



VILLAGE OF POPLAR GROVE

"A Great Place to Call Home"

VILLAGE BOARD OF TRUSTEES

Wednesday, May 21, 2025 - 7:00 PM

200 N. Hill Street, Poplar Grove, IL 61065

<https://www.youtube.com/watch?v=8ZzdeOdv81g>

AGENDA

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE

APPROVAL OF PHONE PARTICIPATION (Roll Call)

APPROVAL OF AGENDA (Voice Vote)

APPROVAL OF MINUTES (Voice Vote)

- [1.](#) Motion to approve April 23, 2025 Board of Trustee Meeting minutes

PUBLIC COMMENT *Public Comment is encouraged. The Village Board will receive comments from the public, pursuant to State Statutes. Comments will be limited to five minutes on topics relating to the Village of Poplar Grove. Be further advised that matters brought up at this time may be referred to the appropriate committee or individual for further discussion or consideration.*

DEPARTMENT REPORTS

- [2.](#) Public Works, Howe
- [3.](#) Engineer, McMahon
- [4.](#) Wastewater, TEST

FIRST READ

- [5.](#) Motion to approve bounce house options for Neighbors Night
- [6.](#) Motion to discuss Neighbors Night status and expenses

- [7.](#) Motion to approve the replacement of the Ravens Crest Sign from Signature Streetscapes for a total of \$2,748.00
- [8.](#) Motion to discuss Non-HOA entrances
- [9.](#) Motion to discuss **Ordinance 2024-12** an ordinance of the Village of Poplar Grove, Illinois, establishing Title 1, Chapter 5, Sections 1-5-5 of the Village's code of Ordinances regarding a code of personal conduct
- [10.](#) Discussion on **Ordinance 2024-07** an ordinance of the Village of Poplar Grove, Illinois, amending Title 1, Chapter 5, Section 1-5-2 of the Village's code of Ordinances
- [11.](#) Motion to approve Medical, Dental, and Vision plan renewals

NEW BUSINESS

- [12.](#) Motion to approve check disbursement for payments scheduled to be paid before May 22, 2025, in the amount of \$151,960.49 in AP checks, \$19,650.00 (est) Payroll for 5.16.25, est of payroll for 5.30.25 \$19,650.00 for a total of \$191,260.49.
13. Motion to discuss scheduling a special board meeting for a Budget Workshop

GOOD OF THE VILLAGE

Village Hall Closed for Memorial Day - May 26, 2025

Board of Trustee Meeting – June 11, 2025 -7:00 pm

11th Annual Neighbors Night – June 14, 2025 – 4:00 pm-9:30 pm

Board of Trustee Meeting – June 25, 2025 - 7:00 pm

ADJOURNMENT (Voice Vote)

KJM 05/16/2025



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VILLAGE BOARD OF TRUSTEES

Wednesday, April 23, 2025 - 7:00 PM

200 N. Hill Street, Poplar Grove, IL 61065

AGENDA

CALL TO ORDER

The Meeting was called to order by President Don Sattler at 7:00 pm

ROLL CALL

PRESENT

President Don Sattler

President Kristi Richardson (after swearing in)

Admin Chairman Owen Costanza

Finance Chairman Jeff Goings

Trustee David Allgood (after swearing in)

Trustee Dan Cheek

Trustee Sinae Hubbard (after swearing in)

Trustee Mark Vance (after swearing in)

Trustee Betsy Straw

Clerk Karri Miller

Deputy Clerk Katie Jaster

Attorney Richard Bruen

Engineer Chris Dopkins

Public Works Director David Howe

ABSENT

Trustee Austin Davies

Trustee Bruce Moore

PLEDGE OF ALLEGIANCE

APPROVAL OF PHONE PARTICIPATION (Roll Call)

APPROVAL OF AGENDA (Voice Vote)

Motion made by Admin Chairman Costanza, Seconded by Finance Chairman Goings. Motion passed by voice vote.

Motion made by Finance Chairman Goings, Seconded by Admin Chairman Costanza strike item 7 and move item 14 to item 14. Motion passed by voice vote.

PUBLIC COMMENT *Public Comment is encouraged. The Village Board will receive comments from the public, pursuant to State Statutes. Comments will be limited to five minutes on topics relating to the Village of Poplar Grove. Be further advised that matters brought up at this time may be referred to the appropriate committee or individual for further discussion or consideration.*

SWEARING IN OF ELECTED OFFICIALS

1. Swearing in of Clerk Karri Miller
Deputy Clerk Jaster swore in Clerk Miller
2. Swearing in of Trustee David Allgood
Clerk Miller Swore in Trustee Allgood
3. Swearing in of Trustee Dan Cheek
Clerk Miller Swore in Trustee Cheek
4. Swearing in of Trustee Siane Hubbard
Clerk Miller swore in Trustee Hubbard
5. Swearing in of Trustee Mark Vance
Trustee Miller swore in Trustee Vance
6. Swearing in of President Kristi Richardson
Clerk Miller swore in President Richardson

NEW BUSINESS

President Sattler and Trustee Straw moved to the audience, and President Richardson, Trustee Allgood, Trustee Hubbard, and Trustee Vance took their seats at the dais.

President Richardson asked for a moment of silence for former Clerk Martha Suhr and thanked everyone for coming to the swearing-in.

8. Discuss/approve check disbursement for payments scheduled to be paid before April 30, 2025, in the amount of \$147,973.75 in AP checks, \$18,568.20 in insurance expense checks, \$27,915.42 EFTs and \$59,800.61 Payroll for a total of \$265,466.77.
Motion made by Finance Chairman Goings, Seconded by Admin Chairman Costanza.
Voting Yea: Admin Chairman Costanza, Finance Chairman Goings, Trustee Allgood, Trustee Cheek, Trustee Hubbard, Trustee Vance
9. Discussion on adding items to the agenda, agenda requests, policies and procedures. The current release of board meeting packets on Monday at 4:00 PM for Wednesday meetings was discussed. Board members expressed concern that this timeline provides limited time for thorough review. A proposal was made to shift packet release to Thursday or Friday midday prior to the Wednesday meeting. This would allow board members adequate time over the weekend to review materials.

10. Discussion on Village Board Meeting times and dates.
the Board discussed moving the meeting dates to the 2nd and 4th Wednesday of every month.
11. Discussion on meeting minutes style.
Consensus reached to implement a simplified minute-taking approach focused on official actions, with a structured process for handling corrections.
12. Discussion on Neighbors' Night activities.
No formal action taken. Staff and board members to continue exploring options and bring proposals to future meetings for approval.
13. Discuss/approve enhancement letter from Lauterbach & Amen
Motion made by Admin Chairman Costanza, Seconded by Trustee Allgood.
Voting Yea: Admin Chairman Costanza, Finance Chairman Goings, Trustee Allgood, Trustee Cheek, Trustee Hubbard, Trustee Vance
14. Discuss/approve Grove Gaming Liquor and Gaming license
Motion made by Finance Chairman Goings, Seconded by Admin Chairman Costanza.
Voting Yea: Admin Chairman Costanza, Finance Chairman Goings, Trustee Allgood, Trustee Cheek, Trustee Hubbard, Trustee Vance

ADJOURNMENT (Voice Vote)

Motion made by Finance Chairman Goings, Seconded by Admin Chairman Costanza. Motion passed by voice vote.



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200 N. Hill Street, Poplar Grove, IL 61065

Phone: (815) 765-3201 – Fax: (815) 765-3571

<https://www.poplargoil.gov/>

Public Works Report, April 2025

Parks & Recreation

- Renovated Diamond 2 at Lions Park. Prior to renovation, the field was unusable due to safety concerns. With this upgrade, all four fields at the park are now in good condition and suitable for both softball and baseball use.
- Removed sediment buildup and debris from the drainage swale and culverts beneath the Lions Park driveway to improve water flow and site cleanliness.
- Cleared debris, overgrown brush, and broken irrigation pipe from the Prairie Green berms along Woodstock Road.
- Edged landscape beds at Village Hall to better hold mulch and provide clean edge for mowing.
- Replaced a damaged tunnel structure and repaired digging toy at West Grove Park to ensure safe play conditions.
- Applied the first round of weed control treatment across all park locations.
- We began weekly mowing operations for regular grounds maintenance.
- Installed concrete pads for portable restrooms at Mansfield and Sherman Parks. Awaiting confirmation from United Sanitation regarding the delivery date of the units.

Roads & Infrastructure

- Cleared drainage swales along Whiting and Woodstock Roads, focusing on the radiuses at neighborhood entrances.
- Filled low shoulder areas along Woodstock, Orth, Whiting, and Quail Trap Roads at their intersections of Poplar Grove Road and IL 76 with millings. These locations are prone to erosion due to vehicles cutting corners.
- Removed fallen trees and debris from the drainage swale on State Street, north of the storage units. The area had been blocked due to improperly discarded trees by adjacent property owners. Cleanup around the outlet culverts was also completed to improve water flow.
- Collected filled garbage bags from Immanuel Lutheran Church's roadside cleanup along Whiting Road.

Administration & Planning

- Met with Kristi to review the FY26 budget. We spent several hours working through the Public Works Department sections and were able to complete the majority of the entries.

- Continued collaboration with Chris on the 2025 Road Maintenance Program. The final proposal will be presented to the Board for approval in June following budget completion.
- Ongoing discussions with Ion and Jason regarding 2025–2026 operational needs at the Plants, including SCADA system upgrades. We are currently awaiting a few final figures, but a cost estimate for SCADA improvements should be available soon.
- Held discussions with Kristi regarding the DCEO grant for capital improvement projects. Kristi has assumed the administrative lead on this grant initiative.
- Obtained quotes for audio/visual upgrades to the Village Hall boardroom. These quotes will be presented at the May 14th Board meeting.
- Secured quotes for tree replacement at NBFD3. This continues to be an active topic of discussion.
- Continued engagement with Surf Internet regarding their proposed fiber optic installation project within the Village. We are currently awaiting revised plans that meet Village codes and ordinances.
- Reorganized the cubicle office area to better accommodate the needs of two employees. Staff also provided assistance with some setup in Kristi's office.

Training & Certification

- Staff completed the Illinois Department of Agriculture Pesticide Certification exams. All four team members passed the General Standards test. Additionally, Kyle and Dan earned applicator licenses, authorizing them to supervise, mix, and apply pesticides. Stephen and Zach obtained operator licenses, allowing them to apply pesticides under the supervision of either myself or one of the certified applicators.

As always, do not hesitate to contact me with any additional questions or concerns. I am always open to going into more detail on past, current, or future projects and work my department is doing.



To: The Village President and Board of Trustees

From: Chris Dopkins, P.E., Village Engineer

Re: Engineering Report – April 2025 Activity

Date: May 14, 2025

Please allow this memorandum to provide a brief summary of major activity over the past month that involves the engineering department:

- **Source Water Protection Plan:** As previously reported, the reports have been sent to IEPA and we are awaiting review comments. We are hopeful to have Agency comments in the near future.
- **South Wastewater Treatment Plant:** The Village's permit is up for renewal. IEPA has provided the draft permit which has been disseminated for public review. Assuming there are no comments the permit should go into effect around the middle of June. Some good news in that the plant has been derated to 0.94MGD, and as a result the phosphorus limits and reporting requirements have been removed. This will result in substantial savings for the Village.
- **Candlewick Lake Interconnection Agreement:** Aqua Illinois is in the process of updating the agreement. We should see a draft within the next few weeks for review.
- **Sludge Application Permits:** DPW Howe has started discussions with area farmers to identify fields where the sludge can be spread, which has been a challenge. Once the fields are identified, our office will prepare the agronomic/loading calculations and permit application to send to IEPA. It will take the Agency approximately 3-4 months to process the permit once the application is received.
- **Bullard Street Fire Hydrant:** Contractor has completed the work.
- **Frontier:** Frontier has submitted plans to install high speed fiber optic lines which have been reviewed and returned to Frontier to revisions in February. There has been no response from Frontier.
- **Surf Internet:** Surf Internet has submitted plans for fiber installation as well, and as previously reported the plans submitted to date have been grossly out of compliance with Village code. Staff met w/ Surf in April, and has yet to see plans that comply with Village code.
- **Woodstock Road (IL 76 Improvements):** No new activity occurred since staff met w/ the Boone County Highway Department and the Belvidere Township in January.
- **2025 Pavement Maintenance Program:** DPW Howe and our office have assembled the 2025 pavement maintenance program. I think many of you know that we have long been targeting Titleist Trail, but in previous years it was moved back to make way for other priorities. Our intent is to resurface Titleist beginning at Woodstock and going as far as the budget will allow, which we think is Hogan Court (and the scope includes Hogan Court). Staff will present the program in June and authorize engineering at that time. We would estimate that bidding will occur in August with a September award. Construction would wrap up in mid-October.



2323 Fourth Street, PO Box 483 Peru, IL 61354

Phone: 815-224-1650 Toll Free: 800-659-4659

www.testinc.com

April 8, 2025

Client: Village of Poplar Grove
Attn: Don Sattler, Village President
200 Hill Street
P.O. Box 01
Poplar Grove, IL 61065

Plant Type: Wastewater Treatment Plants: North: Class II Sequential batch reactors (SBR).
South: Class I Sequential batch reactors (SBR).
Water Treatment Plants: Well Supply with Chemical Addition in all 3 locations

For the water system you will find attached the daily inspection and monitoring reports for each of the water plants and the distribution system testing record. For the wastewater side we have included the monthly DMR for both wastewater plants.

Outlined below are the processes and actions taken during February 2025 in Poplar Grove to improve the facilities equipment beyond required and routine maintenance, testing, inspection and reporting. At times we will also list upcoming needed improvements that may need attention by the Village.

Lift Stations:

- Pulled a pump at Woodstock Road lift station. Sable rebuilt it and reinstalled it.
- Cleaned all transducers.
- Had to pull one of the lift station pumps at the main lift station at north plant it was gummed up with rags.
- Collins is scheduled to come out and clean the grease from all the lift stations.
- We towed the generator to Whiting Road lift station to test under load.
- We changed a bad float at Woodstock Road lift station.
- Made sure we had heaters in all the important lift stations to keep from having thermal issues.

North WWTP:

- All standard monthly checks/maintenance/cleaning and procedures were completed.
- Decanted digesters.
- Tested all emergency wash stations.
- Test ran generator under load for a few hours.
- Replaced the portable water shut off and float.
- We picked up the 2 blowers from W.M. Meyer that were being repaired.
- We had an ice issue in the digester that broke the decant pipe that's plastic. When that happened, we were able to plug the line that it was draining in to. David and I have been talking about a solution to repair the line. The tank will have to be taken offline to fix. At that time, we also plan to change the SAM unit in that digester because it has an electric motor issue.



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www.testinc.com

- We had the programming guys from Test come out and they are starting to work up a quote for the PLC replacement project. We don't have a hard quote but it's looking like it will be in the 150-160K area.

South WWTP:

- Decanted digesters.
- Moved sludge to drying beds.
- All standard monthly checks/Maintenance/cleaning and producers were completed.
- Tested all emergency wash stations.
- We adjusted the brushes on the influent screen.
- We performed all blower maintenance that's usually due this time of year.
- We replaced the air compressor with a new one at the south plant. The old one had a pump that failed.
- We had an issue that a chain broke on one sand filter and it came off its tracks. We have it back in line and ready to use as soon parts come to replace the chain
- We finished all the prep on the UV channel and plan to install the lights in the next week or so.

Water System:

- Cleaned well houses.
- All daily checks have been completed.
- Cleaned well house in prep for the IEPA inspection.
- We responded to the IEPA inspections. The only issue we had was no spill containment at well 2. I was hoping to let that one sneak through since it is a backup well, and we never use it for community water. The IEPA would still like spill containment under all the chemical barrels. So we will install them.

All operations and plant inspections have been performed by me or under my direct supervision. As always, if you have any questions concerning the above, please do not hesitate to contact me.

Submitted by,
Total Environmental Service Technologies, Inc.

Ion Stear
Certified Operator/Manager

DMR Copy of Record

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NEDDES/REDACTING Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit Permit #: IL0023451 Major: No Permitted Feature: 001 External Outfall		Facility: POPLAR GROVE - NORTH WTP, VILLAGE OF 205 EDSON RD POPLAR GROVE, IL 61065	
Permittee: POPLAR GROVE, VILLAGE OF 200 NORTH HILL STREET POPLAR GROVE, IL 61065 Discharge: 001-0 STP OUTFALL		Facility Location: POPLAR GROVE - NORTH WTP, VILLAGE OF 205 EDSON RD POPLAR GROVE, IL 61065	
Report Dates & Status Monitoring Period: From 02/01/25 to 02/28/25 Considerations for Form Completion BOW ID: W0070150007; DMF LOAD LIMITS DISPLAYED MONITORING LOCATION "*" IS MONTHLY AVERAGE AND DAILY MAXIMUM MONITORING LOCATION "8" IS FOR WEEKLY AVERAGE.		Status: NetDMR Validated	
Principal Executive Officer First Name: Ion Last Name: Stear No Data Indicator (NODI)		Telephone: 815-224-1650	
Certified Operator Title:		Telephone:	

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Value 1	Qualifier	Value 2	Qualifier	Value 3	
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	-	10.483	=	10.35	=	9.44	19 - mg/L
					6.0 MO AV MN	>=	4.5 MN WK AV	>=	4.0 DAILY MN	19 - mg/L
										GR - Grab
00400	pH	1 - Effluent Gross	0	-	7.23	=			12.2	12 - SU
					6.0 MINIMUM	>=			9.0 MAXIMUM	12 - SU
										GR - Grab
00530	Solids, total suspended	1 - Effluent Gross	0	-	4.364	=	10.825	=	2.875	19 - mg/L
					125.0 MO AVG	<=	250.0 DAILY MX	<=	24.0 DAILY MX	19 - mg/L
										CP - Composite
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	-	0.152	=	0.152	<	0.1	19 - mg/L
					34.0 MO AVG	<=	56.0 DAILY MX	<=	5.4 DAILY MX	19 - mg/L
										CP - Composite
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	-	0.182	=	0.325	=		9999 - Continuous
					Req Mon MO AVG		Req Mon DAILY MX			9999 - Continuous
50060	Chlorine, total residual	1 - Effluent Gross	0	-					0.05 DAILY MX	19 - mg/L
									9 - Conditional Monitoring - Not Required This Period	GR - Grab
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	-	9.107	<	9.107	<	6.0	19 - mg/L
					104.0 MO AVG	<=	209.0 DAILY MX	<=	20.0 DAILY MX	19 - mg/L
										CP - Composite

Value	Unit
Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
POPLAR GROVE, VILLAGE OF	
User:	ebungamer
Name:	Elaine Bungamer
E-Mail:	ebungamer@testinc.com
Date/Time:	2025-03-17 11:04 (Time Zone: -05:00)
Report Last Signed By	
User:	IONSTEAR
Name:	Ion Stear
E-Mail:	istear@testinc.com
Date/Time:	2025-03-25 10:35 (Time Zone: -05:00)

DMR Copy of Record

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Permit #:		IL0023451		Permittee:		POPLAR GROVE, VILLAGE OF		POPLAR GROVE - NORTH WWTP, VILLAGE OF								
Major:		No		Permittee Address:		200 NORTH HILL STREET POPLAR GROVE, IL 61065		205 EDSON RD POPLAR GROVE, IL 61065								
Permitted Feature:		INF Influent Structure		Discharge:		INF-L INFLUENT MONITORING										
Report Dates & Status		Monitoring Period:		DMR Due Date:		Status:		NotDMR Validated								
Monitoring Period:		From 02/01/25 to 02/28/25		03/25/25												
Considerations for Form Completion		BOW ID: W0070150007		Principal Executive Officer		Title:		Certified Operator								
First Name:		Ion		Last Name:		Stear		Telephone:								
No Data Indicator (NODI)		Form NODI:		-				815-224-1650								
Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Sample Permit Req. Value NODI	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00310	BOD, 5-day, 20 deg. C	G - Raw Sewage Influent	0	-											02DA - 2 Days Every Week	CP - Composite
															02DA - 2 Days Every Week	CP - Composite
00530	Solids, total suspended	G - Raw Sewage Influent	0	-											02DA - 2 Days Every Week	CP - Composite
															02DA - 2 Days Every Week	CP - Composite
50050	Flow, in conduit or thru treatment plant	G - Raw Sewage Influent	0	-											9999 - Continuous	CP - Composite
															9999 - Continuous	CP - Composite

Submission Note

If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

POPLAR GROVE, VILLAGE OF

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time: 2025-03-25 10:35 (Time Zone: -05:00)

Date/Time:

DMR Copy of Record

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Permit #:	IL0071447	Permittee:	POPLAR GROVE, VILLAGE OF	Facility:	POPLAR GROVE SOUTH STP, VILLAGE OF
Major:	Yes	Permittee Address:	200 S HILL ST POPLAR GROVE, IL 61065	Facility Location:	12211 STATE ROUTE 76 POPLAR GROVE, IL 61065
Permitted Feature:	001 External Outfall	Discharge:	001-0 STP OUTFALL	Status:	NotDMR Validated
Report Dates & Status	Monitoring Period:	DMR Due Date:	03/25/25	Telephone:	815-224-1650
Monitoring Location:	1 - Effluent Gross	Monitoring Location:	1 - Effluent Gross	Monitoring Location:	1 - Effluent Gross
Parameter Name:	Oxygen, dissolved [DO]	Parameter Name:	pH	Parameter Name:	Solids, total suspended
Season:	1	Season:	0	Season:	0
Monitoring Location:	1 - Effluent Gross	Monitoring Location:	1 - Effluent Gross	Monitoring Location:	1 - Effluent Gross
Parameter Name:	Oxygen, dissolved [DO]	Parameter Name:	pH	Parameter Name:	Solids, total suspended
Sample Type:	03DW - 3 Days Every Week	Sample Type:	03DW - 3 Days Every Week	Sample Type:	03DW - 3 Days Every Week
Frequency of Analysis:	03DW - 3 Days Every Week	Frequency of Analysis:	03DW - 3 Days Every Week	Frequency of Analysis:	03DW - 3 Days Every Week
Units:	mg/L	Units:	mg/L	Units:	mg/L
Value 1:	10.63	Value 1:	7.28	Value 1:	19 -
Value 2:	10.35	Value 2:	6.0 MINIMUM	Value 2:	19 -
Value 3:	4.5 MN WK AVG	Value 3:	8.0 MAXIMUM	Value 3:	19 -
Value 4:	4.0 DAILY MN	Value 4:	9.0 MAXIMUM	Value 4:	19 -
Value 5:	24.0 DAILY MX	Value 5:	20.7	Value 5:	19 -
Value 6:	20.7	Value 6:	20.7	Value 6:	19 -
Value 7:	20.7	Value 7:	20.7	Value 7:	19 -
Value 8:	20.7	Value 8:	20.7	Value 8:	19 -
Value 9:	20.7	Value 9:	20.7	Value 9:	19 -
Value 10:	20.7	Value 10:	20.7	Value 10:	19 -
Value 11:	20.7	Value 11:	20.7	Value 11:	19 -
Value 12:	20.7	Value 12:	20.7	Value 12:	19 -
Value 13:	20.7	Value 13:	20.7	Value 13:	19 -
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DMR Copy of Record

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the NEDES.03@epa.gov for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit		IL0071447		Permittee:		POPLAR GROVE VILLAGE OF		POPLAR GROVE SOUTH STP, VILLAGE OF	
Major:		Yes		Permittee Address:		200 S HILL ST		12211 STATE ROUTE 76	
Permitted Feature:		INF Influent Structure		Discharge:		INF-L INFLUENT MONITORING		POPLAR GROVE IL 61065	
Report Dates & Status		Monitoring Period:		DMR Due Date:		03/25/25		Status:	
Monitoring Period:		From 02/01/25 to 02/28/25		DMR Due Date:		03/25/25		Not DMR Validated	
Considerations for Form Completion		BOW ID: W0070150006		Title:		815-224-1650		Telephone:	
Principal Executive Officer		Ion Stear		DMR Due Date:		03/25/25		Status:	
First Name:		Ion		DMR Due Date:		03/25/25		Status:	
Last Name:		Stear		DMR Due Date:		03/25/25		Status:	
No Data Indicator (NODI)		Form NODI:		Monitoring Location		Season & Param. NODI		Sample Period	
Form NODI:		Form NODI:		Monitoring Location		Season & Param. NODI		Sample Period	
Code		Parameter		Monitoring Location		Season & Param. NODI		Sample Period	
00310 BOD, 5-day, 20 deg. C		G - Raw Sewage Influent		0		-		Sample Period	
00530 Solids, total suspended		G - Raw Sewage Influent		0		-		Sample Period	
00665 Phosphorus, total [as P]		1 - Effluent Gross		0		-		Sample Period	
50050 Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		-		Sample Period	
Submission Note		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Unit, Number of Excursions, Frequency of Analysis, and Sample Type.		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
Edit Check Errors		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
No errors.		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
Comments		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
Attachments		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
No attachments.		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
Report Last Saved By		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
POPLAR GROVE, VILLAGE OF		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
User:		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
Name:		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
E-Mail:		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
Date/Time:		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
Report Last Signed By		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
User:		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	
IONSTEAR		Flow, in conduit or thru treatment plant		G - Raw Sewage Influent		0		Sample Period	

Name: Ion Stear
E-Mail: istear@tesinc.com
Date/Time: 2025-03-25 10:35 (Time Zone: -05:00)

VILLAGE OF POPLAR GROVE - NORTH
FOR THE MONTH OF FEB. 2025
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF PUBLIC WATER SUPPLIES

IL0070150
MONTHLY OPERATING REPORT

Date	Time	Flow Meter		Hour Meter Well 2		Hour Meter Well 3		Chlorine Feed		Phosphate Feed		Flouride Feed		Operator Initials		
		Reading	Pumpage	Reading	Hours	Reading	Hours	Scale	lbs Used	Free	Scale	lbs Used	PO4 mg/L		Scale	lbs Used
31-Jan	09:00	467446		10065		34605.00		160.00		0.99	72		0.70	50.00		JH
1-Feb	09:00	467594	131	10065	0	34613.00	6.30	159.00	1.0	1.21	66		0.95	50.00	0.0	JH
2-Feb	09:00	467725	4298	10065	0	34619.30	203.80	158.00	55.0	1.02	60 / 100		0.88	50.00	6.5	JH
3-Feb	09:00	472023	132	10065	0	34823.10	6.30	103.00	2.0	1.13	84		0.79	43.50	0.5	JH
4-Feb	09:00	472155	128	10065	0	34829.40	6.00	101.00	3.0	1.42	78		1.26	43.00	0.0	JH
5-Feb	09:00	472283	128	10065	0	34835.40	6.10	98.00	3.0	1.25	74		0.89	43.00	0.5	JH
6-Feb	09:00	472411	103	10065	0	34841.50	4.70	95.00	2.0	1.46	68		1.01	42.50	0.5	JH
7-Feb	09:00	472514	119	10065	0	34846.20	5.70	93.00	1.0	1.21	64		0.56	42.00	0.0	Ck
8-Feb	09:00	472633	139	10065	0	34851.90	6.60	92.00	3.0	1.23	60		0.92	42.00	0.5	Ck
9-Feb	09:00	472772	172	10065	0	34858.50	8.10	89.00	3.0	1.25	54		0.71	41.50	0.5	Ck
10-Feb	09:00	472944	130	10065	0	34866.60	6.20	86.00	3.0	1.51	46/100		0.57	41.00	0.0	Ck
11-Feb	09:00	473074	127	10065	0	34872.80	6.00	83.00	2.0	1.38	92		1.07	41.00	0.0	JH
12-Feb	09:00	473201	132	10065	0	34878.80	6.20	81.00	2.0	1.43	88		0.46	41.00	1.0	JH
13-Feb	09:00	473333	130	10065	0	34885.00	6.10	79.00	3.0	1.06	82		1.14	40.00	0.0	JH
14-Feb	09:00	473463	127	10065	0	34891.10	6.10	76.00	2.0	1.39	76		0.94	40.00	0.0	JH
15-Feb	09:00	473590	135	10065	0	34897.20	6.40	74.00	3.0	1.14	72		0.97	40.00	0.3	JH
16-Feb	09:00	473725	136	10065	0	34903.60	6.40	71.00	2.0	1.40	64		1.33	39.75	0.8	JH
17-Feb	09:00	473861	144	10065	0	34910.00	6.70	69.00	3.0	1.43	58		0.78	39.00	0.0	JH
18-Feb	09:00	474005	136	10065	0	34916.70	6.40	66.00	2.0	1.07	54		0.65	39.00	0.0	JH
19-Feb	09:00	474141	123	10065	0	34923.10	5.90	64.00	3.0	1.00	48		0.82	39.00	0.3	JH
20-Feb	09:00	474264	134	10065	0	34929.00	6.30	61.00	2.0	1.34	42		0.91	38.75	0.8	JH
21-Feb	09:00	474398	128	10065	0	34935.30	6.10	59.00	2.0	1.09	38		0.75	38.00	0.0	JH
22-Feb	09:00	474526	136	10065	0	34941.40	6.30	57.00	3.0	1.99	30/100		1.08	38.00	0.0	JH
23-Feb	09:00	474662	140	10065	0	34947.70	6.70	54.00	2.0	1.75	96		0.87	38.00	0.5	JH
24-Feb	09:00	474802	135	10065	0	34954.40	6.30	52.00	3.0	1.39	90		0.49	37.50	0.5	Ck
25-Feb	09:00	474937	130	10065	0.1	34960.70	6.20	49 / 160	1.0	0.99	84		0.72	37.00	0.0	Jh
26-Feb	09:00	475067	127	10065.1	0	34966.90	6.00	159.00	3.0	1.22	78		0.90	37 / 50	0.0	Jh
27-Feb	09:00	475194	125	10065.1	0	34972.90	5.90	156.00	3.0	1.58	70		0.63	50.00	0.0	Jh
28-Feb	09:00	475319	115	10065.1	0	34978.80	5.40	153.00	2.0	1.36	64		0.62	50.00	0.0	Jh
1-Mar	09:00	475434		10065.1		34984.20		151.00		1.62	60		0.73	50.00		Ck

SIGNATURE:  Jon Stear
PHONE: 815-224-1650

VILLAGE OF POPLAR GROVE - WEST
FOR THE MONTH OF FEB. 2025
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF PUBLIC WATER SUPPLIES

IL0070350
MONTHLY OPERATING REPORT

Date	Time	Flow Meter		Hour Meter Well 4		Chlorine Feed		Phosphate Feed		Flouride Feed		Operator Initials		
		Reading	Pumpage	Reading	Hours	Scale	lbs Used	Free	Scale	lbs Used	PO4 mg/L		Scale	lbs Used
31-Jan	08:30	415248		9352		116.00		1.00	60		0.98	357.00		JH
1-Feb	08:30	415345	95	9354.5	2.3	116.00	2.0	0.81	60	1.00	0.66	356.00	2.40	JH
2-Feb	08:30	415440	127	9357	2.93	114.0	2.0	1.4	59	1	0.77	354	1	JH
3-Feb	08:30	415567	114	9359.73	2.92	112.00	2.0	1.05	40	18.00	1.40	353.00	-0.50	JH
4-Feb	08:30	415681	96	9362.65	2.34	110.00	2.0	1.00	22 / 130	6.00	1.62	353.50	10.90	JH
5-Feb	08:30	415777	96	9364.99	2.36	108.00	1.0	1.04	124	6.00	1.32	342.60	2.50	JH
6-Feb	08:30	415873	95	9367.35	2.32	107.00	2.0	0.97	118	6.00	1.08	340.10	2.00	JH
7-Feb	08:30	415968	118	9369.67	2.93	105.00	2.0	0.97	112	8.00	0.77	338.10	3.10	Ck
8-Feb	08:30	416086	95	9372.6	2.3	103.00	1.0	0.66	104	7.00	0.83	335.00	2.40	Ck
9-Feb	08:30	416181	122	9374.9	2.97	102.00	0.0	1.08	97	9.00	0.85	332.60	2.90	Ck
10-Feb	08:30	416303	131	9377.87	3.24	100.00	1.0	0.90	88	8.00	0.60	329.70	4.10	Ck
11-Feb	08:30	416434	114	9381.11	2.78	99.00	0.0	0.64	80	8.00	0.97	325.60	3.00	JH
12-Feb	08:30	416548	46	9383.89	1.12	99.00	1.0	0.51	72	4.00	0.90	322.60	1.20	JH
13-Feb	08:30	416594	73	9385.01	1.67	98.00	0.0	0.76	68	6.00	1.51	321.40	1.80	JH
14-Feb	08:30	416667	63	9386.68	1.67	98.00	1.0	1.45	62	4.00	1.83	319.60	1.80	JH
15-Feb	08:30	416730	56	9388.35	1.44	97.00	1.0	0.79	58	2.00	0.85	317.80	1.50	JH
16-Feb	08:30	416786	81	9389.79	1.93	96.00	0.0	0.69	56	6.00	1.06	316.30	1.90	JH
17-Feb	08:30	416867	67	9391.72	1.67	96.00	2.0	0.84	50	6.00	1.33	314.40	1.70	JH
18-Feb	08:30	416934	68	9393.39	1.65	94.00	1.0	0.92	44	6.00	0.95	312.70	1.60	JH
19-Feb	08:30	417002	45	9395.04	1.13	93.00	0.0	0.93	38	2.00	0.68	311.10	1.20	JH
20-Feb	08:30	417047	68	9396.17	1.68	93.00	1.0	0.79	36	2.00	1.25	309.90	1.70	JH
21-Feb	08:30	417115	68	9397.85	1.65	92.00	1.0	0.87	34	4.00	1.46	308.20	1.50	JH
22-Feb	08:30	417183	97	9399.5	2.35	91.00	1.0	0.98	30	6.00	1.53	306.70	2.10	JH
23-Feb	08:30	417280	65	9401.85	1.67	90.00	1.0	1.01	24/100	4.00	1.20	304.60	1.50	JH
24-Feb	08:30	417345	68	9403.52	1.7	89.00	1.0	1.00	96	6.00	0.86	303.10	2.50	Ck
25-Feb	08:30	417413	74	9405.22	1.7	88 / 160	1.0	1.02	90	6.00	1.64	301.6 / 429	1.50	JH
26-Feb	08:30	417487	39	9406.92	1.09	159.00	1.0	1.29	84	4.00	1.43	428.00	1.00	JH
27-Feb	08:30	417526	68	9408.01	1.68	158.00	2.0	1.33	80	6.00	2.06	427.00	1.40	JH
28-Feb	08:30	417594	68	9409.69	1.69	156.00	1.0	1.24	74	6.00	1.44	425.60	1.60	JH
1-Mar	08:30	417662		9411.38		155.00		1.11	68		0.66	424.00		Ck
TOT			2317					29.09						
AVE			83					0.97						
MAX			131					1.45						
MIN			39					0.51						

Ion Star

SIGNATURE:
PHONE: 815-224-1650

VILLAGE OF POPLAR GROVE - SOUTH
FOR THE MONTH OF FEB. 2025
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF PUBLIC WATER SUPPLIES

IL0070300
MONTHLY OPERATING REPORT

Date	Time	Flow Meter		Hour Meter Well 5		Hour Meter Well 6		Chlorine Feed		Phosphate Feed		Flouride Feed		Operator Initials		
		Reading	Pumpage	Reading	Hours	Reading	Hours	Scale	Lbs Used	Free	Scale	Lbs Used	PO4 mg/L		Scale	Lbs Used
31-Jan	10:00	635163	61	4890.3	0.9	4758.32	0	159.00	1.0	1.20	58	2.00	1.19	384.00	0.60	JH
1-Feb	10:00	635224	59	4891.2	1	4758.32	0	158.00	1.0	1.17	56	4.00	1.09	383.40	0.60	JH
2-Feb	10:00	635283	2190	4892.2	34.1	4758.32	0	157.00	42.0	0.94	52 / 100	6.00	0.13	82.8 / 45	2.00	JH
3-Feb	10:00	637473	61	4926.3	1	4758.32	0	115.00	1.0	1.04	94	4.00	0.48	454.00	0.80	JH
4-Feb	10:00	637534	61	4927.3	0.9	4758.32	0	114.00	1.0	1.14	90	2.00	1.47	453.20	0.80	JH
5-Feb	10:00	637595	59	4928.2	0.9	4758.32	0	113.00	1.0	1.07	88	4.00	0.86	452.40	0.60	JH
6-Feb	10:00	637654	58	4929.1	0.9	4758.32	0	112.00	2.0	0.97	84	2.00	0.94	451.80	0.40	JH
7-Feb	10:00	637712	59	4930	1	4758.32	0	110.00	1.0	1.65	82	2.00	0.59	451.40	0.30	Ck
8-Feb	10:00	637771	93	4931	1.4	4758.32	0	109.00	2.0	0.97	80	4.00	0.80	451.10	0.40	Ck
9-Feb	10:00	637864	60	4932.4	0.9	4758.32	0	107.00	1.0	1.34	76	2.00	0.62	450.70	0.30	Ck
10-Feb	10:00	637924	58	4933.3	0.9	4758.32	0	106.00	1.0	1.06	74	4.00	0.79	450.40	0.80	Ck
11-Feb	10:00	637982	89	4934.2	1.4	4758.32	0	105.00	1.0	0.72	70	6.00	1.19	449.60	0.00	JH
12-Feb	10:00	638071	60	4935.6	1	4758.32	0	104.00	2.0	0.88	64	2.00	0.76	449.60	0.60	JH
13-Feb	10:00	638131	62	4936.6	0.9	4758.32	0	102.00	1.0	1.10	62	4.00	0.93	449.00	-0.20	JH
14-Feb	10:00	638193	60	4937.5	1	4758.32	0	101.00	1.0	1.37	58	2.00	0.94	449.20	0.40	JH
15-Feb	10:00	638253	61	4938.5	0.9	4758.32	0	100.00	1.0	1.18	56	4.00	0.99	448.80	0.80	JH
16-Feb	10:00	638314	59	4939.4	1	4758.32	0	99.00	1.0	1.41	52	2.00	0.85	448.00	1.80	JH
17-Feb	10:00	638373	89	4940.4	1.3	4758.32	0	98.00	2.0	1.43	50	4.00	0.93	446.20	1.80	JH
18-Feb	10:00	638462	59	4941.7	1	4758.32	0	96.00	1.0	1.02	46	2.00	0.58	444.40	0.80	JH
19-Feb	10:00	638521	60	4942.7	0.9	4758.32	0	95.00	1.0	0.80	44	2.00	0.86	443.60	0.20	JH
20-Feb	10:00	638581	59	4943.6	0.9	4758.32	0	94.00	1.0	1.12	42	2.00	1.18	443.40	0.20	JH
21-Feb	10:00	638640	57	4944.5	0.9	4758.32	0	93.00	1.0	0.89	40	2.00	0.67	443.20	1.00	JH
22-Feb	10:00	638697	59	4945.4	0.9	4758.32	0	92.00	2.0	1.38	38	2.00	0.50	442.20	0.40	JH
23-Feb	10:00	638756	56	4946.3	1.5	4758.32	0	90.00	1.0	1.22	36	6.00	0.61	441.80	0.60	JH
24-Feb	10:00	638812	95	4947.8	0.9	4758.32	0	89.00	1.0	1.17	30/100	2.00	0.77	441.20	0.60	Ck
25-Feb	10:00	638907	60	4948.7	0.9	4758.32	0	88 / 160	1.0	1.16	98	6.00	1.00	440.60	1.00	JH
26-Feb	10:00	638967	69	4949.6	1.1	4758.32	0	159.00	1.0	1.15	92	4.00	1.06	439.60	1.20	JH
27-Feb	10:00	639036	79	4950.7	1.3	4758.32	0	158.00	2.0	1.23	88	4.00	1.03	438.40	1.40	JH
28-Feb	10:00	639115	56	4952	0.8	4758.32	0	156.00	1.0	1.20	84	2.00	0.93	437.00	1.40	JH
1-Mar	10:00	639171		4952.8		4758.32		155.00		1.31	82		0.50	435.60		Ck
TOT			4008				0			34.29				25.24		
AVE			138				0			1.14				0.84		
MAX			2190				0			1.65				1.47		
MIN			56				0			0.72				0.13		

SIGNATURE:  Jon Stett
PHONE: 815-224-1630

DAILY DISTRIBUTION MONITORING REPORT

VILLAGE OF POPLAR GROVE
FOR THE MONTH OF FEB. 2025
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF PUBLIC WATER SUPPLIES

Date	North System (Wells 2 & 3)				West System (Well 4)				South System (Wells 5 & 6)				Operator Initials	Slope Standard	Well #2	Well #3	Well #4	Well#5-6
	Site #	Free Cl ₂	Total Cl ₂	PO ₄	Site #	Free Cl ₂	Total Cl ₂	PO ₄	Site #	Free Cl ₂	Total Cl ₂	PO ₄						
1														103.00	0.51	0.18	0.56	
2															0.71	0.77	0.22	
3	village	0.58		1.58	gas	0.8		0.96	tower	0.93		0.47	Jh		0.50	0.25	0.19	
4	post office	1.06		1.59	oak lawn	0.87		0.96	tower	1.12		0.42	JH		0.36	0.21	0.17	
5	village	0.5		1.82	gas	0.79		1.11	tower	1.17		0.43	JH		0.40	0.58	0.36	
6	arturos	0.7		1.52	oak lawn	0.77		1.13	tower	0.86		1.06	JH		0.69	0.87	0.44	
7	School	1.27		0.85	Garage	0.91		0.75	tower	0.85		0.41	Ck		0.40	0.92	0.18	
8															0.55	0.59	0.13	
9															0.43	0.59	0.12	
10	post office	0.81		1.5	Gas	0.9		0.99	Tower	1.27		0.68	Ck		0.42	0.79	0.14	
11	village	0.91		1.83	oak lawn	0.73		0.94	Tower	1.14		0.73		96.00	0.46	0.62	0.17	
12	arturos	0.94		0.77	gas	0.55		0.98	Tower	1.05		0.69			0.41	0.63	0.14	
13	village	0.69		1.45	oak lawn	0.65		1.13	tower	0.86		1.26			0.72	1.50	0.17	
14	post office	0.97		1.44	garage	0.87		1.31	Tower	1.17		0.66			0.60	1.50	0.34	
15															0.75	0.69	0.25	
16															0.37	0.78	0.30	
17	village	0.68		1.65	gas	0.68		1	tower	1.24		1.27			0.30	0.66	0.35	
18	arturos	0.73		1.55	Oak lawn	0.72		0.74	tower	1.01		0.77			0.45	0.69	0.36	
19	village	0.51		1.41	garage	0.79		1.17	tower	1.01		0.71			0.39	0.50	0.33	
20	post office	1.23		1.65	gas	0.67		1.1	tower	1.08		0.8			0.64	1.20	0.33	
21	arturos	0.86		1.11	Oak lawn	0.71		0.74	tower	0.76		1.03			0.33	0.86	0.33	
22															0.41	1.10	0.35	
23															0.30	0.60	0.30	
24	School	1.29		0.62	Garage	0.63		0.74	Tower	0.92		0.73	Ck	103.00	0.28	0.37	0.73	
25	village	0.76		1.52	gas	0.81		1.34	Tower	0.88		0.69			0.28	0.57	0.33	
26	arturos	0.79		1.44	oak lawn	1		1.04	Tower	1.1		0.6			0.28	0.53	0.36	
27	village	0.68		1.3	gas	0.91		1.11	Tower	1.17		0.89			0.60	0.98	0.36	
28	arturos	0.7		1.76	Garage	0.89		1.04	Tower	1.13		1.02			0.47	0.67	0.33	
29																		
30																		
31																		

Signature:  Jon Stear
PHONE: 815-224-1630


✓ **Quote ID# 42944045**

Would you like to tip our guys

10%	15%	20%	Custom
-----	-----	-----	--------

 **Book This Event**

 **Contact Details**

Name	Sinae Hubbard	Email	shubbard@villageofpoplargrove.co	
Organization	Village of Poplar Grove		m	
Billing Address	200 Hill St	Phone	(815) 218-3759	
	Poplar Grove, IL 61065	Tax Exempt	No	

Event Details

Event Start	4:00pm Sat, Jun 14, 2025	Address	200 N Hill St	
Event End	9:00pm Sat, Jun 14, 2025		poplar grove, IL 61065	
		Surface	Grass - Allow Stakes	
		Delivery	Drop-Off	

Items




1 Party Rental Staff
2 - \$350.00



100ft Carnival Obstacle Course
1 - \$1,100.00



Hi there, have a question? 
Text us here.

Generator

1 - \$100.00

Item 5.

\$ Prices

Rentals	\$1,550.00
Distance Charges	\$19.15
Subtotal	\$1,569.15
Tax	+\$0.00
Total	\$1,569.15



Hi there, have a question?
Text us here.



 (815) 980-6138 (tel:8159806138)

(/)

All ▾ What can I help you find?



- 1 [Cart \(/cart/\)](/cart/)
- 2 [Customer Info \(/checkout/1/\)](/checkout/1/)
- 3 [Payment Options \(https://statelinebounce.ourers.com/pay/?otoken=105198-bvcp41umc9866-414140-ccq1bs0k4i1qj-159932\)](https://statelinebounce.ourers.com/pay/?otoken=105198-bvcp41umc9866-414140-ccq1bs0k4i1qj-159932)

Order #14747

Sat, Jun 14 4:00 → 9:00 pm

One More Step! Please review your order and complete the form below to confirm your order and finish.



Cart



Attendant per hour

Item 5.

\$35.00 x 5 = \$175.00



Attendant per hour

\$35.00 x 5 = \$175.00



65ft Radical Obstacle Course C + B

\$738.00 x 1 = \$738.00



Giant Glow Party Bounce House

\$389.00 x 1 = \$389.00

SubTotal		\$1,477.00
Tax: 0%	\$0.00	\$1,477.00
Travel Fee for Poplar Grove	\$39.00	\$1,516.00
Total		\$1,516.00
Due		\$1,516.00

Payment Options

Credit Card (Visa, MC, Disc, Amex)▼



Chair Person	Co-Chair	Marketing/Advertising	PR Relations
Oversee all Logistics	Aid Chair Person in all Logistics	All Signage	Send out Press Release to News Organizations
Update & Maintain member task list	Create Kids Activity (Passport / Bingo / Raffle)	Create FB Posts	Update & maintain PR Organization Lists
Set Event Task Timeline		Other Social Media Posts	Create List of Digital & Physical Free News Boards
Committee Member Recruitment Coordinate with Municipalities / Gov Agencies for permits/licensing, etc		Create Ad for Boone County Shopper Create Ads for Others Advertising Sources	Create Flyers to Place Around Town
Handle all Event Insurance Issues		Create List of Digital & Physical Advertising Options	

Vendor Relations	Sponsorship Relations	Volunteer Coordinator	Entertainment Coordinator
Handle all Vendor Communications	Handle all Sponsorship Communications	Handle all Volunteer Communications	Create & Maintain List of Potential Local Entertainment
Work with Chair & Co-Chair to create Vendor Application	Work with Chair & Co-chair o Create Sponsorship Letter & Opportunities	Work with Chair & Co-chair to determin Volunteer Needs	Schedule and/or Recruit Entertainment
			Create Entertainment Schedule for Event
Create Sign-up Vendor events	Create & Maintain List of Potential Sponsors	Create & Maintain Possible Volunteer List	
	Work with Marketing/PR to Thank Sponsors through Social Media, Advertising, & Signage		Handle all Entertainment Communications
Create & maintain Vendor List		Recruit Volunteers	Be present Day of Event to Check in Entertainers
Create & Maintain Vendor Group on FB		Create Volunteer Schedule for the Day of the Event	
		Be Present day of Event to Check in/Check out	Ensure final Payments (if needed) on Day of
Create Vendor Booth Assignments with Site Map		Voluteers	
Create Vendor Booth Set-up			
Schedule			
Create Vendor Follow-up			
Survey for after the Market			
Create THANK YOU Cards for all participating Vendors			

Treasurer

Create & Maintain Budget

Collect all Monies from Vendors

Collect all Monies from Sponsors

Collect all Reciepts

Pay any outside Liabilities

Audit/Reconcil Bank

Have Payout Envelopes for Day of

Provide Reciepts to Sponsors

SUGGESTIONS FOR UPCOMING EVENT

Corn Boil	FOOD & BEV	PG - Lions
Pork Chops	FOOD & BEV	PG - Lions
Kids Carnival Games	KIDS	PG - Lions
Walking Path Ribbon Cutting	KIDS / ADULTS	PG - Lions
Bike Parade	KIDS / ADULTS	PG - Lions
Beer Vendors	FOOD & BEV	Fire Station
Wine Vendors	FOOD & BEV	Fire Station
Street Dance	ADULTS	Fire Station
Petting Zoo	KIDS	Village Hall
Bounce Houses	FOOD & BEV	Village Hall
Fireworks	KIDS / ADULTS	Village Hall
Craft Fair??	ADULTS	
Flea Market	ADULTS	
Silent Auction??	ADULTS	
Corn-Hole Tournament?	KIDS / ADULTS	
Football Scrimage?	KIDS / ADULTS	
Oscar Mike Basketball?	KIDS / ADULTS	
Tractor Show?	KIDS / ADULTS	
Car Show?	KIDS / ADULTS	
Membership Tent - Sign Up New Members / Volunteer Check-In		
Jamican Jerk Food Truck		
Date Change to August		
Painted on the Ground Twister Board		
Face painting		
Frisbee Tic-tac-toe		
Hula Hoops		
Raffle?		

Goal: To provide Poplar Grove with a Goodwill Community Event

Objective:

	Project/Event with Action	Project/Event Target Date	Assigned Team Member	Date Completed
JAN				
FEB				
MARCH	Meet as a committee to elect sub-chairs Assign & Review Sub-Chair responsibilities Review Round Up Meeting Notes Decide additional events, activities Create New Sponsorship Opportunities & Send out Letters Create FB Event Work on Booking event activities			
APRIL	Send Out Sponsorship packets & brochures Design Promotional Event Signage Distrbute flyers to local area businesses Begin Marketing campaign			
MAY	Place Ad in Boone County Shopper for the last 2 weeks prior to event Develop a sign-up list for volunteers Arrange for port-a-potties Prepare Press releases & Deploy Pd Advertising Create Site Map for Event Create Day of Schedule Take Inventory of supplies (Order more temporary tatoos if necessary)			
2 Weeks to Event JUNE	Contact Police Dept about ticketing Determine Placement of Tables and Chairs Gather Supplies for Event			
Day Of Event	Follow-up on Concessionaires Collect fees from Concessionaires			
After Event	Send Out Follow UP Vendor Surveys Send Out Sponsorship Thanks Yous			

Work Plan 2005
Revised 5-12-05

Downtown Crystal Lake /
Johnny Appleseed Festival
Saturday September 24, 2005
ATTACHEMENT A

PEvent Chair: Kristi Richardson
Co-Chair: Open

Event Name: Neighbors Night **Budget** \$20,000
Event Date: 6.14.25
Event Location: Village Hall
Actual

INCOME SUMMARY:

Name	Activity Description	Proposed	Actual	\$ In-Kind	\$ Total
		\$ -	\$ -		
		\$ -	\$ -		
		\$ -	\$ -		
		\$ -	\$ -		
		\$ -	\$ -		
		\$ -	\$ -		
		\$ -	\$ -		
		\$ -	\$ -		
		\$ -	\$ -		
Total Income		\$ -	\$ -	\$ -	\$ -

EXPENSE SUMMARY:

Name	Activity Description	Proposed	Actual	\$ In-Kind	\$ Total
Fireworks	Entertainment	\$ 17,500.00	\$ 17,500.00		
Obstacle Course & Bounce House	Entertainment	\$ 1,600.00			
DJ	Entertainment	\$ 700.00			
Petting Zoo	Entertainment	\$ -			
Outside Games	Entertainment	\$ 150.00			
FB Marketing	Marketing	\$ 50.00			
Boone County Shopper Ad	Marketing	\$ -			
Total Expenses		\$ 20,000.00	\$ 17,500.00	\$ -	\$ -
Net Income		\$ (20,000.00)	\$ (17,500.00)	\$ -	\$ -
Remaining Budget		\$0.00	\$2,500.00		

ACTIVITIES

Yard Games???

Bubbles, Chalk, Etc??

ENTERTAINMENT

Fireworks

Obstacle Course

Bounce House

Fire Station / Boone County

Sherrif / VPG / EMS?? /

FARM???

Touch - A Truck

Bookmobile

Empower Boone

DJ

FOOD

Popcorn - Provided by Trustee Goings

Arturo's

Kona Ice

Pizza Fresca???

Sign-Up Time	Total Hours	Activity/Booth	NAME
12:00pm to 2:00pm		Set-Up	
12:00pm to 2:00pm		Set-Up	
12:00pm to 2:00pm		Set-Up	
12:00pm to 2:00pm		Set-Up	
12:00pm to 2:00pm		Set-Up	
12:00pm to 2:00pm		Set-Up	
12:00pm to 2:00pm		Set-Up	
12:00pm to 2:00pm		Set-Up	
12:00pm to 2:00pm		Set-Up	
12:00pm to 2:00pm		Set-Up	
1:30pm to 4:30pm		Volunteer & PG Lions Booth	
1:30pm to 4:30pm		Volunteer & PG Lions Booth	
4:30pm to 7:00pm		Volunteer & PG Lions Booth	
5:00pm to 7:00pm		Volunteer & PG Lions Booth	
2:00pm to 4:30pm		Concession Stand	
2:00pm to 4:30pm		Concession Stand	
2:00pm to 4:30pm		Concession Stand	
2:00pm to 4:30pm		Concession Stand	
2:00pm to 4:30pm		Grill Station	
2:00pm to 4:30pm		Grill Station	
5:00pm to 7:30pm		Concession Stand	
5:00pm to 7:30pm		Concession Stand	
5:00pm to 7:30pm		Concession Stand	
5:00pm to 7:30pm		Grill Station	
5:00pm to 7:30pm		Grill Station	
1:00pm to 4:00pm		Parking Attendant	
1:00pm to 4:00pm		Parking Attendant	
5:00pm to 7:30pm		Parking Attendant	
3:30pm to 5:30pm		Garbage Patrol / Bathroom Checks	
5:30pm to 7:30pm		Garbage Patrol / Bathroom Checks	
7:00pm to done		Clean-Up	
7:00pm to done		Clean-Up	
7:00pm to done		Clean-Up	
7:00pm to done		Clean-Up	
7:00pm to done		Clean-Up	
7:00pm to done		Clean-Up	
7:00pm to done		Clean-Up	
7:00pm to done		Clean-Up	
7:00pm to done		Clean-Up	
7:00pm to done		Clean-Up	
7:00pm to done		Clean-Up	

VENDOR NAME**PHONE NUMBER**

North Boone Youth Baseball & Fastpitch Softball
Northern Illinois Vintage Tractor & Engine Association
5 B's Catering Service
Satters Shake Ups & Sweet Corn
Scouts of American Troop 126
North Boone District #3 Firefighters
Boone County EMA - IL
Boone County Sheriffs Office
Tilfords Auto & Towing

NA
NA
815-264-7752
815-222-6161
815-978-5829
815-765-3366
815-544-9322
815-544-9322
815-765-9994

TIME**ANNOUNCEMENT**

1:00pm	Make sure to grab your Pork Chop Meal from 5 B's until 2pm. Meal includes 2 pork chops, baked beans, applesauce, coleslaw & a dinner roll with butter. Located at the grills near the Lion's Park Concession Stand
1:30pm	Take some time to check out all the amazing Historical Tractors on display courtesy of the Northern Illinois Vintage Tractor & Engine Association. This great organization is also providing the Tractor Drawn Wagon Parking Shuttle today from 10am to 6pm taking guest to additional parking at the Poplar Grove Elementary Building & along the side streets. Coming up in 15 mins...the Walking Path Ribbon Cutting Ceremony. Ceremony will be located behind concession stand & near the playground
1:30pm	Immediately after the Walking Path Ribbon Cutting Ceremony stop by the small pavilion to have the kiddo grab a ribbon wand, a tempory tatto, or a mini bubbles for the Inaugral Walking Path Fun Walk. Check out the new walking path throughout the day.
1:45pm	Coming up in 15 mins...the Bounce Houses & Petting Zoo located in the grass behind the Village Hall will be Open Last Call for 5B's Pork Chop Meal
2:00pm	Need to cool off or use the Restroom? The Village Hall building is open with a few activities for the kids, such as coloring, sticker page making, or lego building Thirsty or looking for a snack. Head over to Satters Sweet Corn or Grab a refreshing Lemonade. Located in the Parking Lot of Lions Park
2:15pm	Lions Club would like to Say Thank You to several of it's sponsors who have helped make the new walking path a reality...Thank You... All World Machinery Supply, Arturo's Mexican Restuarant, Bob & Judy Kemp, Bob & Madeline Walberg, Bryon Bank, Conserv FS, Dan Heath, Don & Karen Lindberg, Fayne Kneip, Frank & Kay Bullard, Kunes Auto Group of Belvidere, Flower Bin etc, Gallano Family & Glenn & Karin Herrmann At 3:30pm today there will be an adult 16" Chicago Style Softball Game on Diamond 1. There are a few spots available if you would like to play. Gloves are not needed. Head over to the Information Booth to sign-up.
2:30pm	At any time during the event you have questions or concerns, please visit the Information Booth Located in Lions Park near the Playground. Also Restrooms are available throughout the event. Located at the Village Hall, Across from the Fire Station, or in Lion's Park behind Diamond 1 Baseball Field near the Park Enterance.
2:45pm	Coming up in 15 mins - the Touch-a-Truck event will kickoff and run until 6pm. Come over to see all these vehicles upclose. Also coming Up in 15 mins in the Village Hall Parking Lot Empower Boone Food Pantry will be giving away free produce until its all gone, & the IDA Belivdere Mobile Library is on hand to encourage reading this summer. Join us in 15 mins at Diamond for the Awards presentation for the Boy 8U Cross Town Classic Tournament. Located at Diamond 1
3:00pm	If your hungry...Auntie Anne's Preztels & Arturos is now open, located in the Village Hall Parking Area. Grab a Taco, Preztel, a beer or margarita Coming up in 30 mins - Kids Kickball Game on Diamond 3 & the Adult 16" Chicago Style Slow Pitch Softball Game on Diamond 1

3:15pm	<p>Lions Club would like to Say Thank You to several of it's sponsors who have helped make the new walking path a reality...Thank You...H&R Block, Jeff Lindberg, Kasper Ag, Ken & Barb Hall, Kent & Teri Kniep, McCurdy Tool & Machine, Minnihan's Tree Service, & North Boone Fire Protection District #3</p> <p>Last Call for Concession Stand Food Purchases as the Lion's Club Concession Stand will be closing at 3:30pm today.</p>
3:30pm	<p>Lions Club & the Village Hall would like to say Thank you to all the participants in today's events...Thank You...North Boone Youth Baseball & Softball, Northern Illinois Vintage Tractor & Engine Association, 5 B's Catering, Satter Sweet Corn & Lemonade, RPMS Complete DJ Service, Four Season Amusements & A Zoo to You.</p>
3:45pm	<p>The Tractor Drawn Wagon Parking Shuttle today from 10am to 6pm taking guest to additional parking at the Poplar Grove Elementary Building & along the side streets.</p>
4:00pm	<p>At any time during the event you have questions or concerns, please visit the Information Booth Located in Lions Park near the Playground.</p> <p>In the mood for a slice of Pizza? We've got you covered. Pizza Fresca is now open. They are located in the Village Hall Parking Lot.</p>
4:15pm	<p>Lions Club would like to Say Thank You to several of it's sponsors who have helped make the new walking path a reality...Thank You...The Poplar Grove Airport, The Pumpkin Patch, Roberston Lock Service, Solutions Bank, Stolberg, Carlson, & Associates, Poplar Grind, Tilford's Towing & the Village of Poplar Grove</p>
4:30pm	<p>Don't forget there will be fireworks tonight starting at dusk. If you have access to Village of Poplar Grove's Facebook page you can listen to music along side the fireworks show. Also Restrooms are available throughout the event. Located at the Village Hall, Across from the Fire Station, or in Lion's Park behind Diamond 1 Baseball Field near the Park Entrance.</p>
4:45pm	<p>Coming up in 15 mins...the Scouts of America Troop 126 will be performing the Flag Retirement & Burning Ceremony located near Diamond 3 baseball field.</p>
5:00pm	<p>Lions Club & the Village Hall would like to say Thank you to all the participants in today's events...Thank You...Boone County Sheriff's Dept, IDA Belvidere Mobile Library, Empower Boone Food Pantry, Harvard GMC, North Boone District #3 Firefighters, Boone Country EMA, Waste Management, Tilford's Towing, Auntie Anne's Pretzels, Scouts of America Troop 126, Pizza Fresco & Arturo's Mexican Resturant.</p>
5:30pm	<p>Coming up at 7pm this evening you can catch the Viewing of Monsters Inc at the Village Hall before the big Fireworks Display.</p> <p>That's right the Fireworks display will start at Dusk. If you have access to Village of Poplar Grove's Facebook page, you can listen to corresponding music to go with the Fireworks display.</p>
5:45pm	<p>Last Call for the The Tractor Drawn Wagon Parking Shuttle to take you back to your vehicle at the Poplar Grove Elementary School.</p>
6:00pm	<p>Also Restrooms are available throughout the event. Located at the Village Hall, Across from the Fire Station, or in Lion's Park behind Diamond 1 Baseball Field near the Park Entrance.</p>
6:45pm	<p>Coming up in 15 Mins, head over to the Village Hall to grab your Popcorn to find a seat for the Monsters Inc movie before the fireworks.</p>

Event	Supply Item
Volunteer Check In Booth	Check In Sheet
Lions Club Info Booth	Pens
	Clipboard
	Pop-Up Tent with weights
	List of Events with Times & Location
	Walkie Talkies? - Village Hall
	Printed Event Maps
	Donations Jar?
	2 Chairs
	Membership Pamphlets
	Sign with Lions Club Charities Info?
	Sign - INFORMATION
	Table
Concessions	LP Tank
	Caution Tape
	Sale Flag Banner (Small Triangles)
Yard Games	Corn Hole Boards & Bags
	Playground Balls x 2
	Basket Balls for Shooting x4-8
	Large Container / Box to hold Yard Game Bags & Balls
	Yard Game Equipment Check-in / Check Out Sheet
Temporary Tattoos	Tattoos
	Cellous Sponges Cut into 1-3/4" x 2"
	Paper Towels
	Bin(s) for water
	Mirror (for face tattoos)?



Estimate

Quote Date: 5/5/2025

Quote #: 23730

Quoted To:

Signature Streetscapes
2350 South Getty Street
Muskegon, MI 49444
800-705-1446

Remit Payment to:
Signature Streetscapes
2350 South Getty Street
Muskegon, MI 49444
Toll Free: 1-800-705-1446

**Please reference or include this
quote with your payment**

Project Reference		Estimate Good For	Payment Terms	
Ravens Crest		60 Days	Prepaid Credit Card	
Item ID	Quantity	Description	Unit Price	Amount
Assembly-HERI... ES_ASMED-NR	2	60" x 42" x .250", Arch Scallop Shape MAXMETAL, non-reflective (NR) full color printed Entrance Sign *pre-mounted to sign rack*	680.50	1,361.00
ES_RACKMED	1	Medium Sign Rack (fits all MED-style Entrance Signs) .500" x 2" channel vertical pole attachment brackets, 3" x .375" solid aluminum cross bars	378.00	378.00
FL-0408	2	4" diameter, 8'-0" FLUTED aluminum sign pole, BLACK finish	124.50	249.00
FN-0104	2	4" ACORN Finial, BLACK finish	49.00	98.00
BS-04F	2	MINI-AMERICANA base for 4" diameter pole, single piece, BLACK finish	113.50	227.00
		Heritage Assembly Total: includes components above, all hardware for assembly included		2,313.00
FREIGHT	1	FREIGHT CHARGES Tracking #: TBD	435.00	435.00
			Total	\$2,748.00

Port City Architectural (DBA Signature Streetscapes) must approve any changes, additions, or deletions made to the estimate as they may affect final price. All products ship FOB Muskegon, Michigan with freight/shipping charges added to the final invoice unless otherwise stated. This estimate does not include taxes, unless applicable. Payment is due in full. Deposit of 50% is required for estimates over \$10,000 with the balance due before shipment unless other credit terms have been established. This estimate is valid for 60 days. If necessary, legal action or collection agency involvement will be instituted to enforce payment, buyer agrees to reimburse Port City Architectural for all costs incurred and attorney fees.

Thank-You For Contacting Us!



Decorative Solutions for Communities

1-800-705-1446

www.signaturestreetscapes.com

RAVENS CREST

Order / Quote #23730



4" x 8'-0" POLE (x2)

4" DIAMETER FLUTED POLE
WALL THICKNESS: .125
EXTRUDED ALUMINUM: ALLOY 6063



FINIAL: FN-0104 (x2)

ACORN FINIAL FOR 4" OD POLE
HEIGHT: 8.25"
WIDTH: 5.50"
CAST ALUMINUM: ALLOY 356

* fastens with (3) 1/4-20 x 3/8" stainless steel set screws provided



BASE: BS-04F (x2)

MINI-AMERICANA (1 pc.)
FITS 4" OD POLE
HEIGHT: 10.25"
WIDTH: 9.00"

CAST ALUMINUM: ALLOY 356

* fastens with (3) 1/4-20 x 3/8" stainless steel set screws provided

APPROVED

- ☐ AS IS
- ☐ AS CORRECTED
- ☐ REVISE & RESUBMIT

AUTHORIZED SIGNATURE

DATE



ENTRANCE SIGN (x2)

60" x 42"
.250" MAXMETAL
3M HIGH PERFORMANCE VINYL
PMS: 7448C NON-REFLECTIVE BACKGROUND
GOLD REFLECTIVE COPY
MOUNTED BACK-TO-BACK ON
MEDIUM SIGN RACK

50%
REDUCED

DOES NOT MEET MUTCD STANDARDS

THIS RENDERING IS AN APPROXIMATION FOR LAYOUT PURPOSES ONLY.
THE ACTUAL PRODUCT AND COLOR MAY VARY SLIGHTLY DUE TO MANUFACTURING PROCESSES.
NOTE : PLEASE REVIEW SHOP DRAWING CAREFULLY AND NOTE CORRECTIONS.
AUTHORIZED SIGNATURE AND DATE REQUIRED TO BEGIN MANUFACTURING PROCESS.

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We assume no responsibility for spelling or content errors once customer has approved artwork.
Colors may not be consistent with actual finished product.

**CUSTOMER IS FULLY RESPONSIBLE FOR ENSURING
ALL STANDARDS ARE MET WITHIN THEIR CITY/TOWNSHIP.**

CONCRETE FOOTER
(OPTIONAL)

24" POST BURIAL DEPTH
RECOMMENDED

Bennett's Crossing Entrance Sign



Bridlewood / Westergren Entrance Signs



Bridlewood / Westergren Entrance Median



Olson Woods



Prairie Green Entrance Sign



Prairie Green Entrance Median



Raven's Crest Entrance Median Area



Sherman Oaks Entrance Sign



ORDINANCE 2024-12

AN ORDINANCE OF THE VILLAGE OF POPLAR GROVE, ILLINOIS ESTABLISHING TITLE 1, CHAPTER 5, SECTION 1-5-5 OF THE VILLAGE'S CODE OF ORDINANCES REGARDING A CODE OF PERSONAL CONDUCT

WHEREAS, the Village of Poplar Grove, Illinois ("Village") has adopted a Code of Ordinances ("Village Code"); and

WHEREAS, the Village Code Title 1 "Administration," Chapter 5 "Village Board of Trustees," addresses how the meetings of the Village Board of Trustees are to be conducted; and

WHEREAS, the Village now desires to establish a new Section 1-5-5 to establish a code of personal conduct for elected officials (or person appointed to fill a vacancy in elected office) at meetings of the Village Board of Trustees; and

WHEREAS, the Village has determined that such establishment of a code of personal conduct for elected officials (or person appointed to fill a vacancy in elected office) is in the best interest of the Village and its citizens.

NOW THEREFORE, be it ordained by the President and Board of Trustees for the Village of Poplar Grove, Illinois, as follows.

1. The above-recitals are incorporated herein and made a part hereof.
2. That Title 1, Chapter 5, of the Village Code, is hereby amended by establishing a new Section 1-5-5 to be entitled "Personal Conduct of Village Elected Officials (Or Person Appointed to Fill a Vacancy in Elected Office) at Village Board Meetings" which shall read as follows: (deletions identified by strikethroughs and additions by bold and underline):

"1-5-5. – PERSONAL CONDUCT OF VILLAGE ELECTED OFFICIALS (OR PERSON APPOINTED TO FILL A VACANCY IN ELECTED OFFICE) AT VILLAGE BOARD MEETINGS.

- A. **No Village elected official (or person appointed to fill a vacancy in elected office) is permitted to act or appear in a disgraceful or disorderly manner at any Village Board meeting which includes, but is not limited to:**
 1. **Continuing to speak without being recognized by the Village President or presiding officer of the meeting;**
 2. **Interrupting other recognized speakers;**
 3. **Disregarding a ruling or order from the Village President or presiding officer of the meeting;**

4. Making audible side remarks during the deliberations of the Village Board;
 5. Using profanity in a manner that disrupts or interferes with conducting a Village Board meeting;
 6. Engaging in arguments with members of the public in attendance;
 7. Engaging in physical movements that are perceived to be threatening; or
 8. Using belligerent, threatening, abusive terms to describe Village officers, employees, contractors, members of the audience or members of the community.
- B. Any Village elected official (or person appointed to fill a vacancy in elected office) acting in a manner that is contrary to the personal conduct provisions in this Section and failing to obey an order of the Village President or presiding officer to discontinue said misconduct shall be admonished that if such misconduct continues, the elected official (or person appointed to fill a vacancy in elected office) may be subject to being expelled from the remainder of the meeting. If after being admonished by the Village President or presiding officer the misconduct continues, a motion to expel the elected official (or person appointed to fill a vacancy in elected office) may be made and seconded. A vote of two-thirds of all members of the Village Board then holding office is required for expulsion. If the motion to expel passes, the expelled elected official (or person appointed to fill a vacancy in elected office) shall be asked to leave the meeting. If the expelled elected official (or person appointed to fill a vacancy in elected office) refuses to leave the meeting, the Village Board may take action to recess or adjourn the meeting until the expelled elected official (or person appointed to fill a vacancy in elected office) leaves. No elected official (or person appointed to fill a vacancy in elected office) may be expelled a second time for the same incident.
3. Except as amended in this Ordinance, all other provisions and terms of Village Code of Ordinances shall remain in full force and effect as previously enacted except that those ordinances, or parts thereof, in conflict herewith are hereby repealed to the extent of such conflict.
 4. This Ordinance shall be in full force and effect from after its passage, approval, and publication in pamphlet form as provided by law.

PASSED UPON MOTION BY STRAW

SECONDED BY DAVIES

BY ROLL CALL VOTE THIS 14 DAY OF MAY, 2024

AS FOLLOWS:

VOTING “AYE”: Trustee Straw, Trustee Davies, Trustee Moore, President Sattler

VOTING “NAY”: Admin Chairman Costanza, Finance Chairman Goings, Trustee
Cheek

ABSENT, ABSTAIN, OTHER _____

APPROVED ____May 14_____, 2024

ATTEST:

Karri Miller
CLERK

Don Sattler_____
PRESIDENT

ORDINANCE 2024-07

AN ORDINANCE OF THE VILLAGE OF POPLAR GROVE, ILLINOIS AMENDING TITLE 1, CHAPTER 5, SECTION 1-5-2 OF THE VILLAGE'S CODE OF ORDINANCES

WHEREAS, the Village of Poplar Grove, Illinois ("Village") has adopted a Code of Ordinances ("Village Code"); and

WHEREAS, the Village Code Title 1 "Administration," Chapter 5 "Village Board of Trustees," Section 1-5-2 provides for Electronic Attendance at Meetings; and

WHEREAS, the Village now desires to amend Section 1-5-2 A. to add procedural steps required of the Village Clerk when a request for electronic participation is received and to state that permission will not be given without a permissible reason for electronic attendance is provided; and

WHEREAS, the Village has determined that such amendments are in the best interest of the Village and its citizens.

NOW THEREFORE, be it ordained by the President and Board of Trustees for the Village of Poplar Grove, Illinois, as follows.

1. The above-recitals are incorporated herein and made a part hereof.
2. That Title 1, Chapter 5, Section 2 of the Village Code, is hereby amended which shall read as follows: (deletions identified by strikethroughs and additions by bold and underline):

"1-5-2. - ELECTRONIC ATTENDANCE AT MEETINGS.

A member of the corporate authorities of the Village of Poplar Grove (hereinafter "member") may attend any open meeting of the corporate authorities via electronic means (such as by telephone, video or internet connection) provided that such attendance is in compliance with this section and with any applicable laws.

- A. A member wishing to attend a meeting electronically should notify the Village Clerk at least 24 hours prior to the meeting, unless impractical, so that necessary communications equipment can be arranged. Inability to make the necessary technical arrangements will result in denial of a request for electronic attendance. Upon receiving the electronic attendance request, the Village Clerk shall inform the Village President ~~of the request~~ **and members of the board what specific permissible reason for the attendance request was given by the member. If a permissible reason was not given by the member or if the Village President and members of the board physically present were not provided a permissible reason for the attendance request prior to a vote on a motion to authorize the request, the Board cannot approve the request.**

- B. A member may only attend an open meeting electronically if that member is unable to physically attend because of: (1) personal illness or disability; (2) employment purposes or Village business; ~~or~~ (3) a family or other emergency, **or (4) unexpected childcare obligations**. A member who is appearing at an open meeting electronically may not attend any portion of that meeting that is closed pursuant to the Illinois Open Meetings Act.
- C. In order for a member to attend a meeting electronically a quorum of the Board must be physically present throughout the meeting and a motion authorizing the member's electronic presence is made, seconded, and approved by two-thirds of the members physically present at the meeting. If said motion achieves the required vote by the members physically present at the meeting, then the request by the member to attend the meeting electronically shall be approved, and the Village Clerk shall announce the member present electronically at the time the result of the vote is announced by the presiding Officer. If said motion fails to achieve the required vote by the members physically present at the meeting, then the request by the member to attend the meeting electronically shall be denied, and the Village Clerk shall declare the requesting member absent. After the results of the vote on said motion is announced by the presiding Officer, the question of a member's electronic attendance may not be reconsidered.
- D. The member participating electronically must be able to communicate effectively with all other participants in the meeting, and members of the audience must be able to hear all communications at the meeting site.
- E. Any member attending electronically shall be considered an off-site attendee and counted as present electronically for that meeting. The meeting minutes shall also reflect and state specifically whether each member is physically present or present by electronic means.
- F. Reserved.
- G. A member permitted to attend electronically will be able to express his or her comments during the meeting and participate in the same capacity as those members physically present, subject to all general meeting guidelines and procedures previously adopted and adhered to. The member attending electronically shall be heard, considered, and counted as to any vote taken. Accordingly, the name of any member attending electronically shall be called during any vote taken, and his or her vote counted and recorded by the Village Clerk and placed in the minutes for the corresponding meeting. A member attending electronically may leave a meeting and return as in the case of any member, provided the member attending electronically shall announce his or her leaving and returning."

- 3. Except as amended in this Ordinance, all other provisions and terms of Village Code of Ordinances shall remain in full force and effect as previously enacted except that those ordinances, or parts thereof, in conflict herewith are hereby repealed to the extent of such conflict.
- 4. This Ordinance shall be in full force and effect from after its passage, approval, and publication in pamphlet form as provided by law.

PASSED UPON MOTION BY _____

SECONDED BY _____

BY ROLL CALL VOTE THIS _____ DAY OF _____, 2024

AS FOLLOWS:

VOTING “AYE”: _____

VOTING “NAY”: _____

ABSENT, ABSTAIN, OTHER _____

APPROVED _____, 2024

ATTEST:

CLERK

PRESIDENT



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

P506PSN Blue Precision Platinum HMOSM 107 – Rx Copays

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit

www.bcbsil.com/bb/grp/bb_phsg11bavsil_0205.pdf or by calling 1-800-892-2803. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Individual: Participating \$1,750 Family: Participating \$5,250	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com/blueprecisionhmo or call 1-800-892-2803 for a list of Participating Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15/visit	Not Covered	None
	Specialist visit	\$45/visit	Not Covered	Referral required.
	Preventive care/screening/immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	\$45/test	Not Covered	Referral required.
	Imaging (CT/PET scans, MRIs)	\$250/test	Not Covered	Referral required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsil.com/rx25h/6T	Generic drugs (Preferred)	Retail - \$5/prescription Mail - \$15/prescription	Not Covered	Limited to a 30-day supply at retail (or a 90-day supply at a <u>network</u> of select retail pharmacies). Up to a 90-day supply at mail order. <u>Specialty drugs</u> are limited to a 30-day supply except for certain FDA-designated dosing regimens. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. Any differences between the cost of the generic drug and the cost of the brand name drug will apply to the <u>deductible</u> or out-of-pocket maximum. The applicable <u>cost sharing</u> (by tier) and the cost difference between the generic and brand will never exceed the overall cost of the drug. The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed \$100, when obtained from a Participating Pharmacy.
	Generic drugs (Non-Preferred)	Retail - \$15/prescription Mail - \$45/prescription	Not Covered	
	Brand drugs (Preferred)	Retail - \$60/prescription Mail - \$180/prescription	Not Covered	
	Brand drugs (Non-Preferred)	Retail - \$110/prescription Mail - \$330/prescription	Not Covered	
	<u>Specialty drugs</u> (Preferred)	\$250/prescription	Not Covered	
	<u>Specialty drugs</u> (Non-Preferred)	\$350/prescription	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100/visit	Not Covered	Referral required. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Physician/surgeon fees	\$45/visit	Not Covered	
If you need immediate medical attention	<u>Emergency room care</u>	\$300/visit	\$300/visit	Per occurrence <u>copayment</u> waived upon inpatient admission.
	<u>Emergency medical transportation</u>	No Charge	No Charge	None
	<u>Urgent care</u>	\$45/visit	Not Covered	Must be affiliated with member's chosen medical group or <u>referral</u> required.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$150/visit	Not Covered	<u>Referral</u> required.
	Physician/surgeon fees	No Charge	Not Covered	<u>Referral</u> required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15/office visit; No Charge for other outpatient services	Not Covered	<u>Referral</u> may be required. Telepsychiatry benefits are available; see your benefit booklet* for details.
	Inpatient services	\$150/visit	Not Covered	<u>Referral</u> required.
If you are pregnant	Office visits	Primary Care: \$15/initial visit Specialist: \$45/initial visit	Not Covered	Copayment applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a copayment may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	No Charge	Not Covered	
	Childbirth/delivery facility services	\$150/visit	Not Covered	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	Not Covered	<u>Referral</u> required.
	<u>Rehabilitation services</u>	\$45/visit	Not Covered	<u>Referral</u> required.
	<u>Habilitation services</u>	\$45/visit	Not Covered	<u>Referral</u> required.
	<u>Skilled nursing care</u>	No Charge	Not Covered	<u>Referral</u> required.
	<u>Durable medical equipment</u>	No Charge	Not Covered	<u>Referral</u> required.
	<u>Hospice services</u>	No Charge	Not Covered	<u>Referral</u> required.
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	One visit per year. See your benefit booklet* for details.
	Children's glasses	No Charge	Not Covered	One pair of glasses per year up to age 19. See your benefit booklet* for details.
	Children's dental check-up	No Charge	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Dental care (Adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Chiropractic care (Chiropractic and Osteopathic manipulation limited to 25 visits per calendar year)
- Cosmetic surgery (only for the correction of congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)
- Hearing aids (1 per ear every 24 months)
- Infertility treatment (covered for 4 procedures per benefit period)
- Private-duty nursing (with the exception of inpatient private-duty nursing)
- Routine eye care (Adult, 1 visit per benefit period)
- Routine foot care (when medically necessary)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-892-2803 or www.bcbsil.com, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-892-2803 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at 1-877-527-9431 or visit <http://insurance.illinois.gov>.

Does this plan provide Minimum Essential Coverage? **Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? **Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-892-2803.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-892-2803.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-892-2803.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$45
■ Hospital (facility) copayment	\$150
■ Other	\$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$1,060

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$45
■ Hospital (facility) copayment	\$150
■ Other	\$0

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,220

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$45
■ Hospital (facility) copayment	\$150
■ Other	\$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$700
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$700



BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

	To receive language or communication assistance free of charge, please call us at 855-710-6984.
Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاًناً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinit's'á'góó, shá ata' hodooni nínízingo, t'áájíik'eh bee náhaz'á. 1-866-560-4042 jì' hodiilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلات کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.

Village of Poplar Grove

Dental Plan Analysis

July 1st, 2025 Renewal



Broadmoor
Agency
Inc.

		Current Humana		Renewal Humana	
		IL TRP O2K UC 19		IL TRP O2K UC 19G6:H29G6:H30G6:H31G6:H30G6	
Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible					
Single/Family		\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150
Annual Plan Max.		\$2,000		\$2,000	
Includes Rollover/Carryover?		Yes,30% Extended Annual Max		Yes,30% Extended Annual Max	
Benefits					
Type I - Prev. & Diagnostic		100%	100%	100%	100%
Deductible Waived (Yes/No)		Yes		Yes	
Type II - Basic Service		80%	80%	80%	80%
Type III - Major Services		50%	50%	50%	50%
Type IV - Orthodontic Services		50%	50%	50%	50%
Orthodontia Lifetime Max		\$2,000		\$2,000	
Orthodontia Age Limit		Child & Adult		Child & Adult	
Perio & Endo Benefits					
Perio - Non-Surg/Surg		80%	80%	80%	80%
Endo - Non-Surg/Surg		80%	80%	80%	80%
Waiting Periods		12 Months Major		12 Months Major	
Other Features					
Claims Reimbursements		Negotiated Fee	90%	Negotiated Fee	90%
Annual Open Enrollment Allowed?		Yes		Yes	
Min. Participation Req.		50%		50%	
Network Name		Humana Traditional Preferred		Humana Traditional Preferred	
Network Website		www.humana.com		www.humana.com	
Rate Guarantee		Renews 07/01/2025		1 year	
Rates	Counts	4- Tier Rates		4- Tier Rates	
EE	3	\$44.24		\$48.44	
EESP	1	\$88.48		\$96.89	
EECH	0	\$125.01		\$135.73	
FAM	4	\$172.50		\$187.42	
Estimated Monthly Premium		\$911.20		\$991.89	
Estimated Annual Premium		\$10,934.40		\$11,902.68	
% Change From Current		N/A		8.9%	
Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only, see carrier certificate for more details.		Carrier Notes:		Carrier Notes:	

Village of Poplar Grove

Vision Plan Analysis

July 1st, 2025 Renewal

	Current Humana Vision 130		Renewal Humana Vision 130	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Overview of Benefits				
Exam Copay	\$10	See Below	\$10	See Below
Material Copay	\$15	See Below	\$15	See Below
Frequency (months)	12/12/12		12/12/12	
Exam/Lenses/Contacts	24		24	
Benefit Allowances				
Exams	100% After Copay	Up to \$30	100% After Copay	Up to \$30
Frames	Up to \$130+ 20% off balance over \$130	Up to \$65	Up to \$130+ 20% off balance over \$130	Up to \$65
Single Vision Lenses	100% After Copay	Up to \$25	100% After Copay	Up to \$25
Bifocal Lenses	100% After Copay	Up to \$40	100% After Copay	Up to \$40
Trifocal Lenses	100% After Copay	Up to \$60	100% After Copay	Up to \$60
Contacts - Necessary	100% After Copay	Up to \$200	100% After Copay	Up to \$200
Contacts - Elective	Up to \$130	Up to \$104	Up to \$130	Up to \$104
Other Features				
Annual Open Enrollment Allowed?	Yes		Yes	
Network Name	Humana Insight		Humana Insight	
Network Website	www.humana.com		www.humana.com	
Minimum Participation	50% of Eligible EEs		50% of Eligible EEs	
Rate Guarantee	Renews 07/01/2025		1 year	
Rates	Counts	4-Tier Rates	4-Tier Rates	
EE	3	\$6.60	\$6.86	
EESP	1	\$13.19	\$13.72	
EECH	0	\$14.03	\$14.53	
FAM	4	\$21.20	\$21.98	
Estimated Monthly Premium	\$117.79		\$122.22	
Estimated Annual Premium	\$1,413.48		\$1,466.64	
% Change From Current			3.8%	
Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only, see certificate for more details.	Carrier Notes:		Carrier Notes:	



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

P503PPO Blue PPO PlatinumSM 119 – Rx Copays

Coverage for: Individual + Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit

www.bcbsil.com/bb/grp/bb_ppsq10pposilo_il_2025.pdf or by calling 1-800-541-2768. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Individual: Participating \$350; Non-Participating \$700 Family: Participating \$1,050; Non-Participating \$2,100	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. In-Network Preventive Health Care services, some services with a <u>copayment</u> , and <u>prescription drugs</u> are covered before you meet your <u>deductible</u> .	This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	Individual: Participating \$1,750; Non-Participating Unlimited Family: Participating \$5,250; Non-Participating Unlimited	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, <u>balance billing</u> charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com/blueppo or call 1-800-541-2768 for a list of Participating Providers.	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your plan pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35/visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Virtual Visits: \$35/visit; <u>deductible</u> does not apply. See your benefit booklet* for details.
	Specialist visit	\$70/visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No Charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Preauthorization may be required; see your benefit booklet* for details.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsil.com/rx25/6T	Generic drugs (Preferred)	Retail - Preferred - \$5/prescription Non-Preferred - \$15/prescription Mail - \$15/prescription; <u>deductible</u> does not apply	\$15/prescription; <u>deductible</u> does not apply	Limited to a 30-day supply at retail (or a 90-day supply at a <u>network</u> of select retail pharmacies). Up to a 90-day supply at mail order. <u>Specialty drugs</u> are limited to a 30-day supply except for certain FDA-designated dosing regimens. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. Any differences between the cost of the generic drug and the cost of the brand name drug will apply to the <u>deductible</u> or out-of-pocket maximum. The applicable <u>cost sharing</u> (by tier) and the cost difference between the generic and brand will never exceed the overall cost of the drug. All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable <u>copayment/coinsurance</u> . Additional charge will not apply to any <u>deductible</u> or out-of-pocket amounts. The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed \$100, when obtained from a Preferred Participating or Participating Pharmacy.
	Generic drugs (Non-Preferred)	Retail - Preferred - \$15/prescription Non-Preferred - \$25/prescription Mail - \$45/prescription; <u>deductible</u> does not apply	\$25/prescription; <u>deductible</u> does not apply	
	Brand drugs (Preferred)	Retail - Preferred - \$45/prescription Non-Preferred - \$65/prescription Mail - \$135/prescription; <u>deductible</u> does not apply	\$65/prescription; <u>deductible</u> does not apply	
	Brand drugs (Non-Preferred)	Retail - Preferred - \$85/prescription Non-Preferred - \$105/prescription Mail - \$255/prescription; <u>deductible</u> does not apply	\$105/prescription; <u>deductible</u> does not apply	
	<u>Specialty drugs</u> (Preferred)	\$250/prescription; <u>deductible</u> does not apply	\$250/prescription; <u>deductible</u> does not apply	
	<u>Specialty drugs</u> (Non-Preferred)	\$350/prescription; <u>deductible</u> does not apply	\$350/prescription; <u>deductible</u> does not apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150/visit plus 20% <u>coinsurance</u>	\$250/visit plus 50% <u>coinsurance</u>	<u>Preauthorization</u> may be required. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
If you need immediate medical attention	<u>Emergency room care</u>	\$400/visit plus 20% <u>coinsurance</u>	\$400/visit plus 20% <u>coinsurance</u>	Per occurrence <u>copayment</u> waived upon inpatient admission.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required for non-emergency transportation; see your benefit booklet* for details.
	<u>Urgent care</u>	\$70/visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200/visit plus 20% <u>coinsurance</u>	\$300/visit plus 50% <u>coinsurance</u>	<u>Preauthorization</u> required. <u>Preauthorization</u> penalty: \$1,000 or 50% of the eligible charge In-Network, \$500 Out-of-Network. See your benefit booklet* for details.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$35/office visit; <u>deductible</u> does not apply 20% <u>coinsurance</u> for other outpatient services	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details.
	Inpatient services	\$200/visit plus 20% <u>coinsurance</u>	\$300/visit plus 50% <u>coinsurance</u>	<u>Preauthorization</u> required.
If you are pregnant	Office visits	Primary Care: \$35/initial visit Specialist: \$70/initial visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	<u>Copayment</u> applies to first prenatal visit (per pregnancy). <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	\$200/visit plus 20% <u>coinsurance</u>	\$300/visit plus 50% <u>coinsurance</u>	
If you need help	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
recovering or have other special health needs	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	<u>Hospice services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
If your child needs dental or eye care	Children's eye exam	No Charge; <u>deductible</u> does not apply	Up to a \$30 reimbursement is available; <u>deductible</u> does not apply	One visit per year. Out-of-Network reimbursement will not exceed the retail cost. See your benefit booklet* (Pediatric Vision Care Benefits) for details.
	Children's glasses	No Charge; <u>deductible</u> does not apply	Up to a \$75 reimbursement is available; <u>deductible</u> does not apply	One pair of glasses per year up to age 19. Reimbursement for frames, lenses and lens options purchased Out-of-Network is available (not to exceed the retail cost). See your benefit booklet* (Pediatric Vision Care Benefits) for details.
	Children's dental check-up	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Dental care (Adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Chiropractic care (Chiropractic and Osteopathic manipulation limited to 25 visits per calendar year)
- Cosmetic surgery (only for the correction of congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)
- Hearing aids (1 per ear every 24 months)
- Infertility treatment (covered for 4 procedures per benefit period)
- Private-duty nursing (with the exception of inpatient private-duty nursing)
- Routine foot care (when medically necessary)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-541-2768 or www.bcbsil.com, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-541-2768 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at 1-877-527-9431 or visit <http://insurance.illinois.gov>.

Does this plan provide Minimum Essential Coverage? **Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? **Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-541-2768.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-541-2768.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-541-2768.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-541-2768.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$350
■ Specialist copayment	\$70
■ Hospital (facility) copay/coins	\$200+20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$350
Copayments	\$200
Coinsurance	\$1,200
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$1,810

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$350
■ Specialist copayment	\$70
■ Hospital (facility) copay/coins	\$200+20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$350
Copayments	\$1,100
Coinsurance	\$100
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,570

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$350
■ Specialist copayment	\$70
■ Hospital (facility) copay/coins	\$200+20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$350
Copayments	\$600
Coinsurance	\$300
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,250



BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

	To receive language or communication assistance free of charge, please call us at 855-710-6984.
Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinit's'á'góó, shá ata' hodooni nínízingo, t'áájíik'eh bee náhaz'á. 1-866-560-4042 jì' hodiilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلات کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.

July 1st, 2024 Medical Market Study

[illegible]

Current Group Information

New Hire Waiting Period for Group:

Employer Contribution to EE:

Employer Contribution to Dep:

Spousal Carve-Out ?

EE Add/Term/Change Processing

Group Size

Deductible Type

FOMFdoh
85.0%
85.0%
No
Broker
IL Cont.
Calendar

NE - 05/07/25

Village of Poplar Grove

Major Medical Plan Comparison

July 1st, 2025 Renewal



Group Quoted As:		Current BCBS				Renewal BCBS			
		Plan 1 - P503PPO (PPO)		Plan 2 - P506PSN (HMO)		Plan 1 - P503PPO (PPO)		Plan 2 - P506PSN (HMO)	
Under 50 ACA									
Plan Details		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits									
OV - Primary/Spec		\$30/ \$60	Ded + 50%	\$10/ \$45	Not Covered	\$35/ \$70	Ded + 50%	\$15/ \$45	Not Covered
Urgent Care		\$60	Ded + 50%	\$45	Not Covered	\$70	Ded + 50%	\$45	Not Covered
Virtual Visits/Telahealth		\$30	Ded + 50%	NA	Not Covered	\$35	Ded + 50%	NA	Not Covered
Deductible									
Individual		\$250	\$500	\$0	Not Covered	\$350	\$700	\$0	Not Covered
Family		\$750	\$1,500	\$0	Not Covered	\$1,050	\$2,100	\$0	Not Covered
Coinurance		80%	50%	100%	Not Covered	80%	50%	100%	Not Covered
OOP Max (Including Ded)									
Individual Med OPX		\$1,500	Unlimited	\$1,500	Not Covered	\$1,750	Unlimited	\$1,750	Not Covered
Family Med OPX		\$4,500	Unlimited	\$4,500	Not Covered	\$5,250	Unlimited	\$5,250	Not Covered
In-Patient/Out-Patient Svcs									
Inpatient Hospital Admission		\$200+ Ded +20%	\$300+ Ded +50%	\$150 Per Visit	Not Covered	\$200+ Ded +20%	\$300+ Ded +50%	\$150 Per Visit	Not Covered
Outpatient Hospital Services		\$150+ Ded + 20%	\$250+ Ded + 50%	\$100 Per Visit	Not Covered	\$150+ Ded + 20%	\$250+ Ded + 50%	\$100 Per Visit	Not Covered
X-Rays, Lab Work		Ded + 20%	Ded + 50%	\$45 Per Test	Not Covered	Ded + 20%	Ded + 50%	\$45 Per Test	Not Covered
CT/PET Scans, MRI		Ded + 20%	Ded + 50%	\$250 Per Test	Not Covered	Ded + 20%	Ded + 50%	\$250 Per Test	Not Covered
Emergency Room		\$400 + Ded + 20%		\$300/ Visit		\$400 + Ded + 20%		\$300/ Visit	
Prescription Drugs									
Separate Rx Ded		NA	NA	NA	NA	NA	NA	NA	NA
Rx Tiers (Specialty)		\$0/\$10/\$35/\$75 (\$150/ \$250)	See SPD	\$0/\$10/\$50/\$100 (\$150/ \$250)	See SPD	\$5/\$15/\$45/\$85 (\$250/ \$350)	See SPD	50/\$15/\$60/\$110 (\$250/ \$350)	See SPD
Network Name		Blue PPO		Blue Precision HMO		Blue PPO		Blue Precision HMO	
Hospitals or Web Address		Javon Bea, Swedes, OSF, Beloit Memorial		Swedes		Mercy, Swedes, OSF, Beloit Memorial		Swedes	
Rate Tiers									
Counts									
EE		3	\$974.10	0	\$640.38	3	\$1,081.98	0	\$735.15
EESP		1	\$1,948.20	0	\$1,280.76	1	\$2,163.96	0	\$1,470.30
EECH		0	\$1,802.09	0	\$1,184.70	0	\$2,001.66	0	\$1,360.03
FAM		4	\$2,776.19	0	\$1,825.08	4	\$3,083.64	0	\$2,095.18
Estimated Monthly Premium		\$15,975.26		\$0.00		\$17,744.46		\$0.00	
Est. Combined Mo. Premium		\$15,975.26				\$17,744.46			
Estimated Annual Premium		\$191,703.12				\$212,933.52			
% Change From Current		N/A				11%			
Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only, see certificate or SBC for more details.		Carrier Notes:		Carrier Notes:		Carrier Notes:		Carrier Notes: Referrals required for everything except visits to your PCP.	



Broker Disclosures

You are a valued client, and we take pride in providing you with exceptional service. As an independent insurance broker, we offer you superior service and competitive pricing by searching for and identifying the coverage from the insurer that best meets your needs.

Marketing Disclaimer: The rates illustrated on this spread may not match your new bill from the carrier due to the timing of age changes, new hires, birth, death and terminations, etc. Your renewal is being produced by the carrier at least 3-4 months prior to renewal. At the same time, we are requesting the census update from you, and census changes happen. This is a snapshot of the information we have at the time of our analysis.

Commission: Our firm does not charge a fee for placing your policy. We are paid a commission by the insurer that is part of, not added to, your premiums. The amount of commission earned is according to the standard commission schedule established by each insurer we work with.

Client Consulting Fees: Our firm does not charge you any fees for placement of your policy or for any additional professional services. We are compensated entirely by the insurer in the manner generally described above.

Scope of Services: Our firm works with a number of competing insurers, and we will attempt to obtain quotes from the insurers that we believe to be suitable based on the preferences and needs that you have communicated to us. However, we cannot obtain quotes from all insurers with products suiting your needs. We will attempt to answer any questions you may have regarding the quotes, insurers or policies that we obtain, but be aware that you make the final decision on which insurance product and coverage amount you need and will purchase.

Additional Information: For more information, specific details or answers to any questions about our services, fees or compensation, please contact us at 815.965.6700 or www.broadmooragency.com.

Thank you for choosing us to assist you with your insurance needs. We value your trust and appreciate your business. Please let us know if there is anything we can do to serve you better.

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
05/01/2025	AP	ABBY PEST ELIMINATION LLC PEST CONTROL @NWWTP Vnd: 0371 Invoice: 14581	Invoice: 14581 Ref#: 24855 (PEST CONTROL @NWWTP) 31-75-4301 31-00-2200	165.00	165.00
		Expected Check Run: 05/13/2025		165.00	165.00
05/01/2025	AP	ABBY PEST ELIMINATION LLC PEST CONTROL @OLDPWBLDG Vnd: 0371 Invoice: 14582	Invoice: 14582 Ref#: 24856 (PEST CONTROL @ OLD PW BUILDING) 01-53-4240 01-00-2200	67.00	67.00
		Expected Check Run: 05/13/2025		67.00	67.00
05/01/2025	AP	ABBY PEST ELIMINATION LLC PEST CONTROL @NPWBLDG Vnd: 0371 Invoice: 14587	Invoice: 14587 Ref#: 24857 (PEST CONTROL @ NEW PW BUILDING) 01-53-4240 01-00-2200	85.00	85.00
		Expected Check Run: 05/13/2025		85.00	85.00
05/01/2025	AP	ABBY PEST ELIMINATION LLC PEST CONTROL @VILLAGE HALL Vnd: 0371 Invoice: 14579	Invoice: 14579 Ref#: 24858 (PEST CONTROL @ VILLAGE HALL) 01-50-4301 01-00-2200	47.00	47.00
		Expected Check Run: 05/13/2025		47.00	47.00
05/05/2025	AP	ABBY PEST ELIMINATION LLC PEST CONTROL @VILLAGE HALL Vnd: 0371 Invoice: 14580	Invoice: 14580 Ref#: 24861 (PEST CONTROL @ VILLAGE HALL) 01-50-4301 01-00-2200	210.00	210.00
		Expected Check Run: 05/13/2025		210.00	210.00
04/29/2025	AP	AMAZON.COM PW CLOTHING - DAVID HOWE - 12 SHIRTS Vnd: 0338 Invoice: 1PDK-YKJ9-4TF3	Invoice: 1PDK-YKJ9-4TF3 Ref#: 24769 (PW CLOTHING - DAVID HOWE) 01-53-4080 01-00-2200	304.88	304.88
		Expected Check Run: 05/13/2025		304.88	304.88
04/29/2025	AP	AMAZON.COM OFFICE SUPPLIES UTENSILS/PLATES/DISH SOA Vnd: 0338 Invoice: 1RDD-XJ3V-L3TF	Invoice: 1RDD-XJ3V-L3TF Ref#: 24827 (OFFICE SUPPLIES SILVERWARE/PLATES/D 01-50-4300 01-00-2200	48.29	48.29
		Expected Check Run: 05/13/2025		48.29	48.29

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/29/2025	AP	AMAZON.COM SURFACE LEVELING DRAG SPIKE Vnd: 0338 Invoice: 1DJM-HF3J-HPMT	Invoice: 1DJM-HF3J-HPMT Ref#: 24828 (SURFACE LEVELING DRAG SPIKE) 01-53-4301 01-00-2200	429.99	429.99
		Expected Check Run: 05/13/2025		429.99	429.99
04/29/2025	AP	AMAZON.COM PW TOOLS 165 FT LASER LINE DETECTOR Vnd: 0338 Invoice: 13LP-JKMW-9J6L	Invoice: 13LP-JKMW-9J6L Ref#: 24829 (PW TOOLS - 165 FT LASER LINE DETECT 01-53-4301 01-00-2200	167.64	167.64
		Expected Check Run: 05/13/2025		167.64	167.64
04/29/2025	AP	AMAZON.COM RETURN CONCESSION STAND WINDOW PROPS Vnd: 0338 Invoice: 1FMF-XHKD-CVK6	Invoice: 1FMF-XHKD-CVK6 Ref#: 24830 (CREDIT-RETURN CONCESSION STAND WIND 01-52-4402 01-00-2200	133.83	133.83
		Expected Check Run: 05/13/2025		133.83	133.83
05/05/2025	AP	AMAZON.COM FILE FOLDERS 10 FEET EXTENSION CORD UNDER DESK KEYBOARD TRAY WALL MOUNTED FILE HOLDERS MONITOR DESK STAND BROCHURE HOLDER BACKUP SURGE PROTECTOR 4X6 POST-IT NOTES EXTENSION CORDS Vnd: 0338 Invoice: 179R-7H76-NXCR	Invoice: 179R-7H76-NXCR Ref#: 24863 (OFFICE SUPPLIES) 01-50-4300 01-50-4300 01-50-4300 01-50-4300 01-50-4300 01-50-4300 01-50-4300 01-50-4300 01-50-4300 01-00-2200	46.80 33.38 29.99 35.12 39.87 44.99 111.11 8.95 19.90	370.11
		Expected Check Run: 05/13/2025		370.11	370.11
05/05/2025	AP	AMAZON.COM '19 SILVERADO PASSENGER SIDE MIRROR Vnd: 0338 Invoice: 1GGG-66FT-C7QL	Invoice: 1GGG-66FT-C7QL Ref#: 24866 ('19 SILVERADO PASSENGER SIDE MIRROR 01-53-4226 01-00-2200	110.95	110.95
		Expected Check Run: 05/13/2025		110.95	110.95
05/05/2025	AP	AMAZON.COM CHANNEL CABLE RAMP Vnd: 0338 Invoice: 1CKF-LDVP-CJ1N	Invoice: 1CKF-LDVP-CJ1N Ref#: 24867 (CHANNEL CABLE RAMP) 01-53-4301 01-00-2200	288.36	288.36
		Expected Check Run: 05/13/2025		288.36	288.36

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
05/07/2025	AP	AMAZON.COM WALL HOOKS / INDUSTRIAL FASTENERS Vnd: 0338 Invoice: 1K7G-Q9FX-4VFW	Invoice: 1K7G-Q9FX-4VFW Ref#: 24876(OFFICE SUPPLIES) 01-50-4300 01-00-2200	34.11	34.11
		Expected Check Run: 05/13/2025		34.11	34.11
05/07/2025	AP	AMAZON.COM SHOP TOOL REPLACMENT - SOCKET Vnd: 0338 Invoice: 1TD9-Q19D-671P	Invoice: 1TD9-Q19D-671P Ref#: 24877(SHOP TOOL REPLACMENT) 01-53-4228 01-00-2200	6.00	6.00
		Expected Check Run: 05/13/2025		6.00	6.00
05/07/2025	AP	AMAZON.COM SWWTP FUSES Vnd: 0338 Invoice: 1XW3-TGJJ-4Q6R	Invoice: 1XW3-TGJJ-4Q6R Ref#: 24882(SWWTP FUSES) 31-79-4302 31-00-2200	115.98	115.98
		Expected Check Run: 05/13/2025		115.98	115.98
05/07/2025	AP	AMAZON.COM LARGE MAGNETIC DRY ERASE LABELS MULTIFOLD PAPER TOWELS - BATHROOMS BINDER RINGS Vnd: 0338 Invoice: 1VGY-KGNJ-1WCX	Invoice: 1VGY-KGNJ-1WCX Ref#: 24883(OFFICE SUPPLIES) 01-50-4300 01-50-4300 01-50-4300 01-00-2200	18.99 37.85 6.64	63.48
		Expected Check Run: 05/13/2025		63.48	63.48
05/07/2025	AP	AMAZON.COM SHOP TOOLS Vnd: 0338 Invoice: 1Y4C-7QNY-1K6M	Invoice: 1Y4C-7QNY-1K6M Ref#: 24884(SHOP TOOLS) 01-53-4228 01-00-2200	193.44	193.44
		Expected Check Run: 05/13/2025		193.44	193.44
05/09/2025	AP	AMAZON.COM TRASH CANS FOR OFFICE Vnd: 0338 Invoice: 1YXC-1XF7-YFG6	Invoice: 1YXC-1XF7-YFG6 Ref#: 24898(OFFICE SUPPLIES) 01-50-4300 01-00-2200	24.39	24.39
		Expected Check Run: 05/13/2025		24.39	24.39

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
05/14/2025	AP	ANCEL GLINK Invoice: 3015580 FEB 25 Ref#: 24904 (LEGAL SERVICES)			
		LEGAL SERVICES VILLAGE CLERK - 8 HRS	01-57-4213	2,040.00	
		LEGAL SERVICES - 28.25 HRS	01-50-4213	7,076.25	
		LEGAL SERVICES - VLCPG V EPI/TENORE	01-55-4213	1,530.00	
		LEGAL SERVICES-C BOYD DISCRIMINATION	01-50-4213	701.25	
		LEGAL SERVICES ELECTORAL BOARD 2025	01-50-4213	1,235.54	
		Vnd: 0640 Invoice: 3015580 FEB 25	01-00-2200		12,583.04
		Expected Check Run: 05/13/2025			
				12,583.04	12,583.04
05/14/2025	AP	ANCEL GLINK Invoice: 3015580 MARCH 25 Ref#: 24905 (LEGAL SERVICES)			
		LEGAL SERVICES VILLAGE CLERK - 3 HRS	01-57-4213	765.00	
		LEGAL SERVICES - 10.5 HRS	01-50-4213	2,719.50	
		LEGAL VLPG V EPI/TENORE	01-55-4213	1,852.50	
		LEGAL SERVICES C BOYD DISCRIMINATION	01-50-4213	446.25	
		Vnd: 0640 Invoice: 3015580 MARCH 25	01-00-2200		5,783.25
		Expected Check Run: 05/13/2025			
				5,783.25	5,783.25
05/14/2025	AP	ANCEL GLINK Invoice: 3015580 APRIL 25 Ref#: 24906 (LEGAL SERVICES)			
		LEGAL SERVICES VILLAGE CLERK - .25 HRS	01-57-4213	63.75	
		LEGAL SERVICES - 15.75 HRS	01-50-4213	4,016.25	
		LEGAL SERVICES VLPG V EPI/TENORE	01-55-4213	956.25	
		Vnd: 0640 Invoice: 3015580 APRIL 25	01-00-2200		5,036.25
		Expected Check Run: 05/13/2025			
				5,036.25	5,036.25
04/29/2025	AP	B&F CONSTRUCTION CODE SERVICE, INC. Invoice: 68033 Ref#: 24820 (2024-215 5150 ORTH RD PLAN REVISIONS)			
		2024-215 5150 ORTH RD PLAN REVISIONS	01-55-4215	200.00	
		Vnd: 0356 Invoice: 68033	01-00-2200		200.00
		Expected Check Run: 05/13/2025			
				200.00	200.00
04/29/2025	AP	B&F CONSTRUCTION CODE SERVICE, INC. Invoice: 20819 Ref#: 24821 (MONTHLY INSPECTION REPORTS - JANUARY)			
		MONTHLY INSPECTION REPORTS - JANUARY	01-55-4215	2,015.00	
		Vnd: 0356 Invoice: 20819	01-00-2200		2,015.00
		Expected Check Run: 05/13/2025			
				2,015.00	2,015.00
04/29/2025	AP	B&F CONSTRUCTION CODE SERVICE, INC. Invoice: 20820 Ref#: 24822 (MONTHLY INSPECTION REPORTS - FEBRUARY)			
		MONTHLY INSPECTION REPORTS - FEBRUARY	01-55-4215	960.00	
		Vnd: 0356 Invoice: 20820	01-00-2200		960.00
		Expected Check Run: 05/13/2025			
				960.00	960.00

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/29/2025	AP	B&F CONSTRUCTION CODE SERVICE, INC. Invoice: 20821 Ref#: 24823 (MONTHLY INSPECTION REPORTS - MARCH) MONTHLY INSPECTION REPORTS - MARCH Vnd: 0356 Invoice: 20821	01-55-4215 01-00-2200	6,568.63	6,568.63
		Expected Check Run: 05/13/2025		6,568.63	6,568.63
04/30/2025	AP	B&F CONSTRUCTION CODE SERVICE, INC. Invoice: 68129 Ref#: 24838 (2024-130 13555 IL RTE 76 MECHANICAL PLAN) 2024-13 MECHANICAL PLAN REVIEW REVISIONS Vnd: 0356 Invoice: 68129	01-55-4215 01-00-2200	165.00	165.00
		Expected Check Run: 05/13/2025		165.00	165.00
04/29/2025	AP	BLAIN'S FARM & FLEET Invoice: 8096 Ref#: 24824 (CAULK RESTOCK) CAULK RESTOCK Vnd: 0361 Invoice: 8096	31-68-4302 31-00-2200	17.97	17.97
		Expected Check Run: 05/13/2025		17.97	17.97
04/29/2025	AP	BLAIN'S FARM & FLEET Invoice: 6653 Ref#: 24825 (SEED & FERTILIZER SPREADER) SEED & FERTILIZER SPREADER Vnd: 0361 Invoice: 6653	01-52-4225 01-00-2200	799.99	799.99
		Expected Check Run: 05/13/2025		799.99	799.99
05/01/2025	AP	BLAIN'S FARM & FLEET Invoice: 7936 Ref#: 24851 (TRUCK STOCK) TRUCK STOCK-FIBERGLAS FIBER TAPE Vnd: 0361 Invoice: 7936	01-53-4228 01-00-2200	77.97	77.97
		Expected Check Run: 05/13/2025		77.97	77.97
05/01/2025	AP	BLAIN'S FARM & FLEET Invoice: 2220 Ref#: 24852 (CHAIN REPAIR SUPPLIES) CHAIN REPAIR SUPPLIES Vnd: 0361 Invoice: 2220	01-52-4304 01-00-2200	29.97	29.97
		Expected Check Run: 05/13/2025		29.97	29.97
05/01/2025	AP	BLAIN'S FARM & FLEET Invoice: 5134 Ref#: 24853 (PW CLOTHING - ZACH KNIGHTEN) PW CLOTHING - ZACH KNIGHTEN Vnd: 0361 Invoice: 5134	01-53-4080 01-00-2200	104.97	104.97
		Expected Check Run: 05/13/2025		104.97	104.97

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
05/05/2025	AP	BLAIN'S FARM & FLEET HALL CLEANUP PLANT TRIMMERS PROFESSIONAL SERVICES SHOP/ Vnd: 0361 Invoice: 6939 Vnd: 0361 Invoice: 6939	Invoice: 6939 Ref#: 24864 (HALL CLEANUP/PLANT TRIMMERS/ SHOP) 01-50-4301 31-77-4301 01-52-4240 01-52-4240 01-00-2200 31-00-2200	8.99 72.96 81.98 294.98 	 385.95 72.96
		Expected Check Run: 05/13/2025		458.91	458.91
05/07/2025	AP	BLAIN'S FARM & FLEET REPLACED BROKEN/DAMAGED SHOP TOOLS Vnd: 0361 Invoice: 3457	Invoice: 3457 Ref#: 24885 (REPLACED BROKEN/DAMAGED SHOP TOOLS) 01-53-4228 01-00-2200	110.08 	 110.08
		Expected Check Run: 05/13/2025		110.08	110.08
05/07/2025	AP	BLAIN'S FARM & FLEET TREE PROTECTION CAGES Vnd: 0361 Invoice: 8231	Invoice: 8231 Ref#: 24886 (TREE PROTECTION CAGES) 01-52-4225 01-00-2200	43.89 	 43.89
		Expected Check Run: 05/13/2025		43.89	43.89
04/29/2025	AP	BS&A SOFTWARE ANNUAL SERVICE SUPPORT 5.1.25 - 5.1.26 Vnd: 0277 Invoice: 160947	Invoice: 160947 Ref#: 24826 (ANNUAL SERVICE SUPPORT 5.1.25 - 5.1.26) 01-50-4214 01-00-2200	6,305.00 	 6,305.00
		Expected Check Run: 05/13/2025		6,305.00	6,305.00
05/09/2025	AP	COMPASS MINERALS 67.02 TON HWY SALT DELV 12.23.24 Vnd: 0385 Invoice: 1418555	Invoice: 1418555 Ref#: 24887 (67.02 TON HWY SALT DELIVERY 12.23.24) 01-53-4304 01-00-2200	5,071.40 	 5,071.40
		Expected Check Run: 05/13/2025		5,071.40	5,071.40
05/09/2025	AP	COMPASS MINERALS 24.75 TON HWY SALT DELV 12.26.24 Vnd: 0385 Invoice: 1419364	Invoice: 1419364 Ref#: 24888 (24.75 TON HWY SALT DELV 12.26.24) 01-53-4304 01-00-2200	1,872.83 	 1,872.83
		Expected Check Run: 05/13/2025		1,872.83	1,872.83
05/09/2025	AP	COMPASS MINERALS 50.29 TON HWY SALT DELV 2.22.25 Vnd: 0385 Invoice: 1439344	Invoice: 1439344 Ref#: 24889 (50.29 TON HWY SALT DELV 2.22.25) 01-53-4304 01-00-2200	3,805.44 	 3,805.44
		Expected Check Run: 05/13/2025		3,805.44	3,805.44

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
05/09/2025	AP	COMPASS MINERALS 75.49 TON HWY SALT DELV 2.4.24 Vnd: 0385 Invoice: 1451026	Invoice: 1451026 Ref#: 24890 (75.49 TON HWY SALT DELV 2.4.24) 01-53-4304 01-00-2200	5,712.33	5,712.33
		Expected Check Run: 05/13/2025		5,712.33	5,712.33
05/09/2025	AP	COMPASS MINERALS 48.75 TON HWY SALT DEL 2.12.25 Vnd: 0385 Invoice: 1458155	Invoice: 1458155 Ref#: 24891 (48.75 TON HWY SALT DEL 2.12.25) 01-53-4304 01-00-2200	3,688.91	3,688.91
		Expected Check Run: 05/13/2025		3,688.91	3,688.91
05/09/2025	AP	COMPASS MINERALS 98.52 TON HWY SALT DEL 2.13.25 Vnd: 0385 Invoice: 1459259	Invoice: 1459259 Ref#: 24892 (98.52 TON HWY SALT DEL 2.13.25) 01-53-4304 01-00-2200	7,455.01	7,455.01
		Expected Check Run: 05/13/2025		7,455.01	7,455.01
05/09/2025	AP	COMPASS MINERALS 46.36 TON HWY SALT DEL 1.15.25 Vnd: 0385 Invoice: 1432844	Invoice: 1432844 Ref#: 24893 (46.36 TON HWY SALT DEL 1.15.25) 01-53-4304 01-00-2200	3,508.06	3,508.06
		Expected Check Run: 05/13/2025		3,508.06	3,508.06
05/09/2025	AP	COMPASS MINERALS 179.69 TON HWY SALT DEL 2.25.25 Vnd: 0385 Invoice: 1468519	Invoice: 1468519 Ref#: 24894 (179.69 TON HWY SALT DEL 2.25.25) 01-53-4304 01-00-2200	13,597.14	13,597.14
		Expected Check Run: 05/13/2025		13,597.14	13,597.14
04/29/2025	AP	CONSERV FS INC BASEBALL DIAMONDS MAINTANCE Vnd: 0073 Invoice: 33042293	Invoice: 33042293 Ref#: 24802 (BASEBALL DIAMONDS MAINTANCE) 01-52-4304 01-00-2200	516.80	516.80
		Expected Check Run: 05/13/2025		516.80	516.80
04/29/2025	AP	CONSERV FS INC PESTICIDE RESTOCK Vnd: 0073 Invoice: 33042096	Invoice: 33042096 Ref#: 24803 (PESTICIDE RESTOCK) 01-52-4304 01-00-2200	1,047.00	1,047.00
		Expected Check Run: 05/13/2025		1,047.00	1,047.00

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/30/2025	AP	CONSERV FS INC DIRT INFIELD MIX Vnd: 0073 Invoice: 65192051	Invoice: 65192051 Ref#: 24836 (DIRT INFIELD MIX) 01-52-4225 01-00-2200	3,345.40	3,345.40
		Expected Check Run: 05/13/2025		3,345.40	3,345.40
04/30/2025	AP	CONSERV FS INC PARKS - GRASS RESTORATION Vnd: 0073 Invoice: 33042783	Invoice: 33042783 Ref#: 24837 (PARKS - GRASS RESTORATION) 01-52-4225 01-00-2200	225.00	225.00
		Expected Check Run: 05/13/2025		225.00	225.00
05/05/2025	AP	CONSERV FS INC PESTICIDE SPRAYING @ PARKS Vnd: 0073 Invoice: 33042945	Invoice: 33042945 Ref#: 24871 (PESTICIDE SPRAYING @ PARKS) 01-52-4304 01-00-2200	450.00	450.00
		Expected Check Run: 05/13/2025		450.00	450.00
05/09/2025	AP	CONSERV FS INC 328 GALLONS DIESEL FOR PW TRUCKS Vnd: 0073 Invoice: 116021710	Invoice: 116021710 Ref#: 24897 (328 GALLONS OF DIESEL FOR PW TRUCKS) 01-53-4303 01-00-2200	825.75	825.75
		Expected Check Run: 05/13/2025		825.75	825.75
05/09/2025	AP	CURTIS P NEWPORT 04-19-152-001 100 STATE ST 2024 TAX BILL Vnd: 0054 Invoice: 228824 - 2025	Invoice: 228824 - 2025 Ref#: 24896 (04-19-152-001 100 STATE ST 2024 TAX 31-00-2410 31-00-2200	734.86	734.86
		Expected Check Run: 05/13/2025		734.86	734.86
05/09/2025	AP	DAN SALLEY PARKING FOR PESTICIDE TRAINING Vnd: MISC Invoice: PESTTRAINPARK	Invoice: PESTTRAINPARK Ref#: 24903 (PARKING FOR PESTICIDE TRAINING) 01-53-4207 01-00-2200	4.20	4.20
		Expected Check Run: 05/13/2025		4.20	4.20
04/29/2025	AP	GAME TIME C/O PLAYCORE COMPANY WEST GROVE PLAYGROUND EQUIPMENT Vnd: 0306 Invoice: PJI-0266806	Invoice: PJI-0266806 Ref#: 24799 (WEST GROVE PLAYGROUND EQUIPMENT) 90-52-4440 90-00-2200	1,363.52	1,363.52
		Expected Check Run: 05/13/2025		1,363.52	1,363.52

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/29/2025	AP	HAWKINS, INC. Invoice: 7042655 Ref#: 24797 (WATER TOWER CHEMICALS)			
		AZONE 15	31-68-4305	687.99	
		HYDROFLUOSILICIC ACID	31-68-4305	256.37	
		LPC-AM	31-68-4305	922.92	
		FREIGHT	31-68-4305	50.00	
		Vnd: 0109 Invoice: 7042655	31-00-2200		1,917.28
		Expected Check Run: 05/13/2025			
				1,917.28	1,917.28
05/09/2025	AP	ILLINOIS DEPARTMENT OF AGRICULTURE Invoice: 25.26.27 LICENSE Ref#: 24899 (2025, 26, 27 PEST CONTROL APPLICA			
		2025-27 PEST CONTROL APPLICATOR LICENSE	01-53-4207	120.00	
		Vnd: 0125 Invoice: 25.26.27 LICENSE	01-00-2200		120.00
		Expected Check Run: 05/13/2025			
				120.00	120.00
05/09/2025	AP	ILLINOIS DEPARTMENT OF AGRICULTURE Invoice: 25, 26, 27 LICENSE Ref#: 24900 (2025-27 PEST CONTROL APPLICATOR			
		2025-27 PEST CONTROL APPLICATOR LICENSE	01-53-4207	120.00	
		Vnd: 0125 Invoice: 25, 26, 27 LICENSE	01-00-2200		120.00
		Expected Check Run: 05/13/2025			
				120.00	120.00
05/09/2025	AP	ILLINOIS DEPARTMENT OF AGRICULTURE Invoice: 25 26 27 LICENSE Ref#: 24901 (2025-27 PEST CONTROL OPERATOR LIC			
		2025-27 PEST CONTROL OPERATOR LICENSE	01-53-4207	90.00	
		Vnd: 0125 Invoice: 25 26 27 LICENSE	01-00-2200		90.00
		Expected Check Run: 05/13/2025			
				90.00	90.00
05/09/2025	AP	ILLINOIS DEPARTMENT OF AGRICULTURE Invoice: 25 26 27 LICENSE Ref#: 24902 (2025-27 PEST CONTROL OPERATOR LIC			
		2025-27 PEST CONTROL OPERATOR LICENSE	01-53-4207	90.00	
		Vnd: 0125 Invoice: 25 26 27 LICENSE	01-00-2200		90.00
		Expected Check Run: 05/13/2025			
				90.00	90.00
05/01/2025	AP	INDUSTRIAL ENGINE COMPANY Invoice: 1471 Ref#: 24854 (SWWTP BATTERY SERVICE)			
		SWWTP	31-79-4312	1,220.99	
		Vnd: 0605 Invoice: 1471	31-00-2200		1,220.99
		Expected Check Run: 05/13/2025			
				1,220.99	1,220.99
04/29/2025	AP	JOE COOLING & SONS, INC. Invoice: 213130 Ref#: 24832 (PREMIUM TOPSOIL)			
		LANDSCAPING PARKS	01-52-4225	44.00	
		Vnd: 0072 Invoice: 213130	01-00-2200		44.00
		Expected Check Run: 05/13/2025			
				44.00	44.00

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/29/2025	AP	LINCOLN RENT-ALL & LAWN EQUIP SALES Invoice: 524840 Ref#: 24793(EDGER RENTAL FOR PARKS / VH BEDS) EDGER RENTAL FOR PARKS / VH BEDS 01-52-4225 433.59 Vnd: 0151 Invoice: 524840 01-00-2200 433.59			433.59
		Expected Check Run: 05/13/2025		433.59	433.59
04/29/2025	AP	LINCOLN RENT-ALL & LAWN EQUIP SALES Invoice: 523506 Ref#: 24794(RENTAL AUGER BIT) RENTAL AUGER BIT 01-53-4228 963.99 Vnd: 0151 Invoice: 523506 01-00-2200 963.99			963.99
		Expected Check Run: 05/13/2025		963.99	963.99
05/09/2025	AP	MAJESTIC CUTS Invoice: TAXDEPREFUND Ref#: 24895(PROPERTY TAX ESCROW REFUND) PROP TAX ESCROW REFUND 01-00-2410 44.94 Vnd: 0560 Invoice: TAXDEPREFUND 01-00-2200 44.94			44.94
		Expected Check Run: 05/13/2025		44.94	44.94
04/29/2025	AP	MCMAHON ASSOCIATES, INC. Invoice: 00704448 Ref#: 24833(3.2.25 - 3.29.25 SERVICES) ADMINISTRATIVE ENGINEERING 01-50-4212 168.00 PUBLIC WORKS ENGINEERING 01-55-4212 1,198.08 COMMUNITY DEVELOPMENT ENGINEERING 01-55-4212 1,297.17 Vnd: 0159 Invoice: 00704448 01-00-2200 2,663.25			2,663.25
		Expected Check Run: 05/13/2025		2,663.25	2,663.25
05/05/2025	AP	MENARDS Invoice: 47270 Ref#: 24874(NWWTP STOCK) NWWTP STOCK 31-77-4302 65.69 Vnd: 0165 Invoice: 47270 31-00-2200 65.69			65.69
		Expected Check Run: 05/13/2025		65.69	65.69
05/05/2025	AP	MORGAN BUILDING MAINTENANCE, INC Invoice: 39694 Ref#: 24873(OFFICE/LIONS PARK MONTHLY CONTRACT CLEAN) LIONS PARK MONTHLY CLEANING - MAY 01-52-4240 536.00 VH MONTHLY CLEANING - MAY 01-50-4219 715.00 Vnd: 0652 Invoice: 39694 01-00-2200 1,251.00			1,251.00
		Expected Check Run: 05/13/2025		1,251.00	1,251.00

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Post Date	Journal	Description	GL Number	DR Amount	CR Amount
05/01/2025	AP	PREMIER LANDSCAPE STORE PULVERIZED TOPSOIL Vnd: 0644 Invoice: 1788	Invoice: 1788 Ref#: 24849 (PULVERIZED TOPSOIL) 01-53-4301 01-00-2200	116.97	116.97
		Expected Check Run: 05/13/2025		116.97	116.97
05/01/2025	AP	R.P. LUMBER COMPANY, INC. PREMIX CONCRETE STOCK Vnd: 0506 Invoice: 3625191	Invoice: 3625191 Ref#: 24850 (PREMIX CONCRETE STOCK) 01-53-4228 01-00-2200	281.58	281.58
		Expected Check Run: 05/13/2025		281.58	281.58
05/05/2025	AP	ROCKFORD BUSINESS SYSTEMS, INC COPY MACHINE B/N & COLOR COPIES Vnd: 0220 Invoice: 21519	Invoice: 21519 Ref#: 24862 (COPY MACHINE B/N & COLOR COPIES) 01-50-4214 01-00-2200	205.99	205.99
		Expected Check Run: 05/13/2025		205.99	205.99
04/29/2025	AP	ROTO-ROOTER SEWER EXCAVATION @ 223 SUMMITT ST Vnd: 0663 Invoice: 183369623	Invoice: 183369623 Ref#: 24777 (SEWER EXCAVATION @ 223 SUMMITT ST) 31-75-4240 31-00-2200	2,960.00	2,960.00
		Expected Check Run: 05/13/2025		2,960.00	2,960.00
05/07/2025	AP	SABEL MECHANICAL LLC. REPLACED & INSTALLED BJM PUMPS Vnd: 0408 Invoice: 250311	Invoice: 250311 Ref#: 24878 (REPLACED & INSTALLED BJM PUMPS) 31-77-4312 31-00-2200	20,136.38	20,136.38
		Expected Check Run: 05/13/2025		20,136.38	20,136.38
04/29/2025	AP	TEST INC. W & S CONTRACT LABOR - SWWTP W#5&6 Vnd: 0355 Invoice: 25040420	Invoice: 25040420 Ref#: 24773 (IEPA TESTING WH 5&6) 31-79-4236 31-00-2200	17.00	17.00
		Expected Check Run: 05/13/2025		17.00	17.00
04/29/2025	AP	TEST INC. W & S CONTRACT LABOR - NWWTP W#3 Vnd: 0355 Invoice: 25040419	Invoice: 25040419 Ref#: 24774 (IEPA TESTING WELL #3) 31-77-4236 31-00-2200	17.00	17.00
		Expected Check Run: 05/13/2025		17.00	17.00

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/29/2025	AP	TEST INC. W & S CONTRACT LABOR - WATER SYSTEM W#4 Vnd: 0355 Invoice: 25040418	Invoice: 25040418 Ref#: 24775 (IEPA TESTING W #4) 31-68-4236 31-00-2200	17.00	17.00
		Expected Check Run: 05/13/2025		17.00	17.00
05/05/2025	AP	TEST INC. W & S CONTRACT LABOR - NWWTP W#3 W & S CONTRACT LABOR - SWWTP W#5&6 W & S CONTRACT LABOR - WATER SYSTEM W#4 W & S CONTRACT LABOR - LIFT STATIONS Vnd: 0355 Invoice: 50225055	Invoice: 50225055 Ref#: 24868 (W&S MONTHLY CONTRACT CHARGES) 31-77-4236 31-79-4236 31-68-4236 31-75-4236 31-00-2200	5,653.93 5,653.93 4,711.60 2,826.97	18,846.43
		Expected Check Run: 05/13/2025		18,846.43	18,846.43
05/07/2025	AP	TEST INC. W & S CONTRACT LABOR - NWWTP W#3 Vnd: 0355 Invoice: 25040896	Invoice: 25040896 Ref#: 24879 (IEPA TESTING W #3) 31-77-4236 31-00-2200	100.00	100.00
		Expected Check Run: 05/13/2025		100.00	100.00
05/07/2025	AP	TEST INC. W & S CONTRACT LABOR - WATER SYSTEM W#4 Vnd: 0355 Invoice: 25040897	Invoice: 25040897 Ref#: 24880 (IEPA TESTING W #4) 31-68-4236 31-00-2200	50.00	50.00
		Expected Check Run: 05/13/2025		50.00	50.00
05/07/2025	AP	TEST INC. W & S CONTRACT LABOR - SWWTP W#5&6 Vnd: 0355 Invoice: 25040898	Invoice: 25040898 Ref#: 24881 (IEPA TESTING W 5&6) 31-79-4236 31-00-2200	100.00	100.00
		Expected Check Run: 05/13/2025		100.00	100.00
04/29/2025	AP	TWIN TOWERS INC. NAME PLATES FOR TRUSTEES Vnd: 0259 Invoice: 35802	Invoice: 35802 Ref#: 24776 (NAME PLATES FOR TRUSTEES) 01-50-4300 01-00-2200	63.00	63.00
		Expected Check Run: 05/13/2025		63.00	63.00
04/29/2025	AP	USA BLUE BOOK CUT-IN CURB STOP VALVE Vnd: 0262 Invoice: INV00583678	Invoice: INV00583678 Ref#: 24771 (CUT-IN CURB STOP VALVE) 31-70-4301 31-00-2200	951.80	951.80
		Expected Check Run: 05/13/2025		951.80	951.80

Post Date	Journal	Description	GL Number	DR Amount	CR Amount
04/30/2025	AP	USA BLUE BOOK	Invoice: INV00694285 Ref#: 24839(QUICK COUPLER GASKET)		
		QUICK COUPLER GASKET	31-75-4302	36.85	
		Vnd: 0262 Invoice: INV00694285	31-00-2200		36.85
		Expected Check Run: 05/13/2025			
				36.85	36.85
				151,960.49	151,960.49
Cash/Payable Account Totals:					
		ACCOUNTS PAYABLE	01-00-2200		102,786.12
		ACCOUNTS PAYABLE	31-00-2200		47,543.19
		ACCOUNTS PAYABLE	90-00-2200		1,363.52
			TOTAL INCREASE IN PAYABLE:		151,692.83

May 2025 Checks Voted on at May 14, 2025 Meeting TO BE ATTACHED IN PACKET AS SUMMARY REPORT

FOR APPROVAL	Actual to Date	Estimate Additional	Total by Type	
AP Checks	\$96,911.66	\$151,960.49	\$248,872.15	
	Utilities Pd 5.6.25	Balance of AP Invoices - updated 5.14.25 - additional invoices entered since last meeting		
EFTS	\$27,915.42	\$0.00	\$27,915.42	Solutions Bank Payments
Payroll	\$20,651.32	\$52,000.00	\$72,651.32	Payroll
	5.2.25 Payroll	5.15 / 5.29 Est Payroll		
Other	\$17,148.25	\$0.00	\$17,148.25	Medical Insurance Premiums / NCPERS
	5.2.25 Payroll	5.15 / 5.29 Est Ins		
Total	\$162,626.65	\$203,960.49	\$366,587.14	

Specific Breakout: Actual for the month paid Estimate Additional Total by Type

Total \$0.00 \$0.00 \$0.00

FINAL NUMBERS				
Prev April 2025 Final Checks		To be finalized at May 14, 2025 meeting		
Monthly Approvals	Requested	Actual	Difference	
AP Checks	\$103,448.97	\$158,281.34	\$54,832.37	
EFTS (ACH)	\$27,915.42	\$27,915.42	\$0.00	Solutions Bank Payments
Payroll	\$59,800.61	\$64,173.43	\$4,372.82	Estimated Payroll
Other	\$18,568.20	\$18,568.20	\$0.00	Medical Insurance Premiums / NCPERS
Total	\$209,733.20	\$268,938.39	\$59,205.19	
Specific Breakout:	Requested	Actual	Difference	