approval under a recommendation of the Start-Up Committee. A copy of the final version of the Estimated Budget for Project Management Phase Costs shall be attached to this Agreement as **Exhibit "B"** and made a part hereof once it is approved by the Village Managers.
4. The Villages agree to share equally (on a one-third basis) in all of the incurred Project Management Phase Costs.

D. Preliminary Start-Up Activities and Related Costs.

1. The Villages agree that certain preliminary planning, resource management, procurement and contracting activities must be performed in order to transition from the Villages' current dispatch centers and systems and begin operating L-TAC and the System. There are facilities, equipment, personnel, software and hardware, data processing and other services necessary or incidental to the provision of emergency and/or municipal dispatch and communications services to its members that need to be coordinated, acquired and contracted for during the initial phase of establishing L-TAC and the System, which phase shall be referred to as the "Project Management Phase." The Project Management Phase activities shall be conducted by the Executive Director, the Start-Up Committee and any consultants, contractors and vendors authorized by the Village Managers (or their designees) or the Start-Up Committee or the Executive Director.
2. "Preliminary Start-Up Costs" are the costs incurred in regard to all initial start-up costs related to L-TAC, including the acquisition and maintenance, upgrades, repair or replacement of the dispatch system or portions thereof, such as equipment, technology (software, hardware, computers, servers, etc.) and improvements to the buildings that house the System and the L-TAC dispatch operations and personnel.
3. Budget for Preliminary Start-Up Costs. The draft Estimated Budget for Preliminary Start-Up Costs shall be prepared by the Executive Director for review and comment by the Start-Up Committee. The Start-Up Committee and the Executive Director shall work cooperatively to finalize the draft Estimated Budget for Preliminary Start-Up Costs, which final version shall be sent to the Village Managers for approval under a recommendation of the Start-Up Committee. A copy of the final version of the Estimated Budget for Preliminary Start-Up Costs shall be attached to this Agreement as **Exhibit "C"** and made a part hereof once it is approved by the Village Managers.
4. The Villages agree to share equally (on a one-third basis) in all of the incurred Preliminary Start-Up Costs.

E. Payment Schedule for Shared Costs.

1. On a quarterly basis, La Grange agrees to calculate all of the shared costs under this Agreement (the "Shared Costs"), which include the Knutsen Employment Benefits, the

VILLAGE OF LA GRANGE

By: _____
Robert J. Pilipiszyn
Village Manager

Date: _____

Notary Public:

Name: _____

Date: _____

VILLAGE OF LA GRANGE PARK

By: _____
Julia Cedillo
Village Manager

Date: _____

Notary Public:

Name: _____

Date: _____

VILLAGE OF WESTERN SPRINGS

By: _____
Patrick R. Higgins
Village Manager

Date: _____

Notary Public:

Name: _____

Date: _____

EXHIBIT "B"

Estimated Budget for Project Management Phase Costs

(to be attached upon approval by the Village Managers)

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Village Board Agenda Memo

Date: May 21, 2015

To: President & Board of Trustees

From: Julia Cedillo, Village Manager

RE: Authorization to Destroy Executive Session Recordings

GENERAL BACKGROUND:

Consistent with the provisions of 5 ILCS 12/2.06, the Village Board may authorize the destruction verbatim records of closed sessions provided that the minutes of the particular closed session have been approved and that the verbatim record is of a meeting that occurred not less than 18 months previous. Accordingly, the attached resolution, if approved by the Village Board would authorize the destruction of the verbatim records of closed session meetings that comport with the provisions of the state statutes.

MOTION / ACTION REQUESTED:

Move to adopt a resolution authorizing the destruction of certain verbatim records of closed meetings.

STAFF RECOMMENDATION:

The staff recommends that the Village Board adopt the attached resolution. The minutes of the meetings have been previously approved, there is no purpose being served in maintaining the verbatim record since the approved minutes serve as the official record of the meeting, and the 18 month time frame required by law have elapsed.

DOCUMENTATION:

- Resolution authorizing destruction of certain verbatim records of closed meetings.

RESOLUTION NO. 15-09

**RESOLUTION AUTHORIZING THE DESTRUCTION
OF CERTAIN VERBATIM RECORDS**

WHEREAS, the Illinois Open Meetings Act, (5 ILCS 120/) provides for certain procedures governing the maintenance of verbatim records of closed meetings; and

WHEREAS, the provisions of the Illinois Open Meetings Act provides for the destruction of verbatim records of closed session meetings that are at least 18 months old and further provided that the minutes pertaining to those particular closed session meetings have been approved by the public body that conducted the closed session meeting; and

WHEREAS, on May 12, 2015, the Village Board did meet in executive session to review minutes of closed session meetings; and

WHEREAS, on May 12, 2015, the Village Board determined that no executive session minutes should be released to the public since the reasons to maintain those particular minutes as confidential still apply; and

WHEREAS, the Village currently maintains verbatim recordings of closed session minutes that are more than 18 months old;

NOW, THEREFORE, BE IT RESOLVED by the President and Board of Trustees of the Village of La Grange Park, Cook County, Illinois as follows:

Section 1: That the Village of La Grange Park currently maintains and has approved minutes of the closed session meetings conducted on the dates as contained in Exhibit A, attached to this Resolution.

Section 2: That the verbatim records of the closed session meetings conducted on the dates as contained in Exhibit A, attached to this Resolution, are more than 18 months old and that the Illinois Open Meetings Act permits the destruction of said verbatim records.

Section 3: the Village Manager is hereby authorized to destroy any and all verbatim records of closed session meetings conducted on the dates as contained in Exhibit A, attached to this Resolution.

ADOPTED BY THE PRESIDENT AND BOARD OF TRUSTEES of the Village of La Grange Park, Cook County, Illinois this 26th day of May 2015.

AYES:

NAYS:

ABSENT:

Approved this 26th day of May 2015.

James L. Discipio
Village President

ATTEST:

Amanda G. Seidel
Village Clerk

APPROVED AS TO FORM
VILLAGE ATTORNEY: _____

EXHIBIT A

Dates of Closed Session Meetings

02/12/13

02/26/13

03/26/13

05/28/13

06/25/13

07/23/13

08/13/13

08/27/13

11/12/13

11/26/13

12/10/13

Memorandum

TO: Trustee Patricia Rocco, Chairman
Finance Committee

FROM: Julia Cedillo, Village Manager

DATE: May 21, 2015

RE: *First Half & Second Half of May 2015*

Payments for operating expenses from the various funds for *first & second half of May 2015* includes:

	<u><i>First Half of May</i></u>	<u><i>Second Half of May</i></u>
General Fund	\$ 211,250.73	\$ 68,104.41
2004 Debt Service Fund	- 0 -	- 0 -
Water Fund	221,745.03	42,960.06
Motor Fuel Fund	- 0 -	- 0 -
Sewer Fund	183,687.42	5,920.88
Emergency Telephone	8,098.63	4,273.00
Trust & Agency Fund	- 0 -	94.59
Working Cash Fund	- 0 -	- 0 -
Capital Projects Fund	49,026.19	- 0 -
Total	\$ 673,808.00	\$ 121,352.94

Payment for salaries, deductions, and employer payroll costs for the *first & second half of May 2015* includes a payroll disbursement from:

	<u><i>First Half of May</i></u>	<u><i>Second Half of May</i></u>
General Fund	\$ 152,865.14	\$ 159,873.57
Water Fund	8,671.40	9,031.10
Sewer Fund	5,012.39	4,911.74
Trust & Agency	- 0 -	- 0 -
Total	\$ 166,548.93	\$ 173,816.41

Finance Committee

Patricia Rocco, Chairwoman
Scott Mesick
James Kucera

Village Board Agenda Memo

Date: May 20, 2015

To: Finance Committee Chair Patricia Rocco
President Discipio and Board of Trustees

From: Larry Noller, Finance Director 
Julia Cedillo, Village Manager 

Re: **Authorized Signers for Village Financial Accounts**

PURPOSE

To approve authorized signers for Village financial accounts.

BACKGROUND

The Village maintains accounts with several financial institutions for the purposes of depositing and investing Village funds as well as utilizing general banking services such as checking for accounts payable and payroll. With the upcoming retirement of Andrea Bagley, our Executive Secretary/Deputy Village Clerk and the recent resignation of Chad Chevalier as Village Treasurer, it is recommended that the authorized signers for the Village's financial accounts be updated.

Two signatures are required on Village accounts payable and payroll checks. Normally, those two signers are the Village Treasurer and the Village Clerk. If either or both are unavailable, the Finance Director or Deputy Village Clerk may sign. The updated list of authorized signers includes Deanne Curelo, who has been selected to fill the Executive Secretary/Deputy Village Clerk position. With the Village Treasurer position currently in transition, staff is recommending that Assistant Village Manager Emily Rodman also be added as an authorized signer for backup purposes.

The attached ordinance designates the Village's currently approved financial institutions and lists the authorized signers for Village accounts.

The Village's primary banking institution is FNBC Bank & Trust (formerly First National Bank of La Grange). As part of the process to update the authorized signers on the Village's accounts with FNBC, the attached resolutions require Village Board approval.

STAFF RECOMMENDATION/ACTION REQUESTED

Staff recommends Village Board approval of the following motions at the May 26, 2015 meeting

Motion to approve an Ordinance Designating Village Depository and Financial Institutions and Authorized Signers.

Motion to approve banking resolutions for FNBC Bank & Trust.

DOCUMENTATION:

- Ordinance Designating Village Depository and Financial Institutions and Authorized Signers
- FNBC Bank & Trust Resolutions

ORDINANCE NO: 1007

**AN ORDINANCE DESIGNATING DEPOSITORIES
AND INVESTMENT INSTITUTIONS AND AUTHORIZED SIGNERS
FOR THE VILLAGE OF LA GRANGE PARK.**

WHEREAS, the Village of La Grange Park is authorized by the Illinois Municipal Code (65 ILCS 5/3.1-35-50) to designate one or more banks or savings and loan associations in which may be kept the funds and money of the municipality; and

WHEREAS, the Village of La Grange Park Village Code (31.103) requires that the Treasurer shall keep village funds in such depositories as may be selected from time to time and designated by ordinance; and

WHEREAS, the Village of La Grange Park Village Code (35.096) requires that the Finance Director will maintain a list of financial institutions authorized to provide investment services; and

WHEREAS, the President and Board of Trustees have determined that it is advisable, necessary and in the best interests of the Village that certain individuals be approved as authorized signers for Village accounts;

NOW, THEREFORE, BE IT ORDAINED by the President and Board of Trustees of the Village of La Grange Park, Cook County, Illinois as follows:

SECTION 1: The following financial institutions are designated as authorized depositories and for the investment of funds for the Village of La Grange Park:

FNBC Bank and Trust
MB Financial Bank
Fifth Third Bank
BMO Harris Bank
The Illinois Funds
Illinois Metropolitan Investment Fund
PMA Financial Network
Multi-Bank Securities, Inc.

SECTION 2: The following individuals are approved as authorized signers for Village accounts:

Larry L. Noller	Finance Director
Amada G. Seidel	Village Clerk
Deanne M. Curelo	Deputy Village Clerk
Emily B Rodman	Assistant Village Manager

SECTION 3: All ordinances or resolutions of the Village of La Grange Park in conflict herewith are hereby repealed.

SECTION 4: This ordinance shall be in full force and effect after its passage, approval and publication as required by law.

APPROVED by the President and Board of Trustees of the Village of La Grange Park, Cook County, Illinois this 26th day of May, 2015.

Dr. James L. Discipio
Village President

ATTEST:

Amanda Seidel
Village Clerk

RESOLUTION APPLIES TO (check all that apply): ALL ACCOUNTS SAFE DEPOSIT BOX NUMBER(S):
 ALL FUTURE ACCOUNTS SPECIFIC ACCOUNTS - NUMBER(S):

NAME AND TITLE	SIGNATURE	LIMITATIONS
1. Larry L Noller Finance Director	X	COUNTERSIGNERS: 1
2. Amanda G Seidel Village Clerk	X	COUNTERSIGNERS: 1
3. Deanne M Curelo Deputy Village Clerk	X	COUNTERSIGNERS: 1
4. Emily B Rodman Assistant VIII Mgr	X	COUNTERSIGNERS: 1
5.	X	COUNTERSIGNERS:
6.	X	COUNTERSIGNERS:
7.	X	COUNTERSIGNERS:
8.	X	COUNTERSIGNERS:

SIGNATURE CERTIFICATION. I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Signers of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.

DESIGNATED REPRESENTATIVE:

DATE

Larry L Noller
Finance Director

IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:

- Unless specifically designated, each of the Authorized Signers whose signature appears above may sign without the other(s);
- (Select if applicable) **FACSIMILE SIGNATURES.** The Financial Institution shall be entitled to honor and charge the Entity for all such negotiable instruments, checks, drafts, or other orders for payment of money drawn in the name of the Entity, on the indicated account(s), including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means a facsimile signature or other non-manual signature (collectively, "Facsimile Signatures") may have been affixed, or electronically communicated, if such Facsimile Signatures resemble the specimens duly certified to or filed with the Financial Institution for any of the named Authorized Signers, regardless of whether any misuse is with or without the negligence of the Entity. The Specimen Facsimile Signature Exhibit, when attached, is incorporated into and is an integral part of this Resolution. The Entity agrees that the duty of maintaining the security of any such Facsimile Signatures or device by which they are affixed is solely that of the Entity. Your authorization notwithstanding, Financial Institution is not obligated to accept or pay any items bearing Facsimile Signatures;
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money, that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed or negotiated by any one or more of the Authorized Signers signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Signers signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Signer of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:

NEW ACCOUNT INFORMATION

Financial Institution Name And Address

FNBC Bank and Trust

620 W Burlington Ave.

LaGrange, IL 60525

LaGrange

Jacqueline Home

DATE 05/20/2015

Check if applicable: Temporary Replacement

ACCOUNT INFORMATION

AMOUNT OF DEPOSIT * NaN

PLAN #

ACCOUNT NUMBER

TITLE OF ACCOUNT

ACCOUNT T.I.N.

Village of LaGrange Park

Accounts Payable Account

447 N Catherine Ave

LaGrange Park IL 60526-2006

OWNERSHIP TYPE Public Funds

PRODUCT NAME Public Funds Checking

Words, numbers or phrases preceded by a are applicable only when marked, i.e., Opened By

BUSINESS ENTITY INFORMATION

BUSINESS NAME AND ADDRESS

BUSINESS FILING STATE

ENTITY DOCUMENT

LAST FILING DATE

FILING EXPIRATION

DATE ESTABLISHED

NATURE OF BUSINESS

PRIMARY LOCATION

RESOLUTION DATE

E-MAIL ADDRESS

FACSIMILE AUTHORIZATION ON FILE YES NO

LIMITED LIABILITY COMPANY TAX CLASSIFICATION:

BUSINESS ENGAGES IN INTERNET GAMBLING*

*If box is checked you must provide evidence of authority to engage in Internet Gambling.

ASSUMED NAME IF D/B/A

CONTACT NAME

CONTACT TITLE

CONTACT PHONE

OTHER

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

Exempt payee code, if any:

Exemption from FATCA reporting code, if any:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Taxpayer Identification Number: 36-8005954

SIGNATURE Larry L Noller
Finance Director

DATE

ADDITIONAL TERMS

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of an Account Disclosure, and a copy of this institution's Privacy Policy. The undersigned also acknowledge receipt, where applicable, of this institution's Funds Availability Policy and/or Electronic Fund Transfer Agreement. If this account is opened in the name of the business entity, all signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

NUMBER OF SIGNATURES REQUIRED: 2

Authorized Signer Only Title: Finance Director

Authorized Signer Only Title: Village Clerk

FACSIMILE ALLOWED

X
Larry L Noller Date

X
Amanda G Seidel Date

Authorized Signer Only Title: Deputy Village Clerk

Authorized Signer Only Title: Assistant VIII Mgr

X
Deanne M Curelo Date

X
Emily B Rodman Date

OWNER/SIGNER #1 NAME AND ADDRESS

Title/Capacity:
EMPLOYER NAME AND ADDRESS

Tax ID Number:
Date of Birth:
Primary Phone:
Secondary Phone:

ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

OWNER/SIGNER #2 NAME AND ADDRESS

Title/Capacity:
EMPLOYER NAME AND ADDRESS

Tax ID Number:
Date of Birth:
Primary Phone:
Secondary Phone:

ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

OWNER/SIGNER #3 NAME AND ADDRESS

Title/Capacity:
EMPLOYER NAME AND ADDRESS

Tax ID Number:
Date of Birth:
Primary Phone:
Secondary Phone:

ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

OWNER/SIGNER #4 NAME AND ADDRESS

Title/Capacity:
EMPLOYER NAME AND ADDRESS

Tax ID Number:
Date of Birth:
Primary Phone:
Secondary Phone:

ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

VERIFICATION / FOLLOW-UP

BENEFICIARY DESIGNATION. THE FOLLOWING BENEFICIARY(IES) ARE DESIGNATED:

- 1.
- 2.
- 3.
- 4.

See Addendum

RESOLUTION OF CORPORATIONS, PARTNERSHIPS & LLCs

DATE: 05/20/2015

TO: NAME AND ADDRESS OF FINANCIAL INSTITUTION FNBC Bank and Trust 620 W Burlington Ave. LaGrange, IL 60525 LaGrange	FROM: NAME AND ADDRESS OF ENTITY Village Of Lagrange Park Emergency Telephone System Fund 447 N Catherine Ave LaGrange Park IL 60526-2006
---	--

Use this *Resolution of Corporations, Partnerships and LLCs* to document the granting of Deposit authority by the governing body of the business entity to specified individuals. This form may be used by legal entities, such as corporations, professional corporations, general partnerships, limited partnerships, limited liability partnerships, and limited liability companies.

Words, numbers or phrases preceded by a are applicable only when marked, i.e., .

I certify that I am a duly and legally elected/appointed, qualified representative and keeper of the records ("Designated Representative") of/for the legal entity ("Entity") named above, that the following is a true and complete copy of a Resolution duly adopted at a meeting of the governing body of the Entity held on the _____ day of _____ in accordance with law and the governing documents of the Entity, and that my delivery of this Resolution to Financial Institution certifies to Financial Institution that such Resolution is still in full force and effect.

This is a For Profit Nonprofit Entity.

IT IS RESOLVED THAT:

The following described officers, members, managers, partners, employees, designated parties or agents of the Entity referred to below as "Authorized Signers", whose names and signatures appear below, are authorized for and on behalf of the Entity to have the following indicated powers as contained in this Resolution:

- | DEPOSITORY ACCOUNT. Perform the following for the account(s) indicated on Page 2, in the name of the Entity, subject to any terms and conditions governing the account(s), such as: | Authorized Signers |
|--|---------------------------|
| 1. Open and maintain the account(s); | _____ |
| 2. Make deposits to the account(s); | _____ |
| 3. Endorse for negotiation, negotiate, and receive the proceeds of any negotiable instrument, check, draft, or order for the payment of money payable to or belonging to the Entity by writing, stamp, or other means permitted by this Resolution without the designation of the person endorsing; | _____ |
| 4. Make withdrawals from the account(s) in any manner permitted by the account(s); | _____ |
| 5. Transfer funds from the account(s) in Financial Institution to any account whether or not held at this Financial Institution and whether or not held by this Entity; | _____ |
| 6. Transfer funds to the account(s) in Financial Institution from any account whether or not held at this Financial Institution and whether or not held by this Entity; | _____ |
| 7. Approve, endorse, guarantee, and identify the endorsement of any payee or any endorser of any negotiable instrument, check, draft or order for the payment of money whether drawn by the Entity or anyone else and guarantee the payment of any negotiable instrument, check, draft, or order for the payment of money; and | _____ |
| 8. Delegate to others the authority to approve, endorse, guarantee, and identify the endorsement of any payee or endorser on any negotiable instrument, check, draft, or order for the payment of money and to guarantee the payment of any such negotiable instrument, check, draft, or order for the payment of money. | _____ |
| 9. All of the above. | ALL
_____ |
| SAFE DEPOSIT BOX. Lease a Safe Deposit Box(es) with Financial Institution, make inspections of, deposits to and removals from Box(es), and exercise all rights and be subject to all responsibilities under the Lease. | _____ |
| NIGHT DEPOSITORY. Enter into a Night Depository Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement. | _____ |
| LOCK BOX. Enter into a Lock Box Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement. | _____ |
| DEBIT CARD/ATM CARD. Apply for, receive and utilize debit cards, automated teller machine cards, or other access devices to exercise those powers authorized by this Resolution or other Resolutions then in effect. | _____ |
| CASH MANAGEMENT. Enter into a Cash Management Agreement with Financial Institution, and exercise all rights and be subject to all responsibilities under the Agreement. | ALL
_____ |
| OTHER AUTHORITY- describe: | _____ |

Further, this Resolution continues on Page 2 of this document, and all of the power and authority granted are incorporated in this Resolution.

RESOLUTION APPLIES TO (check all that apply): ALL ACCOUNTS SAFE DEPOSIT BOX NUMBER(S):
 ALL FUTURE ACCOUNTS SPECIFIC ACCOUNTS - NUMBER(S): ██████████

NAME AND TITLE	SIGNATURE	LIMITATIONS
1. Larry L Noller Finance Director	X	COUNTERSIGNERS: 1
2. Amanda G Seidel Village Clerk	X	COUNTERSIGNERS: 1
3. Deanne M Curelo Deputy Village Clerk	X	COUNTERSIGNERS: 1
4. Emily B Rodman Assistant VIII Mgr	X	COUNTERSIGNERS: 1
5.	X	COUNTERSIGNERS:
6.	X	COUNTERSIGNERS:
7.	X	COUNTERSIGNERS:
8.	X	COUNTERSIGNERS:

SIGNATURE CERTIFICATION. I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Signers of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.

DESIGNATED REPRESENTATIVE: _____

DATE _____

Larry L Noller

Finance Director

IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:

- Unless specifically designated, each of the Authorized Signers whose signature appears above may sign without the other(s);
- (Select if applicable) **FACSIMILE SIGNATURES.** The Financial Institution shall be entitled to honor and charge the Entity for all such negotiable instruments, checks, drafts, or other orders for payment of money drawn in the name of the Entity, on the indicated account(s), including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means a facsimile signature or other non-manual signature (collectively, "Facsimile Signatures") may have been affixed, or electronically communicated, if such Facsimile Signatures resemble the specimens duly certified to or filed with the Financial Institution for any of the named Authorized Signers, regardless of whether any misuse is with or without the negligence of the Entity. The Specimen Facsimile Signature Exhibit, when attached, is incorporated into and is an integral part of this Resolution. The Entity agrees that the duty of maintaining the security of any such Facsimile Signatures or device by which they are affixed is solely that of the Entity. Your authorization notwithstanding, Financial Institution is not obligated to accept or pay any items bearing Facsimile Signatures;
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money, that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed or negotiated by any one or more of the Authorized Signers signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Signers signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Signer of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:

NEW ACCOUNT INFORMATION

Financial Institution Name And Address
FNBC Bank and Trust

DATE 05/20/2015

620 W Burlington Ave.
LaGrange, IL 60525
LaGrange
Jacqueline Home

Check if applicable: Temporary Replacement

ACCOUNT INFORMATION

AMOUNT OF DEPOSIT \$ NaN

PLAN #

ACCOUNT NUMBER [REDACTED]

TITLE OF ACCOUNT

ACCOUNT T.I.N. [REDACTED]

Village Of Lagrange Park
Emergency Telephone System Fund
447 N Catherine Ave
LaGrange Park IL 60526-2006

OWNERSHIP TYPE Public Funds

PRODUCT NAME Public Funds Checking

Words, numbers or phrases preceded by a are applicable only when marked, i.e., . Opened By

BUSINESS ENTITY INFORMATION

BUSINESS NAME AND ADDRESS

BUSINESS FILING STATE

ENTITY DOCUMENT

LAST FILING DATE

FILING EXPIRATION

DATE ESTABLISHED

NATURE OF BUSINESS

PRIMARY LOCATION

RESOLUTION DATE

E-MAIL ADDRESS

FACSIMILE AUTHORIZATION ON FILE YES NO

LIMITED LIABILITY COMPANY TAX CLASSIFICATION: _____

BUSINESS ENGAGES IN INTERNET GAMBLING*

*If box is checked you must provide evidence of authority to engage in Internet Gambling.

ASSUMED NAME IF D/B/A

CONTACT NAME

CONTACT TITLE

CONTACT PHONE

OTHER

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

Exempt payee code, if any:

Exemption from FATCA reporting code, if any:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Taxpayer Identification Number: 36-6005954

SIGNATURE Larry L Noller
Finance Director

DATE

ADDITIONAL TERMS

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of an Account Disclosure, and a copy of this institution's Privacy Policy. The undersigned also acknowledge receipt, where applicable, of this institution's Funds Availability Policy and/or Electronic Fund Transfer Agreement. If this account is opened in the name of the business entity, all signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

NUMBER OF SIGNATURES REQUIRED: 2

Authorized Signer Only Title: Finance Director

Authorized Signer Only Title: Village Clerk FACSIMILE ALLOWED

X
Larry L Noller Date

X
Amanda G Seidel Date

Authorized Signer Only Title: Deputy Village Clerk

Authorized Signer Only Title: Assistant Vill Mgr

X
Deanne M Curolo Date

X
Emily B Rodman Date

<p>OWNER/SIGNER #1 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
---	---

<p>OWNER/SIGNER #2 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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<p>OWNER/SIGNER #3 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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<p>OWNER/SIGNER #4 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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VERIFICATION / FOLLOW-UP

BENEFICIARY DESIGNATION. THE FOLLOWING BENEFICIARY(IES) ARE DESIGNATED:

1.	2.
3.	4.

See Addendum

RESOLUTION APPLIES TO (check all that apply): ALL ACCOUNTS SAFE DEPOSIT BOX NUMBER(S):
 ALL FUTURE ACCOUNTS SPECIFIC ACCOUNTS - NUMBER(S): **██████████**

NAME AND TITLE	SIGNATURE	LIMITATIONS
1. Larry L Noller Finance Director	X	COUNTERSIGNERS: 1
2. Amanda G Seidel Village Clerk	X	COUNTERSIGNERS: 1
3. Deanne M Curelo Deputy Village Clerk	X	COUNTERSIGNERS: 1
4. Emily B Rodman Assistant VIII Mgr	X	COUNTERSIGNERS: 1
5.	X	COUNTERSIGNERS:
6.	X	COUNTERSIGNERS:
7.	X	COUNTERSIGNERS:
8.	X	COUNTERSIGNERS:

SIGNATURE CERTIFICATION. I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Signers of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.

DESIGNATED REPRESENTATIVE: _____

Larry L Noller

Finance Director

DATE _____

IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:

- Unless specifically designated, each of the Authorized Signers whose signature appears above may sign without the other(s);
- (Select if applicable) **FACSIMILE SIGNATURES.** The Financial Institution shall be entitled to honor and charge the Entity for all such negotiable instruments, checks, drafts, or other orders for payment of money drawn in the name of the Entity, on the indicated account(s), including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means a facsimile signature or other non-manual signature (collectively, "Facsimile Signatures") may have been affixed, or electronically communicated, if such Facsimile Signatures resemble the specimens duly certified to or filed with the Financial Institution for any of the named Authorized Signers, regardless of whether any misuse is with or without the negligence of the Entity. The Specimen Facsimile Signature Exhibit, when attached, is incorporated into and is an integral part of this Resolution. The Entity agrees that the duty of maintaining the security of any such Facsimile Signatures or device by which they are affixed is solely that of the Entity. Your authorization notwithstanding, Financial Institution is not obligated to accept or pay any items bearing Facsimile Signatures;
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money, that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed or negotiated by any one or more of the Authorized Signers signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Signers signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Signer of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:

NEW ACCOUNT INFORMATION

Financial Institution Name And Address

FNBC Bank and Trust
 620 W Burlington Ave.
 LaGrange, IL 60525
 LaGrange
 Jacqueline Home

DATE 05/20/2015

Check if applicable: Temporary Replacement

ACCOUNT INFORMATION

AMOUNT OF DEPOSIT \$ NaN

PLAN #

ACCOUNT NUMBER

TITLE OF ACCOUNT

ACCOUNT T.I.N.

Village Of Lagrange Park
 General Fund
 447 N Catherine Ave
 LaGrange Park IL 60526-2006

OWNERSHIP TYPE Public Funds

PRODUCT NAME Public Funds Checking

Words, numbers or phrases preceded by a are applicable only when marked, i.e., Opened By

BUSINESS ENTITY INFORMATION

BUSINESS NAME AND ADDRESS

BUSINESS FILING STATE

ENTITY DOCUMENT

LAST FILING DATE

FILING EXPIRATION

DATE ESTABLISHED

NATURE OF BUSINESS

PRIMARY LOCATION

RESOLUTION DATE

E-MAIL ADDRESS

FACSIMILE AUTHORIZATION ON FILE YES NO

LIMITED LIABILITY COMPANY TAX CLASSIFICATION: _____

BUSINESS ENGAGES IN INTERNET GAMBLING*

*If box is checked you must provide evidence of authority to engage in Internet Gambling.

ASSUMED NAME IF D/B/A

CONTACT NAME

CONTACT TITLE

CONTACT PHONE

OTHER

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

Exempt payee code, if any:

Exemption from FATCA reporting code, if any:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Taxpayer Identification Number: 36-6005954

SIGNATURE Larry L Noller
 Finance Director

DATE

ADDITIONAL TERMS

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of an Account Disclosure, and a copy of this institution's Privacy Policy. The undersigned also acknowledge receipt, where applicable, of this institution's Funds Availability Policy and/or Electronic Fund Transfer Agreement. If this account is opened in the name of the business entity, all signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

NUMBER OF SIGNATURES REQUIRED: 2

Authorized Signer Only Title: Finance Director

Authorized Signer Only Title: Village Clerk

FACSIMILE ALLOWED

Larry L Noller Date

Amanda G Seidel Date

Authorized Signer Only Title: Deputy Village Clerk

Authorized Signer Only Title: Assistant Vill Mgr

Deanne M Curelo Date

Emily B Rodman Date

<p>OWNER/SIGNER #1 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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<p>OWNER/SIGNER #2 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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<p>OWNER/SIGNER #3 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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<p>OWNER/SIGNER #4 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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VERIFICATION / FOLLOW-UP

BENEFICIARY DESIGNATION. THE FOLLOWING BENEFICIARY(IES) ARE DESIGNATED:

1.	2.
3.	4.

See Addendum

RESOLUTION APPLIES TO (check all that apply): ALL ACCOUNTS SAFE DEPOSIT BOX NUMBER(S):
 ALL FUTURE ACCOUNTS SPECIFIC ACCOUNTS - NUMBER(S):

NAME AND TITLE	SIGNATURE	LIMITATIONS
1. Larry L Noller Finance Director	X	COUNTERSIGNERS: 1
2. Amanda G Seidel Village Clerk	X	COUNTERSIGNERS: 1
3. Deanne M Curelo Deputy Village Clerk	X	COUNTERSIGNERS: 1
4. Emily B Rodman Assistant VIII Mgr	X	COUNTERSIGNERS: 1
5.	X	COUNTERSIGNERS:
6.	X	COUNTERSIGNERS:
7.	X	COUNTERSIGNERS:
8.	X	COUNTERSIGNERS:

SIGNATURE CERTIFICATION. I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Signers of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.

DESIGNATED REPRESENTATIVE: _____

Larry L Noller
Finance Director

DATE _____

IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:

- Unless specifically designated, each of the Authorized Signers whose signature appears above may sign without the other(s);
- (Select if applicable) **FACSIMILE SIGNATURES.** The Financial Institution shall be entitled to honor and charge the Entity for all such negotiable instruments, checks, drafts, or other orders for payment of money drawn in the name of the Entity, on the indicated account(s), including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means a facsimile signature or other non-manual signature (collectively, "Facsimile Signatures") may have been affixed, or electronically communicated, if such Facsimile Signatures resemble the specimens duly certified to or filed with the Financial Institution for any of the named Authorized Signers, regardless of whether any misuse is with or without the negligence of the Entity. The Specimen Facsimile Signature Exhibit, when attached, is incorporated into and is an integral part of this Resolution. The Entity agrees that the duty of maintaining the security of any such Facsimile Signatures or device by which they are affixed is solely that of the Entity. Your authorization notwithstanding, Financial Institution is not obligated to accept or pay any items bearing Facsimile Signatures;
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money, that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed or negotiated by any one or more of the Authorized Signers signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Signers signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Signer of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:

NEW ACCOUNT INFORMATION

Financial Institution Name And Address

FNBC Bank and Trust
620 W Burlington Ave.
LaGrange, IL 60525
LaGrange
Jacqueline Home

DATE 05/20/2015

Check if applicable: Temporary Replacement

ACCOUNT INFORMATION

AMOUNT OF DEPOSIT \$ NaN
TITLE OF ACCOUNT
Village Of Lagrange Park
Motor Fuel Tax Fund
447 N Catherine Ave
LaGrange Park IL 60526-2006

PLAN #

ACCOUNT NUMBER [REDACTED]
ACCOUNT T.I.N. [REDACTED]

OWNERSHIP TYPE Public Funds
PRODUCT NAME Public Funds Checking

Words, numbers or phrases preceded by a are applicable only when marked, i.e., . Opened By

BUSINESS ENTITY INFORMATION

BUSINESS NAME AND ADDRESS

BUSINESS FILING STATE
ENTITY DOCUMENT
LAST FILING DATE
FILING EXPIRATION
DATE ESTABLISHED
NATURE OF BUSINESS
PRIMARY LOCATION
RESOLUTION DATE
E-MAIL ADDRESS

ASSUMED NAME IF D/B/A

CONTACT NAME
CONTACT TITLE
CONTACT PHONE
OTHER

FACSIMILE AUTHORIZATION ON FILE YES NO
LIMITED LIABILITY COMPANY TAX CLASSIFICATION: _____
BUSINESS ENGAGES IN INTERNET GAMBLING*

*If box is checked you must provide evidence of authority to engage in Internet Gambling.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

Exempt payee code, if any:
Exemption from FATCA reporting code, if any:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Taxpayer Identification Number: 36-6005954

SIGNATURE Larry L Noller
Finance Director

DATE

ADDITIONAL TERMS

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of an Account Disclosure, and a copy of this institution's Privacy Policy. The undersigned also acknowledge receipt, where applicable, of this institution's Funds Availability Policy and/or Electronic Fund Transfer Agreement. If this account is opened in the name of the business entity, all signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

NUMBER OF SIGNATURES REQUIRED: 2

Authorized Signer Only Title: Finance Director

Authorized Signer Only Title: Village Clerk FACSIMILE ALLOWED

X
Larry L Noller Date

X
Amanda G Seidel Date

Authorized Signer Only Title: Deputy Village Clerk

Authorized Signer Only Title: Assistant Vill Mgr

X
Deanne M Curelo Date

X
Emily B Rodman Date

OWNER/SIGNER #1 NAME AND ADDRESS

Title/Capacity:
EMPLOYER NAME AND ADDRESS

Tax ID Number:
Date of Birth:
Primary Phone:
Secondary Phone:

ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

OWNER/SIGNER #2 NAME AND ADDRESS

Title/Capacity:
EMPLOYER NAME AND ADDRESS

Tax ID Number:
Date of Birth:
Primary Phone:
Secondary Phone:

ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

OWNER/SIGNER #3 NAME AND ADDRESS

Title/Capacity:
EMPLOYER NAME AND ADDRESS

Tax ID Number:
Date of Birth:
Primary Phone:
Secondary Phone:

ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

OWNER/SIGNER #4 NAME AND ADDRESS

Title/Capacity:
EMPLOYER NAME AND ADDRESS

Tax ID Number:
Date of Birth:
Primary Phone:
Secondary Phone:

ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
ID Type:
ID Number:
ID Issued By:
ID Issuing Location:
ID Issue Date:
ID Expiration:
Verification:
Unique Identifier:
E-Mail Address:

VERIFICATION / FOLLOW-UP

BENEFICIARY DESIGNATION. THE FOLLOWING BENEFICIARY(IES) ARE DESIGNATED:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

 See Addendum

RESOLUTION APPLIES TO (check all that apply): ALL ACCOUNTS SAFE DEPOSIT BOX NUMBER(S):
 ALL FUTURE ACCOUNTS SPECIFIC ACCOUNTS - NUMBER(S): **██████████**

NAME AND TITLE	SIGNATURE	LIMITATIONS
1. Larry L Noller Finance Director	X	COUNTERSIGNERS: 1
2. Amanda G Seldel Village Clerk	X	COUNTERSIGNERS: 1
3. Deanne M Curelo Deputy Village Clerk	X	COUNTERSIGNERS: 1
4. Emily B Rodman Assistant Vill Mgr	X	COUNTERSIGNERS: 1
5.	X	COUNTERSIGNERS:
6.	X	COUNTERSIGNERS:
7.	X	COUNTERSIGNERS:
8.	X	COUNTERSIGNERS:

SIGNATURE CERTIFICATION. I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Signers of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.

DESIGNATED REPRESENTATIVE: _____

DATE _____

Larry L Noller

Finance Director

IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:

- Unless specifically designated, each of the Authorized Signers whose signature appears above may sign without the other(s);
- (Select if applicable) **FACSIMILE SIGNATURES.** The Financial Institution shall be entitled to honor and charge the Entity for all such negotiable instruments, checks, drafts, or other orders for payment of money drawn in the name of the Entity, on the indicated account(s), including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means a facsimile signature or other non-manual signature (collectively, "Facsimile Signatures") may have been affixed, or electronically communicated, if such Facsimile Signatures resemble the specimens duly certified to or filed with the Financial Institution for any of the named Authorized Signers, regardless of whether any misuse is with or without the negligence of the Entity. The Specimen Facsimile Signature Exhibit, when attached, is incorporated into and is an integral part of this Resolution. The Entity agrees that the duty of maintaining the security of any such Facsimile Signatures or device by which they are affixed is solely that of the Entity. Your authorization notwithstanding, Financial Institution is not obligated to accept or pay any items bearing Facsimile Signatures;
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money, that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed or negotiated by any one or more of the Authorized Signers signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Signers signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Signer of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:

NEW ACCOUNT INFORMATION

Financial Institution Name And Address
FNBC Bank and Trust

DATE 05/20/2015

620 W Burlington Ave.
LaGrange, IL 60525
LaGrange
Jacqueline Horne

Check if applicable: Temporary Replacement

ACCOUNT INFORMATION

AMOUNT OF DEPOSIT \$ NaN

PLAN #

ACCOUNT NUMBER

TITLE OF ACCOUNT

ACCOUNT T.I.N.

Village of LaGrange Park
Payroll Account
447 N Catherine Ave
LaGrange Park IL 60526-2006

OWNERSHIP TYPE Public Funds

PRODUCT NAME Public Funds Checking

Words, numbers or phrases preceded by a are applicable only when marked, i.e., Opened By

BUSINESS ENTITY INFORMATION

BUSINESS NAME AND ADDRESS

BUSINESS FILING STATE

ENTITY DOCUMENT

LAST FILING DATE

FILING EXPIRATION

DATE ESTABLISHED

NATURE OF BUSINESS

PRIMARY LOCATION

RESOLUTION DATE

E-MAIL ADDRESS

FACSIMILE AUTHORIZATION ON FILE YES NO

LIMITED LIABILITY COMPANY TAX CLASSIFICATION: _____

BUSINESS ENGAGES IN INTERNET GAMBLING*

*If box is checked you must provide evidence of authority to engage in Internet Gambling.

ASSUMED NAME IF D/B/A

CONTACT NAME

CONTACT TITLE

CONTACT PHONE

OTHER

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Exempt payee code, if any:

Exemption from FATCA reporting code, if any:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Taxpayer Identification Number: 36-6005954

SIGNATURE Larry L Noller
Finance Director

DATE

ADDITIONAL TERMS

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of an Account Disclosure, and a copy of this institution's Privacy Policy. The undersigned also acknowledge receipt, where applicable, of this institution's Funds Availability Policy and/or Electronic Fund Transfer Agreement. If this account is opened in the name of the business entity, all signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

NUMBER OF SIGNATURES REQUIRED: 2

Authorized Signer Only Title: Finance Director

Authorized Signer Only Title: Village Clerk FACSIMILE ALLOWED

X
Larry L Noller Date

X
Amanda G Seidel Date

Authorized Signer Only Title: Deputy Village Clerk

Authorized Signer Only Title: Assistant Vill Mgr

X
Deanne M Curelo Date

X
Emily B Rodman Date

<p>OWNER/SIGNER #1 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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<p>OWNER/SIGNER #2 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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<p>OWNER/SIGNER #3 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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<p>OWNER/SIGNER #4 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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VERIFICATION / FOLLOW-UP

BENEFICIARY DESIGNATION. THE FOLLOWING BENEFICIARY(IES) ARE DESIGNATED:

1.	2.
3.	4.



RESOLUTION APPLIES TO (check all that apply): ALL ACCOUNTS SAFE DEPOSIT BOX NUMBER(S):
 ALL FUTURE ACCOUNTS SPECIFIC ACCOUNTS - NUMBER(S): **██████**

NAME AND TITLE	SIGNATURE	LIMITATIONS
1. Larry L Noller Finance Director	X	COUNTERSIGNERS: 1
2. Amanda G Seidel Village Clerk	X	COUNTERSIGNERS: 1
3. Deanne M Curelo Deputy Village Clerk	X	COUNTERSIGNERS: 1
4. Emily B Rodman Assistant Vill Mgr	X	COUNTERSIGNERS: 1
5.	X	COUNTERSIGNERS:
6.	X	COUNTERSIGNERS:
7.	X	COUNTERSIGNERS:
8.	X	COUNTERSIGNERS:

SIGNATURE CERTIFICATION. I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Signers of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.

DESIGNATED REPRESENTATIVE: _____

DATE _____

Larry L Noller

Finance Director

IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:

- Unless specifically designated, each of the Authorized Signers whose signature appears above may sign without the other(s);
- (Select if applicable) **FACSIMILE SIGNATURES.** The Financial Institution shall be entitled to honor and charge the Entity for all such negotiable instruments, checks, drafts, or other orders for payment of money drawn in the name of the Entity, on the indicated account(s), including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means a facsimile signature or other non-manual signature (collectively, "Facsimile Signatures") may have been affixed, or electronically communicated, if such Facsimile Signatures resemble the specimens duly certified to or filed with the Financial Institution for any of the named Authorized Signers, regardless of whether any misuse is with or without the negligence of the Entity. The Specimen Facsimile Signature Exhibit, when attached, is incorporated into and is an integral part of this Resolution. The Entity agrees that the duty of maintaining the security of any such Facsimile Signatures or device by which they are affixed is solely that of the Entity. Your authorization notwithstanding, Financial Institution is not obligated to accept or pay any items bearing Facsimile Signatures;
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money, that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed or negotiated by any one or more of the Authorized Signers signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Signers signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Signer of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:

NEW ACCOUNT INFORMATION

Financial Institution Name And Address
FNBC Bank and Trust

DATE 05/20/2015

620 W Burlington Ave.
LaGrange, IL 60525
LaGrange
Jacqueline Home

Check if applicable: Temporary Replacement

ACCOUNT INFORMATION

AMOUNT OF DEPOSIT \$ NaN
TITLE OF ACCOUNT
Village Of Lagrange Park
Pooled Checking
447 N Catherine Ave
LaGrange Park IL 60526-2006

PLAN #

ACCOUNT NUMBER [REDACTED]

ACCOUNT T.I.N. [REDACTED]

OWNERSHIP TYPE Public Funds

PRODUCT NAME Public Funds Checking

Words, numbers or phrases preceded by a are applicable only when marked, i.e., . Opened By

BUSINESS ENTITY INFORMATION

BUSINESS NAME AND ADDRESS

BUSINESS FILING STATE

ENTITY DOCUMENT

LAST FILING DATE

FILING EXPIRATION

DATE ESTABLISHED

NATURE OF BUSINESS

PRIMARY LOCATION

RESOLUTION DATE

E-MAIL ADDRESS

ASSUMED NAME IF D/B/A

CONTACT NAME

CONTACT TITLE

CONTACT PHONE

OTHER

FACSIMILE AUTHORIZATION ON FILE YES NO

LIMITED LIABILITY COMPANY TAX CLASSIFICATION: _____

BUSINESS ENGAGES IN INTERNET GAMBLING*

*If box is checked you must provide evidence of authority to engage in Internet Gambling.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

Exempt payee code, if any:

Exemption from FATCA reporting code, if any:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Taxpayer Identification Number: 36-6005954

SIGNATURE Larry L Noller
Finance Director

DATE

ADDITIONAL TERMS

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of an Account Disclosure, and a copy of this institution's Privacy Policy. The undersigned also acknowledge receipt, where applicable, of this institution's Funds Availability Policy and/or Electronic Fund Transfer Agreement. If this account is opened in the name of the business entity, all signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

NUMBER OF SIGNATURES REQUIRED: 2

Authorized Signer Only Title: Finance Director

Authorized Signer Only Title: Village Clerk

FACSIMILE ALLOWED

X
Larry L Noller Date

X
Amanda G Seidel Date

Authorized Signer Only Title: Deputy Village Clerk

Authorized Signer Only Title: Assistant Vill Mgr

X
Deanne M Curelo Date

X
Emily B Rodman Date

<p>OWNER/SIGNER #1 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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<p>OWNER/SIGNER #3 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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<p>OWNER/SIGNER #4 NAME AND ADDRESS</p> <p>Title/Capacity: EMPLOYER NAME AND ADDRESS</p> <p>Tax ID Number: Date of Birth: Primary Phone: Secondary Phone:</p>	<p>ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: ID Type: ID Number: ID Issued By: ID Issuing Location: ID Issue Date: ID Expiration: Verification: Unique Identifier: E-Mail Address:</p>
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VERIFICATION / FOLLOW-UP

BENEFICIARY DESIGNATION. THE FOLLOWING BENEFICIARY(IES) ARE DESIGNATED: See Addendum

1.	2.
3.	4.

Date: May 12, 2015

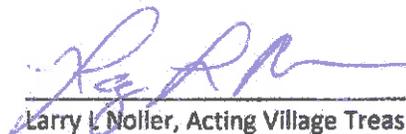
To: Police Pension Board
President Discipio and Board of Trustees

From: Larry Noller, Acting Village Treasurer 

Re: Police Pension Fund Annual Report by Treasurer

Per 40 ILCS 5/3-141, the Village Treasurer is to annually provide a sworn statement to the Pension Board and the Village Board reporting "all moneys received and paid out by them on account of the pension fund during the year, and of the amount of funds then on hand and owing to the pension fund."

I hereby certify that to the best of my knowledge and belief the total monies received and paid out on behalf of the La Grange Park Police Pension Fund during the year, and the amount of funds on hand and owing to the pension fund are as stated in the attached La Grange Park Police Pension Fund Monthly Financial Report for the Month Ended April 30, 2015.


Larry L. Noller, Acting Village Treasurer

WITNESS, my hand and corporate seal of the Village of La Grange Park, Cook County, Illinois, this 12th day of May, 2015.


Amanda Seidel, Village Clerk

LaGrange Park Police Pension Fund

Monthly Financial Report

**For the Month Ended
April 30, 2015**

**Prepared by:
Lauterbach & Amen, LLP**

LaGrange Park Police Pension Fund
Table of Contents

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Accountant's Compilation Report



May 5, 2015

Members of the Pension Board of Trustees
LaGrange Park Police Pension Fund
LaGrange Park, IL 60526

We have compiled the accompanying modified cash basis statement of net position of the LaGrange Park Police Pension Fund as of April 30, 2015 and the related modified cash basis statement of changes in net position for the twelve months then ended, and the accompanying other supplementary information as referred to in the table of contents. We have not audited or reviewed the accompanying financial statements and other supplementary information and, accordingly, do not express an opinion or provide any assurance about whether the financial statements and other supplementary information are in accordance with the modified cash basis of accounting.

Management is responsible for the preparation and fair presentation of the financial statements and other supplementary information in accordance with the modified cash basis of accounting and for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of the financial statements and other supplementary information.

Our responsibility is to conduct the compilation in accordance with Statements for Standards and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist the management in presenting financial information in the form of financial statements and other supplementary information without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements and other supplementary information.

Management has elected to omit substantially all of the disclosures, Management Discussion and Analysis (MD&A), and Required Supplementary Information (RSI) required by the modified cash basis of accounting. If the omitted disclosures were included in the financial statements and other supplementary information, they might influence the user's conclusions about the Pension Fund's assets, liabilities, fund balance, revenues and expenses. Accordingly, these financial statements and other supplementary information are not designed for those who are not informed about such matters.

We are not independent with respect to the LaGrange Park Police Pension Fund.

Cordially,

Lauterbach & Amen, LLP

Lauterbach & Amen, LLP

Financial Statements

LaGrange Park Police Pension Fund
Statement of Net Position - Modified Cash Basis
As of April 30, 2015

Assets

Cash and Cash Equivalents	\$ 4,840.00
Investments, at Fair Value	
Money Market Mutual Funds	910,364.09
Fixed Income	4,854,642.15
Stock Equities	2,737,970.59
Mutual Funds	4,916,483.06
Total Cash and Investments	<u>13,424,299.89</u>
Taxes Receivable	384,412.00
Accrued Interest	26,168.95
Prepays	<u>12,103.01</u>
Total Assets	<u>13,846,983.85</u>

Liabilities

Expenses Due/Unpaid	<u>1,845.00</u>
Total Liabilities	<u>1,845.00</u>
Net Position Held in Trust for Pension Benefits	<u>13,845,138.85</u>

See Accountants' Compilation Report

LaGrange Park Police Pension Fund
Statement of Changes in Net Position - Modified Cash Basis
For the Twelve Months Ended April 30, 2015

Additions

Contributions - Employer	\$ 764,803.87
Contributions - Employee	<u>174,137.88</u>
Total Contributions	<u>938,941.75</u>
Investment Income	
Interest and Dividends Earned	262,510.47
Net Change in Fair Value	<u>575,874.83</u>
Total Investment Income	838,385.30
Less: Investment Expense	<u>(58,866.17)</u>
Net Investment Income	<u>779,519.13</u>
Total Additions	<u>1,718,460.88</u>

Deductions

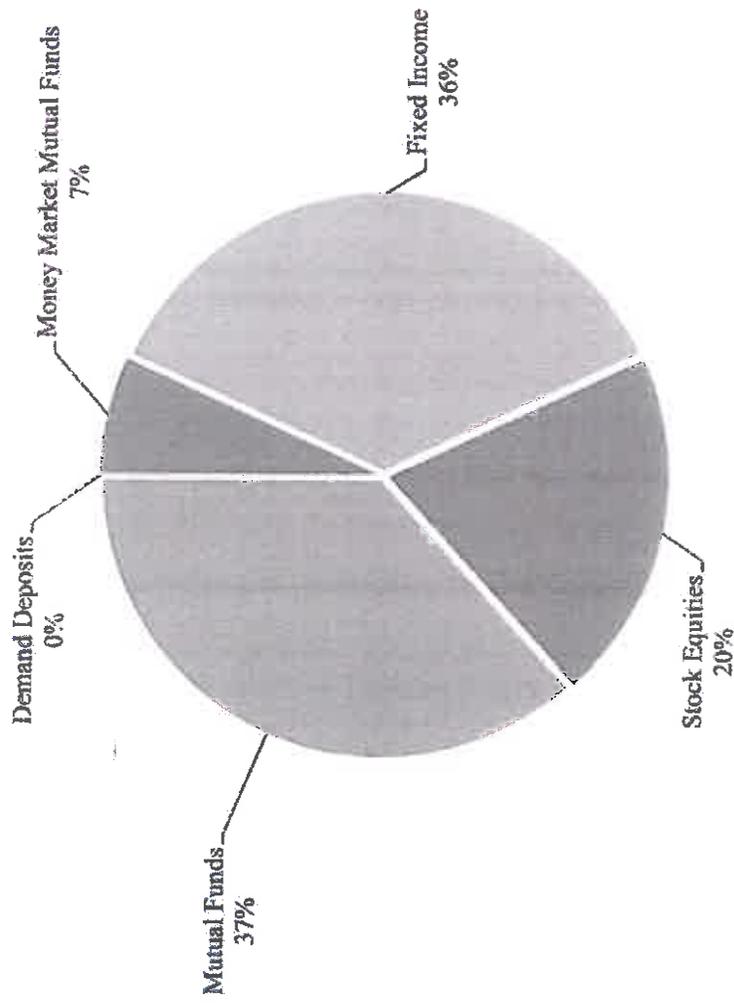
Administration	37,895.95
Benefits and Refunds	
Benefits	1,120,540.48
Refunds	<u>0.00</u>
Total Deductions	<u>1,158,436.43</u>

Change in Position 560,024.45

Net Position Held in Trust for Pension Benefits	
Beginning of Year	<u>13,285,114.40</u>
End of Period	<u>13,845,138.85</u>

Other Supplementary Information

LaGrange Park Police Pension Fund Cash and Investments

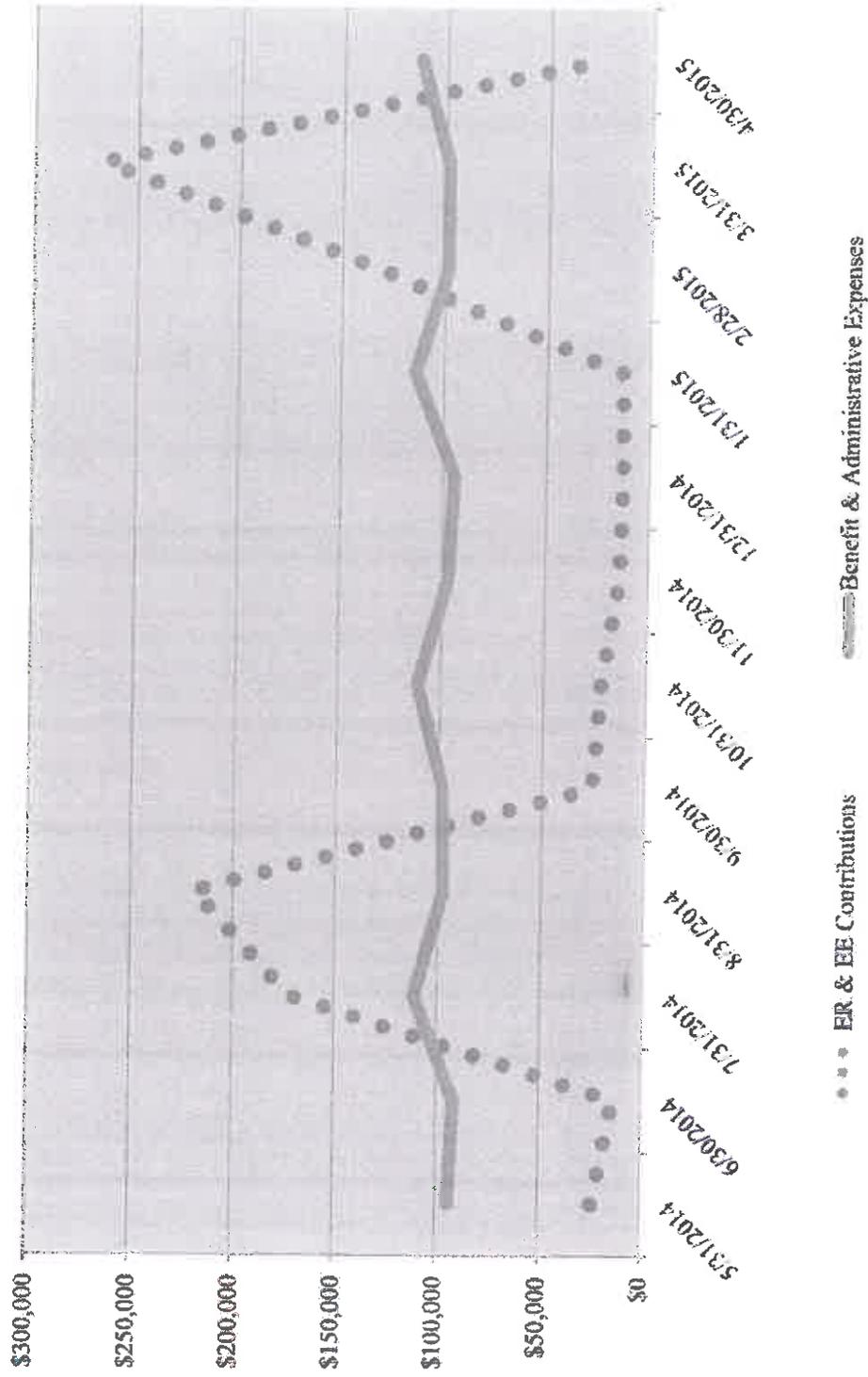


**LaGrange Park Police Pension Fund
Cash Analysis Report
For the Twelve Periods Ending April 30, 2015**

Financial Institutions	5/31/14 Balance	6/30/14 Balance	7/31/14 Balance	8/31/14 Balance	9/30/14 Balance	10/31/14 Balance	11/30/14 Balance	12/31/14 Balance	1/31/15 Balance	2/28/15 Balance	3/31/15 Balance	4/30/15 Balance
CK - Harris Bank	626	497	497			1,426				1,690	3,150	4,840
	626	497	497			1,426				1,690	3,150	4,840
MSSB - Equity	41,857	46,913	47,404	44,608	42,929	23						
MSSB - Mutual Funds	32,250	39,276	37,368	37,368	44,536	42,384		60,655	57,692	57,693	74,098	71,211
MSSB - Equity	30,791	34,620	43,794	19,049	39,885							
MSSB - Equity	14,664	16,225	13,759	15,521	15,981	14,608	15,090	16,435	13,753	16,537	16,291	16,192
MSSB - Equity & MF	31,688	32,669	26,755	35,043	24,309	31,779	26,577	30,587	27,201	29,156	30,265	33,736
MSSB - Equity	8,861	9,481	10,718	11,563	10,924	8,521	12,802	20,019	23,856	13,935	15,267	15,155
MSSB - Equity & MF	13,031	13,460	11,342	9,598	7,307	10,106	7,324	6,715	7,435	6,524	6,989	9,206
MSSB - Equity	19,623	20,613	19,773	19,958	12,612	13,894	14,164	19,669	10,096	12,764	17,057	20,314
MSSB - Fixed Income	70,365	92,988	91,476	71,094	98,137	41,014	50,406	67,330	5,131	17,113	42,794	50,861
MSSB - Money Market	338,842	262,178	339,420	461,227	388,698	312,070	230,865	149,114	462,126	495,755	661,742	584,961
MSSB - Fixed Income	655,496	217,214	224,587	236,327	237,335	726,117	356,558	231,350	358,179	477,149	111,756	108,728
	1,257,467	785,636	866,395	961,354	922,655	1,201,117	756,375	601,874	965,469	1,126,626	976,259	910,364
Totals	1,258,093	785,636	866,891	961,354	922,655	1,202,544	756,375	601,874	965,469	1,128,316	979,409	915,204
Contributions												
Current Tax	3,453	69	158,554	205,252	12,475	1,559				120,610	252,928	9,904
Contributions - Current Year	20,591	13,986	13,917	13,557	13,108	20,398	13,626	12,465	13,034	13,042	13,079	13,334
	24,044	14,056	172,471	218,809	25,583	21,957	13,626	12,465	13,034	133,652	266,007	23,238
Expenses												
Benefits	89,503	89,503	89,503	94,376	94,521	93,095	90,099	94,217	96,430	96,430	96,430	96,430
Administration	4,102	1,845	21,756	3,125	3,595	17,928	6,899		17,404	1,905	2,135	16,067
	93,606	91,348	111,260	97,501	98,116	111,023	96,999	94,217	113,835	98,335	98,565	112,498
Total Contributions less Expenses	(69,561)	(77,293)	61,212	121,308	(72,534)	(89,066)	(83,373)	(81,751)	(100,801)	35,316	167,442	(89,259)

See Accountants' Compilation Report

LaGrange Park Police Pension Fund Cash Analysis Summary

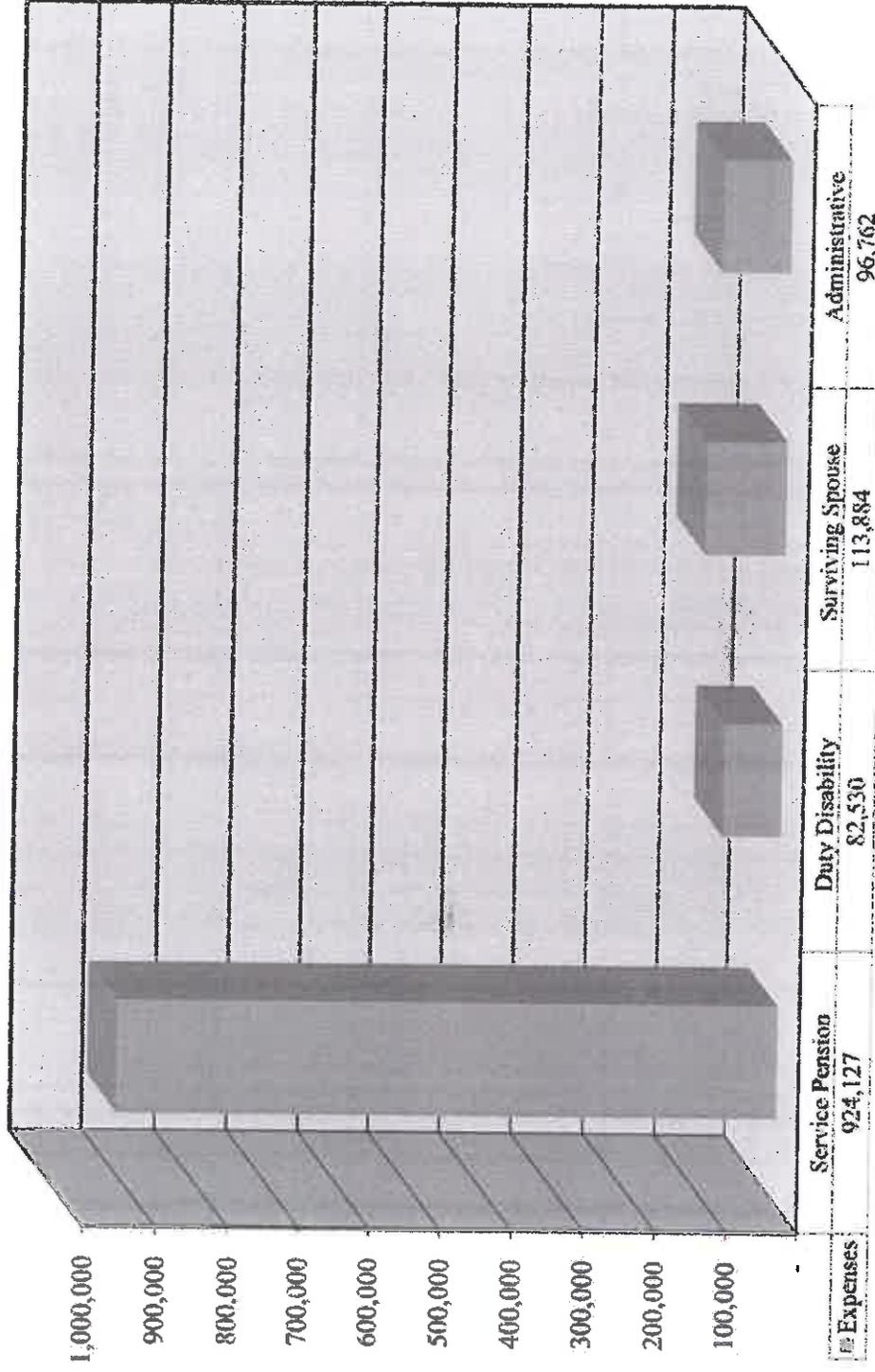


LaGrange Park Police Pension Fund Revenue Report as of April 30, 2015

	<u>Received this Month</u>	<u>Received this Year</u>
<u>Revenues</u>		
<u>Municipal and Member Contributions</u>		
<u>Municipal Contributions</u>		
41-210-00 - Current Tax	9,904.00	764,803.87
	9,904.00	764,803.87
<u>Member Contributions</u>		
41-410-00 - Contributions - Current Year	13,334.44	174,137.88
	13,334.44	174,137.88
Total Municipal and Member Contributions	23,238.44	938,941.75
<u>Investment Income</u>		
<u>Interest and Dividends</u>		
43-105-21 - MSSB - Money Market #128364	5.43	39.16
43-252-20 - MSSB - Fixed Income #246-90590-14	1,647.93	36,947.75
43-252-22 - MSSB - Fixed Income #246-90383-15	1,325.90	89,335.04
43-450-12 - MSSB - Equity #128354	0.00	6,470.13
43-450-14 - MSSB - Equity #128356	0.00	8,460.28
43-450-15 - MSSB - Equity #128358	803.51	10,343.29
43-450-16 - MSSB - Equity #128359	754.14	9,926.43
43-450-17 - MSSB - Equity #128360	1,371.84	12,518.70
43-450-18 - MSSB - Equity #128361	1,245.64	7,746.55
43-450-19 - MSSB - Equity #128362	173.76	2,665.66
43-550-13 - MSSB - Mutual Funds #128355	0.60	80,412.45
43-550-18 - MSSB - Mutual Funds #128361	0.00	17.57
	7,328.75	264,882.92
<u>Gains and Losses</u>		
44-252-20 - MSSB - Fixed Income #128357	(2,424.73)	16,983.96
44-252-22 - MSSB - Fixed Income #128340	(8,210.19)	(22,382.54)
44-450-12 - MSSB - Equity #128354	0.00	37,868.40
44-450-14 - MSSB - Equity #128356	0.00	(1,639.82)
44-450-15 - MSSB - Equity #128358	(10,746.15)	80,106.59
44-450-16 - MSSB - Equity #128359	(2,959.63)	43,247.82
44-450-17 - MSSB - Equity #128360	(24,877.37)	43,209.02
44-450-18 - MSSB - Equity #128361	(10,941.03)	63,113.28
44-450-19 - MSSB - Equity #128362	(17,789.77)	46,691.19
44-550-13 - MSSB - Mutual Funds #128355	86,424.70	268,668.66
44-550-18 - MSSB - Mutual Funds #128361	0.00	108.27
	9,375.83	575,874.83
<u>Other Income</u>		
45-200-00 - Accrued Interest	6,061.51	(2,372.45)
49-000-01 - Other Income	0.00	0.00
	6,061.51	(2,372.45)
Total Investment Income	22,766.09	838,385.30
Total Revenues	46,004.53	1,777,327.05

See Accountants' Compilation Report

LaGrange Park Police Pension Fund Expenses



LaGrange Park Police Pension Fund Expense Report as of April 30, 2015

	<u>Expended this Month</u>	<u>Expended this Year</u>
<u>Expenses</u>		
<u>Pensions and Benefits</u>		
51-020-00 - Service Pensions	80,062.68	924,126.88
51-030-00 - Non-Duty Disability Pensions	0.00	0.00
51-040-00 - Duty Disability Pensions	6,877.49	82,529.88
51-050-00 - Occupational Disease Pensions	0.00	0.00
51-060-00 - Surviving Spouse Pensions	9,490.31	113,883.72
51-070-00 - Children's Pensions	0.00	0.00
51-080-00 - Parent's Pensions	0.00	0.00
51-090-00 - Handicapped Annuitant Pensions	0.00	0.00
51-100-00 - Refund of Contributions	0.00	0.00
51-110-00 - Transfers to Other Pensions	0.00	0.00
	<u>96,430.48</u>	<u>1,120,540.48</u>
 <u>Administrative</u>		
<u>Insurance</u>		
52-150-01 - Fiduciary Insurance	0.00	3,327.00
	<u>0.00</u>	<u>3,327.00</u>
 <u>Professional Services</u>		
52-170-01 - Actuarial Services	0.00	2,350.00
52-170-03 - Accounting & Bookkeeping Services	1,905.00	26,350.00
	<u>1,905.00</u>	<u>28,700.00</u>
 <u>Investment</u>		
52-190-01 - Investment Manager/Advisor Fees	14,162.35	58,866.17
	<u>14,162.35</u>	<u>58,866.17</u>
 <u>Other Expense</u>		
52-290-25 - Conference/Seminar Fees	0.00	1,220.00
52-290-26 - Association Dues	0.00	775.00
52-290-27 - Travel Expense	0.00	1,386.63
52-290-34 - IDOL Filing Fee Expense	0.00	2,487.32
	<u>0.00</u>	<u>5,868.95</u>
 Total Administrative	 <u>16,067.35</u>	 <u>96,762.12</u>
 Total Expenses	 <u>112,497.83</u>	 <u>1,217,302.60</u>

See Accountants' Compilation Report

President's Report

Village Board Agenda Memo

Date: May 21, 2015
To: Board of Trustees
From: James Discipio, Village President
RE: **Commission Appointments - 2015**

Listed below are my recommendations for appointments and re-appointments to various Village committee/commissions. (See page 4 for the summary of appointments).

Zoning Board of Appeals (ZBA)

The ZBA consists of seven members appointed by the President with the advice and consent of the Board of Trustees. Each member serves a five (5) year term.

Zoning Board of Appeals	Term Expires	Appoint New (or reappoint) to
Eric Boyd, Chmn.	5/1/2017	
Caroline Nash Domagalski	5/1/2015	5/1/2020
William Lampert	5/1/2019	
Jim Lee	5/1/2016	
Christopher Studwell	5/1/2015	5/1/2020
Anthony Griffin	5/1/2016	
Vacancy	5/1/2016	

I recommend the re-appointment of Caroline Nash Domagalski and Christopher for 5-year terms ending 5/1/2019.

Plan Commission

The Plan Commission consists of five (5) members serving five (5) year terms. The Village President appoints members with the advice and consent of the Board of Trustees. I recommend that we hold off on further appointments and explore whether we may be able to fold Plan Commission responsibilities into the Zoning Board of Appeals.

Plan Commission	Term Expires	Appoint New (or reappoint) to
Phyllis Anderson-Meyer, Chmn.	5/1/2019	
Vacancy	5/1/2015	5/1/2020
James Ryan	5/1/2016	
Vacancy	5/1/2018	
Roger Egeland	5/1/2015	5/1/2020

Traffic Safety and Engineering Committee (TS&E)

The TS&E Committee consists of seven (7) members appointed by the President with the advice and consent of the Board of Trustees. The membership of the TS&E, by ordinance, outlines the make-up

of the committee, with one member each from the following school attendance areas: Brook Park School, St. Louise de Marillac School, Forest Road School, Park Jr. High School, Nazareth Academy, plus 2 at-large members. In addition, a person employed within the Village or persons whose business, occupational or professional activities are carried on in a substantial degree within the Village may also be members provided that the committee shall have no more than two (2) members who are not residents of La Grange Park. By ordinance the TSE Committee operates on 2-year terms.

The terms of all seven members are good until 2016. No action with this committee at this time.

Board of Police Commissioners

Members of the Board of Police Commissioners serve for three (3) year terms and are appointed by the President with the advice and consent of the Board of Trustees. State statute provides that no more than two (2) members of the Board shall belong to the same political party existing in such municipality at the time of appointment. If there is only one local party, or if no local party exists, then state or national party affiliation shall be considered. That is to say that no more than two members of the Board can be Republicans or Democrats, Independents, Libertarians or Communists. At the present time the membership of the Commission complies with those requirements.

Board of Police Commissioners	Term Expires	Appoint New (or reappoint) to
LaVelle Topps	5/1/2017	
Mary Hayes	5/1/2016	
Donald Veverka	5/1/2015	5/1/2018

The term of Donald Veverka is expiring. I recommend the re-appointment of Donald Veverka for a 3-year term ending 5/1/2018.

Police Pension Board

The Police Pension Fund Board of Trustees is composed of the following individuals who serve two (2) year terms:

- 2 members who are participants in the fund (i.e., 2 police officers)
- 1 member who is an annuitant of the fund (i.e., 1 retired police officer)
- 2 at-large members appointed by the Village President with the advice and consent of the Village Board of Trustees

Police Pension Board	Term Expires	Appoint New (or reappoint) to	Membership Category
Christopher O’Hea	5/1/2015	5/1/2017	At-Large
Michael Sabella	5/1/2016		At-Large
Phil Kubisztal	5/1/2015	Appointed by the members of the Police Pension Fund	Active Member
Felix Hernandez	5/1/2015		Active Member
William Beaudway	5/1/2015		Retired Member

The term of Christopher O’Hea is expiring. I recommend the re-appointment of Christopher O’Hea for a 2-year term ending 5/1/2017.

Emergency Telephone System Board (ETSB)

The La Grange Park Municipal Code provides that the ETSB be composed of the following seven members serving one (1) year terms:

- Village President, Chmn. of the ETSB
- Fire Chief
- Fire Chief’s designee
- Police Chief
- Police Chief’s designee
- Chairman of the Public Safety Committee
- One (1) At-Large appointment (appointed by the Village President with the advice and consent of the Village Board)

ETS Board	Term Expires	Appoint New (or reappoint) to	Membership Category
James Discipio	5/1/2015	5/1/2016	Village President
Dean Maggos	5/1/2015	5/1/2016	Fire Chief
Rick Ronovsky	5/1/2015	5/1/2016	Designee of Fire Chief
Ed Rompa	5/1/2015	5/1/2016	Police Chief
Phil Kubisztal	5/1/2015	5/1/2016	Designee of Police Chief
Scott Mesick	5/1/2015	5/1/2016	Chmn. Public Safety
Paul Kurtzner	5/1/2015	5/1/2016	At-Large

* Denotes that this appointment is aligned with Chair of the Public Safety Committee position.

Mr. Paul Kurtzner is the sole at-large appointment to this Board. I recommend the re-appointment of Paul Kurtzner for a 1-year term ending 5/1/2016.

Village Treasurer

Consistent with the provisions of Section 31.100 the Village Treasurer shall serve a one-year term. The Treasurer shall be appointed by the Village President with the advice and consent of the Village Board. The Village has not yet solicited for applications to fill this position. I recommend that the Village Board consider whether the Village’s Finance Director might permanently fulfill this position.

ACTION/MOTION

Motion to approve committee and commission appointments and reappointments as follows:

ZBA – Caroline Nash Domalgalski and Christopher Studwell re-appointed to new 5-year terms expiring in 2020.

Plan Commission – Hold off on new appointments for now.

Traffic, Safety & Engineering – no action necessary.

Board of Police Commissioners – Donald Veverka re-appointed to a 3-year term expiring in 2018.

Police Pension Board – Christopher O’Hea re-appointed to a new 2-year term expiring in 2017.

Emergency Telephone System Board – All members: Village President James Discipio, Chmn, Fire Chief Dean Maggos, Fire Chief’s designee Rick Ronovsky, Police Chief Ed Rompa, Police Chief’s designee Phil Kubisztal, Chairman of the Public Safety Committee Scott Mesick, and At-Large member Mr. Paul Kurtzner, all to be re-appointed for a new one-year term ending in 2016.

Village Treasurer – Seeking feedback. Larry Noller is currently the Treasurer Pro-Temp.

Items of Interest

VILLAGE OF LA GRANGE PARK
La Grange Park Village Hall, 447 N. Catherine Ave., La Grange Park, Illinois

2015 MEETINGS REMINDER

June 9, 2015	Work Session Meeting	7:30 p.m.	Village Hall
June 23, 2015	Village Board Meeting	7:30 p.m.	Village Hall
July 14, 2015	Work Session Meeting	7:30 p.m.	Village Hall
July 28, 2015	Village Board Meeting	7:30 p.m.	Village Hall
August 11, 2015	Work Session Meeting	7:30 p.m.	Village Hall
August 25, 2015	Village Board Meeting	7:30 p.m.	Village Hall
September 8, 2015	Work Session Meeting	7:30 p.m.	Village Hall
September 22, 2015	Village Board Meeting	7:30 p.m.	Village Hall
October 13, 2015	Work Session Meeting	7:30 p.m.	Village Hall
October 27, 2015	Village Board Meeting	7:30 p.m.	Village Hall
November 10, 2015	Work Session Meeting	7:30 p.m.	Village Hall
November 24, 2015	Village Board Meeting	7:30 p.m.	Village Hall
December 8, 2015	Work Session Meeting	7:30 p.m.	Village Hall