




CITY OF NORTH KANSAS CITY, MISSOURI REGULAR COUNCIL MEETING

**October 15, 2019
7:00 p.m.**

- 1. Call to order**
- 2. Moment of Silence**
- 3. Pledge of Allegiance**
- 4. Approval of Agenda**
- 5. Comments from the Public**
(Please limit comments to five minutes)

Consent Agenda

All matters listed within the Consent Agenda have been distributed to each member of the City Council for reading and study, are considered to be routine, and will be enacted by one motion of the council with no separate discussion. If separate discussion is desired on an item, from either the City Council or from the audience, that item may be removed from the Consent Agenda and placed on the Regular Agenda.

- 6. Approval of Work Session Minutes from October 1, 2019** 
- 7. Approval of Regular Council Meeting Minutes from October 1, 2019** 
- 8. Approval of Grant – Tourism Grant Program – Panic Fest** 

As part of the FY 2019-20 Budget, the City Council authorized a new City-Sponsored Tourism Grant Program to enhance our local economy by sponsoring special events that attract visitors and promote a positive image of North Kansas City. This program is funded through the City's Convention & Tourism Fund. The authorization included a provision for approval by the City Council with placement on the Consent Agenda. The City has received an application from Screenland Armour for their Panic Film Festival event the week of January 24-30, 2020. Staff recommends approval.

9. Short-term Conditional Use Permit – Block Party #1 

Dave Wood is requesting a Short-term Conditional Use Permit for a block party, which will be held on October 19, 2019. The event will last from 3:00 PM until 7:00 PM and consist of a block party for the residents on Erie Street. The event will take place on Erie Street between 23rd and 26th Avenues. The street will be blocked off with cones provided by the Public Works Department.

10. Short-term Conditional Use Permit – Block Party #2 

Destiny and Tammy Moser are requesting a Short-Term Conditional Use Permit for a block party, which will be held on October 26, 2019. The event will last from 2:00 PM until 6:00 PM and consist of a block party for the residents on 24th Avenue. The event will take place on 24th Avenue between Knox and Macon. The street will be blocked off with cones provided by the Public Works Department.

Regular Items

11. Renewal of Employee Health Insurance for 2020 {Bill No. 7453 (Ordinance No. 9250)} 

The City has received its medical insurance renewal from Blue Cross Blue Shield of Kansas City (BCBSKC) for 2020. In its memo, staff outlines options it is recommending for 2020. Staff recommends renewal of this year's employee health insurance package.

12. Approval of Purchase Pumper Truck (Resolution No. 19-069) 



The FY 2020 Budget includes \$740,000 for the purchase of a replacement Pumper Truck and related equipment. In its memo, staff outlines the procurement process for this truck and recommends purchase of a 2019 Pierce Impel Pumper Truck in the amount of \$736,591.11.

13. Budget Amendment – FY 2019 Emergency Sewer Repairs (Resolution No. 19-068) 

The City suffered numerous sinkholes in the Paseo Industrial District (PID) during the course of last fiscal year. In its memo, staff summarizes the final costs for repair of these sinkholes, and notes the remaining shortfall in the Emergency Sewer Repairs account. An amendment to the previous year's budget in the amount of \$133,900 is necessary to bring the FY 2019 balance for this line item to zero. Staff recommends approval.

14. Approving Accounts Due and Payable by the City through October 11, 2019. {Bill No. 7454 (Ordinance No. 9251)}. 

15. Staff Comments

- Upcoming City Items of Note 
- YMCA Monthly Financial Report – August 2019 

16. Councilmember Comments

17. Mayor's Comments

18. Adjournment

Copies of ordinances referred to above are available for inspection prior to the meeting in the office of the City Clerk. Note: Meetings of the City Council are being broadcast live and recorded.

**Minutes of the North Kansas City, Missouri City Work Session Meeting of
October 1, 2019**

The City Council met in an open work session on Tuesday, October 1, 2019, at North Kansas City Hall Council Chambers, 2010 Howell Street, North Kansas City at 6:00 p.m.

The following were present:

Mayor: Don Stielow
Councilmembers: Bryant DeLong
Jesse Smith - Absent
Valerie Pearman
Zachary Clevenger
Rick Stewart
Fred Steffen
Tom Farr

Staff Present: Eric Berlin, City Administrator
Kim Nakahodo, Assistant City Administrator
Tom Barzee, City Counselor
Shirley Land, Finance Manager
Anthony Bologna, City Prosecutor

Mayor Stielow called the meeting to order at 6:00 p.m.

City Administrator Eric Berlin stated that this Work Session was to discuss proposed business license code amendments and injunction. He then turned the meeting over to the Assistant City Administrator Kim Nakahodo and City Counselor Tom Barzee. Mr. Barzee and Ms. Nakahodo discussed the procedure developed by Mr. Barzee allowing for suspension or revocation of a business license. It was noted that the City Council functions as the appeal board for suspensions or revocations. Discussion ensued. Council consensus was that members did not mind sitting as an appeal in egregious cases, but they did not wish to serve in this role on a frequent basis. Staff was asked to review this process, incorporating ideas brought forth this evening, and bring it back to the Council at a later date.

Proposed Business
License Code
Amendments and
Injunction

There being no further business before the Council, the meeting adjourned at 6:51 PM.

Adjourn

Council Adjourned

Mayor

Attest:

City Clerk

Approved this 15th day of October 2019

**Minutes of the North Kansas City, Missouri City Regular Council Meeting of
October 1, 2019**

The City Council met in regular session on Tuesday, October 1, 2019, in the North Kansas City Council Chambers at 7:00 p.m.

The following were present:

Mayor: Don Stielow
Councilmembers: Bryant DeLong
Rita Pearce
Jesse Smith
Valerie Pearman
Zachary Clevenger
Rick Stewart
Fred Steffen
Tom Farr

Staff Present: Eric Berlin, City Administrator
Kim Nakhodo, Assistant City Administrator
Kevin Freeman, Police Lieutenant
Dave Hargis, Fire Chief
Stephen Roberts, IT
Casey Campbell, Human Resources Manager
Shirley Land, Finance Manager
Tom Barzee, City Counselor
Crystal Doss, City Clerk

Mayor Stielow called the meeting to order at 7:00 p.m.

The meeting opened with a moment of silence and the Pledge of Allegiance.

Approval of the Agenda. C. Farr moved to approve the agenda with the removal of Item 24, seconded by C. Stewart. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried.

Consent Agenda included the following items:

Opening

Approval of the Agenda

Comments from the Public

Consent Agenda

Approval of the Regular Council Meeting Minutes from September 17, 2019

Approval of the Work Session Minutes from September 24, 2019

Appointment of Kyle Miles to the Tax Increment Financing (TIF) Commission and Industrial Development Authority Board

Reappointment of Denise Lambert to the Industrial Development Authority Board

Reappointment of Dr. Kent Barr to the Hospital Board of Trustees

Approval of Grant – Tourism Grant Program

Short-Term Conditional Use Permit – Annual Brandon Russell “Flash Dash” Run 4 Fun & 5K

North Kansas City Public Library Veteran’s Celebration Book Walk

Short-Term Conditional Use Permit – Pint Path Parklet Event

Expressive Arts Studio Event

Municipal Court Report – August 2019

Resolution of Appreciation – Roland Black

C. Farr moved to approve the Consent Agenda, seconded by C. Clevenger. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried.

Mayor Don Stielow opened the Public Hearing at 7:06 PM. City Administrator Eric Berlin gave the staff report stating that at its meeting of July 17, 2018, the City Council provided direction to staff regarding sewer rates to charge customers in Calendar Year 2020. Pursuant to that direction, now before Council for formal consideration are ordinances setting those rates in the following calendar year. The ordinance calls for an increase of 12% in sewer rates and a reduction of 5% for water rates. A public hearing on the proposed increase in

Public Hearing – Water and Sewer Rates

sewer rates is required by statute. The official notice for this public hearing also invited public comments on the change in water rates. Staff recommends that the Council conduct the public hearing. Mayor Stielow asked for Public Comments and there were none. The Public Hearing closed at 7:10 PM.

Consideration of An Ordinance Establishing New Sewer Service Charges, Amending Section 13.08.020, "Sewer Charges," of the Code of the City of North Kansas City, Missouri {Bill No. 7449 (Ordinance No. 9246)}. City Administrator Berlin stated that at its meeting of August 6, 2019, the City Council provided direction to staff regarding sewer rates to charge customers in Calendar Year 2020. Pursuant to that direction, now before Council for formal consideration are ordinances setting those rates in the following calendar year. The ordinance calls for an increase of 12% in sewer rates. Discussion ensued. C. Farr moved that Bill No. 7449 be placed on first reading, seconded by C. Stewart. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7449 was read. C. Farr moved that Bill No. 7449 be placed on second and final reading and passed as Ordinance No. 9246, seconded by C. Pearce. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7449 was read. Thereupon Mayor Stielow declared the motion carried and the Bill duly passed. Said Bill was then numbered 9246, was signed and approved by the Mayor and attested by the City Clerk.

Ordinance No. 9246 –
Amending Sewer Rates
for Calendar Year 2020

Consideration of an Ordinance Amending the Code of the City of North Kansas City, Missouri, By Repealing Subparagraphs 1 and 2 of Paragraph B of Section 13.04.140, "Water Rates and Charges," and Enacting In Lieu Thereof New Subparagraphs 1 and 2 of Paragraph B of Section 13.04.140 of the Code {Bill No. 7450 (Ordinance No. 9247)}. City Administrator Berlin stated that at its meeting of August 6, 2019, the City Council provided direction to staff regarding water rates to charge customers in Calendar Year 2020. Pursuant to that direction, now before Council for formal consideration are ordinances setting those rates in the following calendar year. The ordinance calls for a reduction of 5% in water rates. Discussion ensued. C. Farr moved that Bill No. 7450 be placed on first reading, seconded by C. Clevenger. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C.

Ordinance No. 9247 –
Amending Water Rates
for Calendar Year 2020

Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7450 was read. C. Farr moved that Bill No. 7450 be placed on second and final reading and passed as Ordinance No. 9247, seconded by C. Pearce. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7450 was read. Thereupon Mayor Stielow declared the motion carried and the Bill duly passed. Said Bill was then numbered 9247, was signed and approved by the Mayor and attested by the City Clerk.

Consideration of a Resolution Amending the General Fund Budget for Fiscal Year 2018-2019 in the Amount of \$1,500 in Order to Upgrade the City's Clay County Economic Development Council Membership Level (Resolution No. 19-066). City Administrator Berlin stated the City is a "Platinum" member of the Clay County Economic Development Council. T.J. Berry, Executive Director of the Clay County EDC, has requested that the City become a "Diamond" member. Mr. Berry spoke to the Council and pointed out that of the Clay County cities of the same size, Gladstone, Liberty, Excelsior Springs and Kearney are all Diamond members. A budget amendment in the amount of \$1,500 is presented for Council consideration. Discussion ensued. C. Farr moved to approve Resolution No. 19-066, seconded by C. DeLong. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried.

Consideration of an Ordinance Approving and Conveying an Easement to Southwestern Bell Telephone Company D/B/A AT&T Missouri in the City of North Kansas City, Missouri {Bill No. 7448 (Ordinance No. 9245)}. City Administrator Berlin asked Community Development Director Sara Copeland to present this item to Council. Ms. Copeland stated that Hunt Midwest Residential, LLC has submitted a vacation petition to the City Council regarding right-of-way at the southeast corner of 32nd and Swift adjacent to planned townhomes within Northgate Village. In the process of contacting utility companies about this request, Hunt Midwest found that this area includes an AT&T communications fiber optic line that would be prohibitively expensive to relocate. Vacating the right-of-way, which was considered in the item immediately above, will result in this fiber optic line being located in private property and so an easement dedication is necessary. Staff recommends approval. Discussion ensued. C. Farr moved that Bill

Resolution No. 19-066
– Clay County
Economic Development
Council Membership
Level

Ordinance No. 9245 –
Approving Easement
for AT&T
Communications
Facilities

No. 7448 be placed on first reading, seconded by C. Pearman. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7448 was read. C. Farr moved that Bill No. 7448 be placed on second and final reading and passed as Ordinance No. 9245, seconded by C. Pearman. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7448 was read. Thereupon Mayor Stielow declared the motion carried and the Bill duly passed. Said Bill was then numbered 9245, was signed and approved by the Mayor and attested by the City Clerk.

Consideration of an Ordinance Vacating Certain Street Rights-Of-Way for Swift Street Located South of 32nd Avenue in the City of North Kansas City, Missouri {Bill No. 7452 (Ordinance No. 9249)}. City Administrator Berlin asked Community Development Director Copeland to present this item to Council. Ms. Copeland stated that Hunt Midwest, the developer for the Northgate Village Townhomes, has submitted a vacation petition regarding public right-of-way located at the southeast corner of the intersection of Swift Street and 32nd Avenue. As noted in the request submitted by Hunt Midwest, the reconstruction of this intersection created additional open space adjacent to the planned townhomes. Vacating the excess right-of-way at this corner will allow Hunt Midwest to break the planned six-unit townhome building for this corner into two three-unit buildings, add additional green space, and construct a corner neighborhood monument, consistent with others in Northgate Village. The required public hearing for this item was held September 17, 2019. Now before Council for consideration is the ordinance accomplishing the right-of-way vacation. Staff recommends approval. Discussion ensued. C. Farr moved to place Bill No. 7452 on its first reading, seconded by C. Stewart. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7452 was read. C. Farr moved that Bill No. 7452 be placed on its second and final reading and passed as Ordinance No. 9249, seconded by C. Stewart. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7452 was read. Thereupon Mayor Stielow declared the motion carried and

Ordinance No. 9249 –
Vacating Right-Of-Way
at 32nd and Swift

the Bill duly passed. Said Bill was then numbered 9249, was signed and approved by the Mayor and attested by the City Clerk.

This item was removed from the agenda.

Consideration of a Resolution Amending the City's Personnel Policy Regarding Medical Marijuana (Resolution No. 19-065). City Administrator Berlin stated that Missouri Constitutional Amendment #2, passed in late 2019, allowed for Missourians to use marijuana for medical purposes. It is necessary to amend the City's Personnel Policy to provide how employee use of marijuana shall be treated at this time. Medical marijuana is not yet legal according to federal law. Allowing the use of marijuana by employees for any purpose would run afoul of federal law and endanger the receipt of federal grants, of which the City has made extensive use in recent years. Until federal law changes, a policy of zero tolerance represents the consensus of municipalities in the state and this region. Accordingly, it is recommended that the City amend the City's Personnel Manual by explicitly prohibiting the use of marijuana by City employees for any purpose. Discussion ensued. C. Farr moved to approve Resolution No. 19-065, seconded by C. Stewart. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried.

Consideration of a Resolution to Authorize Certain Persons to Effect Securities Transactions with Commerce Bank, N.A. (Resolution No. 19-067). City Administrator Berlin asked Finance Manager Shirley Land to present this item to Council. Ms. Land stated that when the City of North Kansas City needs to invest excess cash, bids are requested from multiple brokers. Commerce Bank, N.A. frequently wins the bid and the City purchases investment instruments from that bank. CD's are purchased by wiring the money to Commerce Bank. Wires require two staff persons, one to initiate and another to confirm. During a recent purchase of government securities, Commerce Bank won the bid and banking staff realized that the authorization to effect securities transactions was at least twenty years out of date. Commerce Bank has asked that the Council send formal permission for certain persons to conduct investment related transaction with their bank. Therefore, staff recommends passing the resolution authorizing the City Administrator and the Finance Manager to effect securities transactions on behalf of the City so that the City may continue to conduct investment transactions with Commerce Bank, N.A. in the future.

Emergency Snow
Route on Armour Road

Resolution No. 19-065
– Amending the City's
Personnel Policy
Regarding Medical
Marijuana

Resolution No. 19-067
– Resolution to
Authorize Certain
Persons to Effect
Securities Transactions
with Commerce Bank,
N.A.

Discussion ensued. C. Farr moved to approve Resolution No. 19-067, seconded by C. Clevenger. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried.

Consideration of an Ordinance Adopting and Approving a License Agreement By and Between the City of North Kansas City, Missouri and Norfolk Southern Railway Company Regarding the Continued Use and Installation of Certain Groundwater Monitoring Wells in City Right-Of-Way {Bill No. 7447 (Ordinance No. 9244)}. City Administrator Berlin asked City Counselor Tom Barzee to present this item to Council. Mr. Barzee stated that Norfolk Southern Railroad has entered into the Missouri Department of Natural Resources Voluntary Cleanup Program and is required to monitor the groundwater due to contamination from the release of diesel fuel on property owned by Norfolk Southern. On April 1, 2014, the city council enacted Ordinance No. 8744 granting to Norfolk Southern a license agreement to install and, upon termination, to remove certain groundwater monitoring wells on certain City right-of-way and real property. The license agreement granted to Norfolk Southern in 2014 had a term of sixty (60) months and has now expired. Norfolk Southern has requested a 60-month extension. Staff recommends approval. Discussion ensued. C. Farr moved that Bill No. 7447 be placed on first reading, seconded by C. Stewart. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7447 was read. C. Farr moved that Bill No. 7447 be placed on second and final reading and passed as Ordinance No. 9244, seconded by C. Pearman. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7447 was read. Thereupon Mayor Stielow declared the motion carried and the Bill duly passed. Said Bill was then numbered 9244, was signed and approved by the Mayor and attested by the City Clerk.

Ordinance No. 9244 –
Extension of License
Agreement with
Norfolk Southern
Railway Company

Consideration of an Ordinance Authorizing Payment for Certain Accounts Due and Payable by the City Through September 27, 2019 {Bill No. 7451 (Ordinance No. 9248)}. C. Farr moved that Bill No. 7451 be placed on first reading, seconded by C. Stewart. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7451 was read. C.

Ordinance No. 9248 –
Approving Accounts
Due and Payable by
the City Through
September 27, 2019

Farr moved that Bill No. 7451 be placed on second and final reading and passed as Ordinance No. 9248, seconded by C. Stewart. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried. Bill No. 7451 was read. Thereupon Mayor Stielow declared the motion carried and the Bill duly passed. Said Bill was then numbered 9248, was signed and approved by the Mayor and attested by the City Clerk.

City Administrator Berlin stated the Upcoming City Items of Note and the Quarterly Status of City Projects and Purchases Report were in the Council packets for review. Mr. Berlin also reminded the Council that following tonight's Executive Session, the Council and staff will meet at the Armour Road archway to view the demonstration of additional lighting to this archway. Mr. Berlin stated that we currently have a Short-Term Conditional Use Permit for a car show to be held on Swift between 14th and 16th Avenues this coming Saturday. Due to the forecast, they have asked that this be moved to Sunday. Council agreed to this request. City Administrator Berlin inquired into what date the Council would like to hold a Public Meeting regarding the Armour Road Complete Street Project. Discussion ensued. C. Steffen moved to hold this special meeting at 6:00 PM on Tuesday, October 15, seconded by C. Stewart. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, no – C. Pearce, no – C. Smith, no – C. Pearman, no – C. Clevenger, yes. Mayor Don Stielow voted yes breaking the tie.

Assistant City Administrator Kim Nakahodo stated that on October 12, the artist who painted the mural at 1443 Swift, Brew Lamb (street name Spaceship Zulu), will be at a "Meet the Artist" event at the Brewery at 2:00 PM.

C. Stewart stated he would like to thank the police for their help in encouraging people to not park in the yellow zone at 25th Avenue. C. Stewart stated he was not against bicycle lanes. He just doesn't like the way the project ended up on Armour Road. It looked better on paper.

C. Steffen had nothing at this time.

C. Farr stated he is not against Bike Lanes. He stated what we have now is not traffic friendly at all.

Staff Comments

Councilmembers'
Comments

C. DeLong stated the Pint Path is on October 12th. He stated he toured the North Kansas City High School Performing Arts Building and it is a top-notch facility.

C. Pearce stated that Homecoming was wonderful. She said it was nice to see people out watching the parade. She stated she felt 18th Avenue would be a better choice for bike lanes, rather than 16th Avenue.

C. Smith reiterated that the Pint Path would be held on October 12th. He stated that tomorrow is National Coffee with a Cop day and our local Police Officers will be at McDonald's. He stated that regarding the Armour Road Complete Street Project that interested parties be encouraged to e-mail their thoughts for or against this project. He stated he still feels that the timeline is being rushed.

C. Pearman thanked those residents who were appointed or reappointed to Boards. She stated that an Eagle Scout had done some projects at the Dog Park. Ms. Pearman stated she agreed with C. Smith and would like to see emails from interested parties for or against the Armour Road Complete Street Project. She stated she was looking forward to the Pint Path and the Meet the Artist event.

C. Clevenger inquired about the art piece that will be placed in Richards Park. Staff stated that there was an engineering snag and the timeline is now moved to mid-November. Mr. Clevenger stated he also enjoyed Homecoming. He also thanked the residents who were appointed or reappointed to boards. C. Clevenger stated that regarding Armour Road, he does like the bike lanes. He stated as a pedestrian, he likes the bump outs.

Mayor Stielow had nothing at this time.

Mayor's Comments

Consideration of a Request to Hold and Recess Into an Executive Session, as Requested by the City Administrator, to Be Held on this Date, on a Real Estate Matter Pursuant to Missouri Revised Statutes §610.021(2). C. Clevenger moved to recess into Executive Session at 8:30 p.m., seconded by C. Stewart. The roll was called, and the vote was as follows: C. Clevenger, yes – C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Pearman, yes. Motion carried.

Executive Session

Consideration of a Request to Hold and Recess Into an Executive Session, as Requested by the City Administrator, to be Held on this

Date, on a Real Estate Matter Pursuant to Missouri Revised Statutes §610.021(2). C. Clevenger moved to recess into Executive Session at 7:50 p.m., seconded by C. Farr. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried.

Following the Executive Session, the Council met at the Armour Road Archway to view a demonstration with added lighting. After review, Council consensus was to not add the additional lighting at this time.

Armour Road Archway
Lights

C. Farr moved to go back into Regular Session and adjourn at 8:12 p.m., seconded by C. Smith. The roll was called, and the vote was as follows: C. Stewart, yes – C. Steffen, yes – C. Farr, yes – C. DeLong, yes – C. Pearce, yes – C. Smith, yes – C. Pearman, yes – C. Clevenger, yes. Motion carried.

Adjournment

Council Adjourned

Mayor

Attest:

City Clerk

Approved this 15th day of October 2019

MEMORANDUM



TO: Mayor and City Council

FROM: Kim Nakahodo, Assistant City Administrator

DATE: October 15, 2019

RE: City-Sponsored Tourism Grant Program
Screenland Armour – Panic Film Festival

<u>Budget Authority:</u>	
City-Sponsored Tourism Grant Program	\$5,000
RiverNorth District – Pint Pint Path (Granted 10/1/19):	(\$500)
Screenland Armour – Panic Film Festival (Requested 10/15/19)	(\$500)
Remaining Budget Authority:	\$4,000

As part of the FY 2019-20 Budget, the City Council authorized a new City-Sponsored Tourism Grant Program to enhance our local economy by sponsoring special events that attract visitors and promote a positive image of North Kansas City. This program is funded through the City’s Convention & Tourism Fund.

Staff has received an application from Screenland Armour for their Panic Film Festival event the week of January 24-30, 2020. Attached to this memo, please find the application form which includes event information.

The City Council has the authority to approve or deny any grant funding application. Applicants will be notified within 10 days as to the actions taken by the City Council.

Should the City Council approve the grant funding, staff will work with the applicant on payments and the post-event reporting requirements. Staff will provide the post-event information in the Staff Comments section of the City Council Agenda.

Attachments:

- City-Sponsorship Tourism Grant Program – Screenland Armour Panic Festival
Application & Sponsorship Deck information

Applications due 45 days before the event date.
Incomplete applications will not be considered.

Pre-Event Application Form

APPLICANT INFORMATION

Screenland Armour	Adam Roberts	Co-Owner
Business/Organization Name	Contact Name	Title
408 Armour Road	North Kansas City MO	64116
Address	City	State
816782326	ADAM@BMARENTERTAINMENT.COM	
Office Phone	Cell Phone	Email

EVENT INFORMATION

Panic Film Festival	Jan. 24-30 2020	ALL WEEK
Name of Event	Event Date(s)	Event Start Time
408 Armour Road	North Kansas City MO	64116
Event Address	City	State
		ZIP Code

Please list additional event address(es). If needed, please attach a comprehensive list.

Event Description:

Panic Film Festival enters into our 8th year as the regions largest and leading film festival, named one of the top 30 genre film festivals in the world by Movie Maker Magazine as well as winning the 435 Magazine Best Film Festival as well as Pitch's Best of for film festival.

Each year filmmakers from around the world descend upon North Kansas City for a full week of films, live podcasts and vendors. The film festival has had over 1,000 people attend over the week with many people traveling from the coasts and media coverage extending around the world.

We partner with Harrah's Casino and Briarcliff Marriott for hotel accommodations and use all the banks that are set aside usually around 10 each place but guests frequently book at closer hotels. Typically, 100+ guests travel from outside the metro area.

Other sponsors include: VisitKC, Boulevard Brewing Company, IFC Films, Coca-Cola, The Hilton, Film Society, Red Bull and many others.

panicfilmfest.com	200+ per day on weekends. Max attendance for week 1,000+
Event Website (if applicable)	Anticipated Attendance (per day if multi-day event)

Is this a new event? Yes No

Is this a recurring event? Yes No

If this is a recurring event, what was last year's attendance? 1,015

Is this event open to the public (either ticketed or free)? Yes No

Is this a ticketed event? Yes No

If so, what is the ticket price? Varies \$10-150

Pre-Event Application Form (cont.)

Grant Amount Requested (maximum of \$500 in grant funding in a fiscal budget year (Oct. 1 - Sept. 30): \$500

Grant funding to be used for:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Advertising | <input type="checkbox"/> Insurance | <input type="checkbox"/> Promotional material |
| <input checked="" type="checkbox"/> Entertainment | <input type="checkbox"/> Office supplies | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Equipment rental | <input type="checkbox"/> Postage | |
| <input type="checkbox"/> Exhibition rentals | <input type="checkbox"/> Printing | |

Please describe how the City's sponsorship will be included on event materials:

For our \$500 sponsorship package we include logos on all marketing materials (website, banners, flyers etc) as well as our press release when we announce films and guests.

All sponsorship funds are used generally to advertise and curate the guests and films.

ADDITIONAL REQUIREMENTS

Request For Additional Information (Please submit additional attachments with the submitted application.)

- Please include a write up that includes event details and information as it relates to:
 - the extent to which the event would promote and provide exposure outside the metro area with regard to North Kansas City's appeal as a tourist/visitor destination;
 - if applicable, the number of North Kansas City hotel room nights anticipated to be generated and a list of all hotels/motels to be used;
 - the percentage of attendees from outside the greater Kansas City metropolitan area;
- A budget of anticipated revenues and expenses including details of how the City-Sponsorship Tourism Grant Funds are proposed to be used; and,
- A copy of the event marketing/advertising plan. Please provide details of all sponsorship packages (including all sponsor financial levels and sponsor benefits) made available to potential event sponsors.



Signature of Authorized Agent

Adam Roberts

Printed Name

10/7/19

Date

Post-Event Information Form due 30 days after the event. date.

Post-Event Information Form

APPLICANT & EVENT INFORMATION

Screenland Armour	Adam Roberts	Co-Owner
<small>Business/Organization Name</small>	<small>Contact Name</small>	<small>Title</small>
Panic Film Fest	Jan. 24 - 30 2020	ALL WEEK
<small>Name of Event</small>	<small>Event Date(s)</small>	<small>Event Start Time</small> <small>Event End Time</small>

Grant Amount Awarded Maximum of \$500 in grant funding in a fiscal budget year (Oct. 1 - Sept. 30): _____

Evaluation of Overall Event:

Estimated economic impact of the event in North Kansas City (please include hotel information if known):

Event Attendance (per day if multi-day event) If known, percentage of attendees from outside of the KC metro?

Will this event return next year? Yes No

ADDITIONAL REQUIREMENTS

Request For Additional Information (Please submit additional attachments with the submitted application.)

- A detailed account of how the City-Sponsorship Tourism Grant Funds were used;
- A copy of the event marketing/advertising materials.

Signature of Authorized Agent Printed Name Date



2020 Sponsorship Deck

Panic Fest was just named one of the
30 best genre festivals in the world by
MovieMaker Magazine .



PANIC FEST 2020

We are incredibly excited as we begin putting the pieces together for the 8th annual PANIC FEST on Jan. 24 - 30th 2020 at Screenland Armour.

After another incredibly successful year we look to increase our footprint by bringing in additional vendors in our lobby area, more live podcasts and special guests and even more films.

Last year saw an increase in overall attendance for the films where many films remained sold out throughout the weekend of the festival. This year we hope to increase our overall partnerships and curate an even larger festival than years past.

Check us out online at panicfilmfest.com

Festival Attendance

As with all festivals our attendance is driven by programming, special guest and live events. With the addition of two small theaters this year we have added 80 more seats that will be available for more screenings and live podcasts. We have the potential to increase our reach and revenue in 2019 with 435 seat capacity.

2018

700+

2019

1,000+

Website Insights

Page Views

2019

Page Views

86,450

2018

Page Views

59,531

Our page views and visitors have jump substantially since 2016 as our programming and special events continue to get stronger each year.

Social Media Insight

Followers

Facebook

3500+

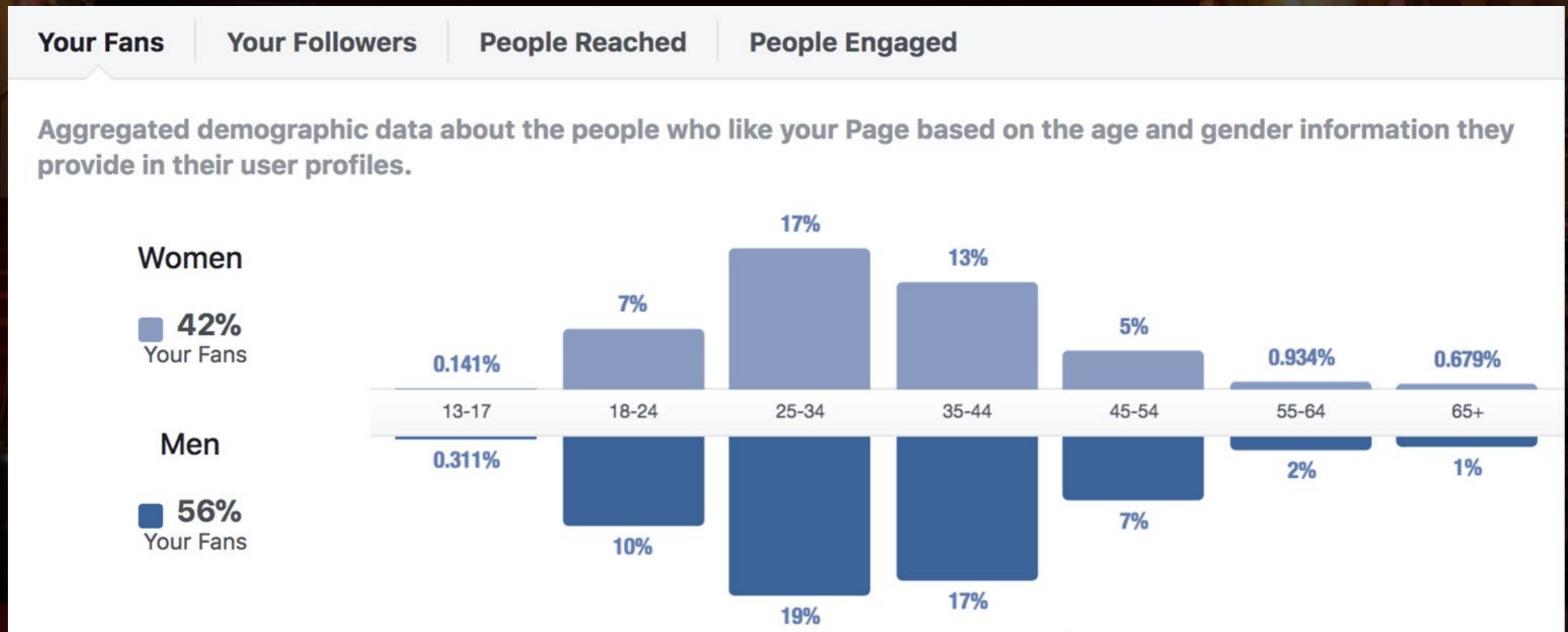
Twitter

900+

We have seen growth every year on Facebook and Twitter and will be making an effort to grab followers on Instagram in 2020.

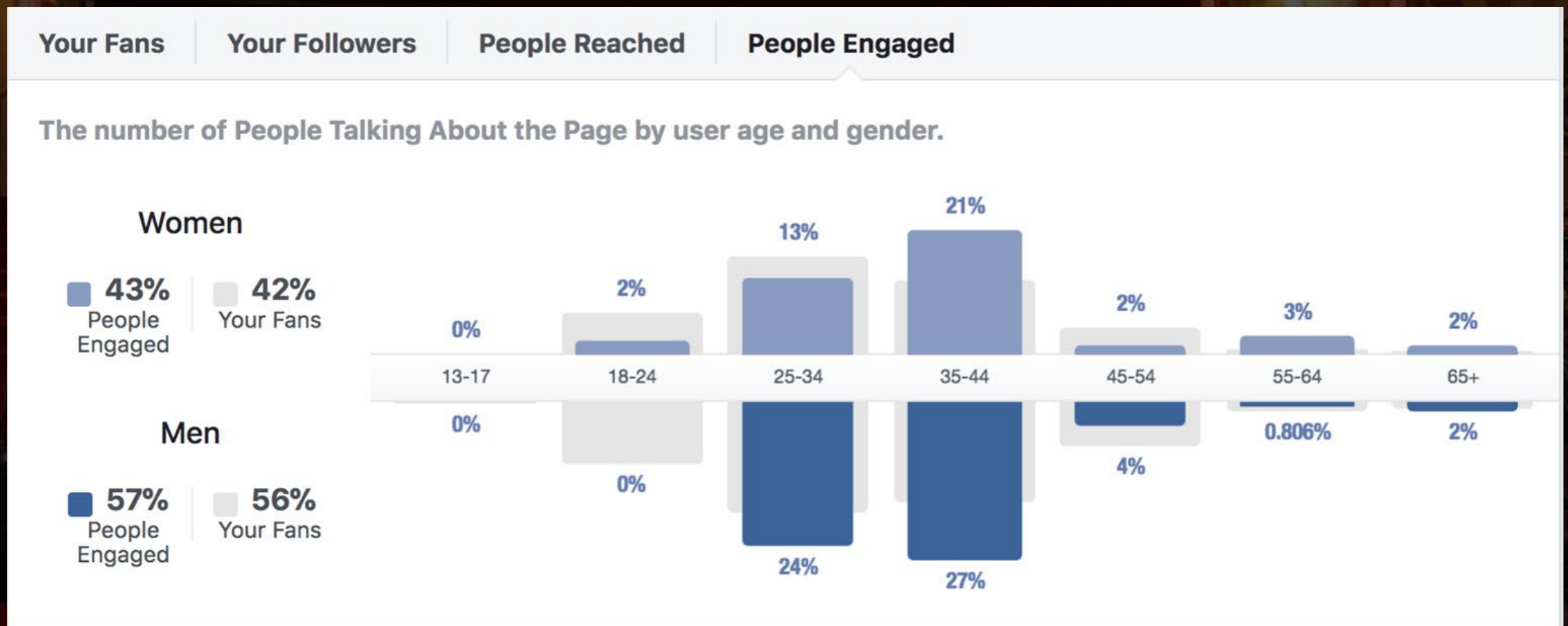
Social Media Insight

Facebook Insights: Our Fans



Social Media Insight

Facebook Insights: People Engaged



Building a Film Community

The festival has become more popular with filmmakers and the filmmaking community each year - as was evident when MovieMaker Magazine named our fest one of the best 30 genre fest in the world.

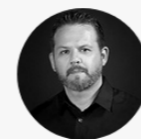
As we continue to foster our relationship with the film community this has allowed us to expand our program offering.



**Clarissa
Jacobson**

I wasn't able to attend, but had a great experience with this fest. Not only were they always responsive to emails but they did a lot of promoting of the film - Facebook, Instagram, Twitter. And the fest has as huge following - it sold out within weeks. Highly recommended!

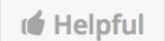
February 2018



Al Lougher

Without a doubt one of the best genre film festivals that caters to both the horror and filmmaker crowd. Adam and Tim put on a fantastic show and treated us all like family. One of the best experiences I've had. If you submit to this one make it your number one priority to attend!

January 2018



Press Coverage

We have had several articles written about our festival along with reviews that have been published on genre websites around the world. We have even been featured in a couple of film trailers as official selections or quotes from our own reviews.

MovieMaker Top 30 Genre Fest

IFC Midnight Trailer Mentions

Kansas City Star

Bloody Disgusting

Cinepunx

KCUR 89.3

Birth Movies Death

Mapquest Travel

Dread Central

KC Live

Horror News Network

Nightmarish Conjurings

The Pitch

Scene Stealers

Pop Horror

Unwinnable

Signal Horizon



But we can't do it alone.

That is where you come in...

C31

Previous Sponsors Include

We wouldn't have been able to grow the fest each year without some of these great sponsors. We hope to continue growing these relationships in years to come and bring on new sponsors to help bring the panic to Kansas City!



Sponsorship Packages

SILVER

PACKAGE: \$100

INCLUDES:

- Sponsor Banner on website

GOLD

PACKAGE: \$250

INCLUDES:

- Sponsor Banner on website
- Logo on Sponsors Banner at Festival

PLATINUM

PACKAGE: \$500

INCLUDES:

- Sponsor Banner on website
- Logo on Sponsors Banner at Festival
- Sponsor a film screening
- Ad in our Festival Program



PRESENTING SPONSORSHIPS

\$1,000-2,500

Our co-presenting sponsorship packages are flexible to work with your budget. Chose from the options below and select the a la carte package that works best for you.

Your sponsorship packages will help us bring in talent, book special events, print promotional materials and more.

- Sponsor Banner on Footer of the Website
- Presenting Sponsor Call-Out on Website
- Social Media Sponsorship Posts
- Logo on Sponsor Banners at Festival
- Step and Repeat Logo (x2)
- Sponsor a Film Screening (x20+)
- Special Event Sponsorship (x3-4)
- Back Cover of our Festival Program (x2)
- Ad inside the Festival Program (x10)
- Logo on the Back of our Festival Tee (x2)



PRESENTING SPONSORSHIPS

\$6000

Our lead festival sponsorship package includes everything below plus being the main festival sponsor as Presented By.

Your sponsorship packages will help us bring in talent, book special events, print promotional materials and more.

- Sponsor Banner on Footer of the Website
- Presenting Sponsor Call-Out on Website
- Social Media Sponsorship Posts
- Logo on Sponsor Banners at Festival
- Step and Repeat Logo (x2)
- Sponsor a Film Screening (x20+)
- Special Event Sponsorship (x3-4)
- Back Cover of our Festival Program (x2)
- Ad inside the Festival Program (x10)
- Logo on the Back of our Festival Tee (x2)



PANIC FEST

Thank You

NEIGHBORHOOD BLOCK PARTY PERMIT

APPLICANT NAME: DAVE WOOD

MAILING ADDRESS: 2414 ERIE STREET

PHONE: 816. 820, 7481 EMAIL: dwood1522@icloud.com

----- BLOCK PARTY INFORMATION -----

PARTY DATE: 10/19/19 PARTY HOURS: 3PM - 7:PM

PARTY LOCATION (Address or Street Location): ERIE STREET BETWEEN
23RD & 26TH STREETS

NAME & PHONE NUMBER OF TWO PEOPLE WHO WILL BE ONSITE MANAGING THE PARTY:

PERSON 1: DAVE WOOD 816. 820, 7481

PERSON 2: LISA DEGGINGER 816. 853. 6086

NUMBER OF EXPECTED ATTENDEES: 50

WILL FOOD BE SERVED: YES NO [IF YES, CONTACT CLAY COUNTY HEALTH AT 816-595-4350] ^{- DONE}

WILL YOUR BLOCK PARTY INCLUDE: DJ/BAND/MUSIC STAGE OPEN FLAMES
 STREET CLOSING

ARE YOU REQUESTING BARRICADES FROM THE CITY TO BLOCK OFF STREETS? YES NO

IF REQUESTING A STREET CLOSURE, HAVE YOU NOTIFIED THE PROPERTY OWNERS AFFECTED BY THE CLOSURE? YES NO

WILL THERE BE A TENT? YES NO IF YES, HOW MANY SQUARE FEET? _____

Eligible expenses will be reimbursed up to \$200 per block party. Eligible expenses include food, paper goods and entertainment/performers. Ineligible expenses include alcohol, tent and stage/riser rentals.

Neighborhoods may receive the block party reimbursement once per year. Receipts must be submitted to the City Clerk for reimbursement.

APPLICANTS SIGNATURE: David Wood DATE: 9/30/19

----- **CITY APPROVALS** -----

APPLICATION RECEIVED BY M. Brown DATE: 10/11/19

ACTION BY CITY COUNCIL _____ DATE: _____

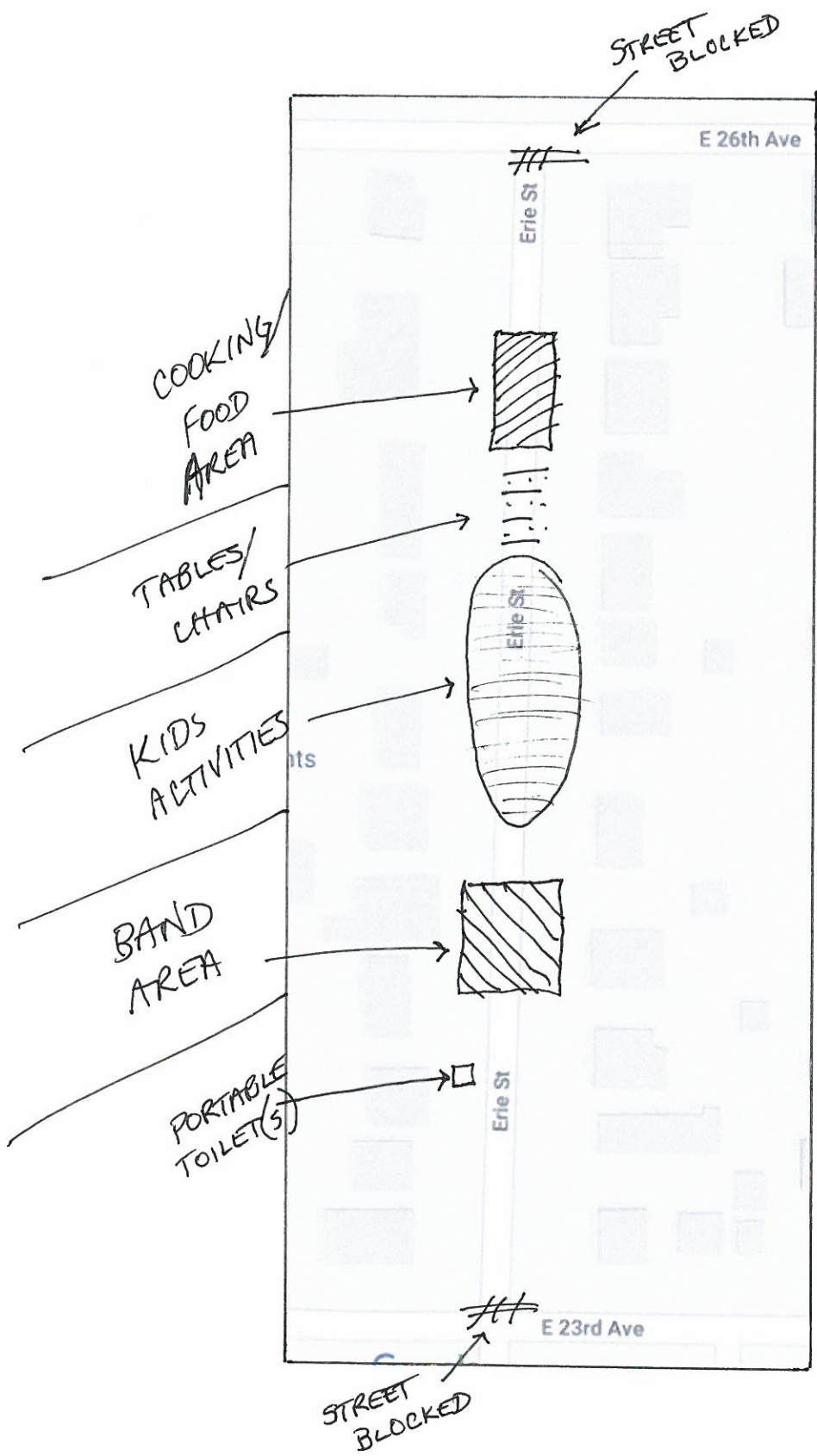
----- **OTHER REQUIREMENTS** -----

DIAGRAM OF EVENT: SUBMIT A DRAWING SHOWING LOCATION OF EVENT, TABLES, AND OTHER EQUIPMENT THAT WILL BE INVOLVED (STAGE, DJ, HEATERS, BARRIERS, ETC.).

SPECIAL EVENT APPLICATION DEADLINE: THIS APPLICATION SHOULD BE MADE A MINIMUM OF 21 DAYS IN ADVANCE OF YOUR EVENT TO SECURE APPROVAL BY CITY COUNCIL.

APPLICANT IS RESPONSIBLE FOR THE REMOVAL OF ALL MATERIAL, EQUIPMENT, AND DEBRIS WITHIN TWENTY-FOUR (24) HOURS OF EXPIRATION OF THIS PERMIT. ANY BARRICADES PROVIDED BY THE CITY SHALL BE PLACED CURBSIDE FOR PICKUP BY CITY STAFF.

ERIE ST. BLOCK PARTY
OCTOBER 19, 2019
3:00 PM - 7:00 PM



NEIGHBORHOOD BLOCK PARTY PERMIT

APPLICANT NAME: Destiny moser and Tammy Moser
MAILING ADDRESS: 1009 E 24th ave
PHONE: 808-313-0686 EMAIL: Tammy.moser@yahoo.com

----- **BLOCK PARTY INFORMATION** -----

PARTY DATE: Oct 26 2019 PARTY HOURS: 2-6 pm
PARTY LOCATION (Address or Street Location): E 24th Ave between Knox and Macon

NAME & PHONE NUMBER OF TWO PEOPLE WHO WILL BE ONSITE MANAGING THE PARTY:

PERSON 1: Richard Sheets 816-699-3464
PERSON 2: Tammy Moser 808-313-0686

NUMBER OF EXPECTED ATTENDEES: 50

WILL FOOD BE SERVED: YES NO [IF YES, CONTACT CLAY COUNTY HEALTH AT 816-595-4350]

WILL YOUR BLOCK PARTY INCLUDE: DJ/BAND/MUSIC STAGE OPEN FLAMES
 STREET CLOSING

ARE YOU REQUESTING BARRICADES FROM THE CITY TO BLOCK OFF STREETS? YES NO

IF REQUESTING A STREET CLOSURE, HAVE YOU NOTIFIED THE PROPERTY OWNERS AFFECTED BY THE CLOSURE? YES NO

WILL THERE BE A TENT? YES NO IF YES, HOW MANY SQUARE FEET? _____

Eligible expenses will be reimbursed up to \$200 per block party. Eligible expenses include food, paper goods and entertainment/performers. Ineligible expenses include alcohol, tent and stage/riser rentals.

Neighborhoods may receive the block party reimbursement once per year. Receipts must be submitted to the City Clerk for reimbursement.

APPLICANTS SIGNATURE:  DATE: 10/9

----- CITY APPROVALS -----

APPLICATION RECEIVED BY M. Brown DATE: 10/9/19
ACTION BY CITY COUNCIL _____ DATE: _____

----- OTHER REQUIREMENTS -----

DIAGRAM OF EVENT: SUBMIT A DRAWING SHOWING LOCATION OF EVENT, TABLES, AND OTHER EQUIPMENT THAT WILL BE INVOLVED (STAGE, DJ, HEATERS, BARRIERS, ETC.).

SPECIAL EVENT APPLICATION DEADLINE: THIS APPLICATION SHOULD BE MADE A MINIMUM OF 21 DAYS IN ADVANCE OF YOUR EVENT TO SECURE APPROVAL BY CITY COUNCIL.

APPLICANT IS RESPONSIBLE FOR THE REMOVAL OF ALL MATERIAL, EQUIPMENT, AND DEBRIS WITHIN TWENTY-FOUR (24) HOURS OF EXPIRATION OF THIS PERMIT. ANY BARRICADES PROVIDED BY THE CITY SHALL BE PLACED CURBSIDE FOR PICKUP BY CITY STAFF.

MEMORANDUM



TO: Mayor Stielow and Council Members

FROM: Casey Campbell, HR Manager

DATE: October 15, 2019

RE: 2020 Renewal of Employee Health Insurance

We have received our medical insurance renewal from Blue Cross Blue Shield of Kansas City for 2020.

The following represents the increases the City has received over the last several years:

2016	6.2%
2017	0 %
2018	1.4%
2019	12.6%; 9.1% if employee chose to move to the BlueSelect Plus Network

The 2020 renewal is in the amount of 19.0%. Staff is not recommending any changes to any plan benefits for 2020, except for one change required by IRS guidelines. The HSA plan will experience a deductible increase. It will move from \$2,700 to \$2,800 for and Individual plan and from \$5,400 to \$5,600 for a Family plan.

All other insurance benefits are renewing with no increase in premiums. They include Guardian Dental, Mutual of Omaha Life Insurance and Cigna Long Term Disability.

Staff recommends renewal of this year's employee health insurance package.

AN ORDINANCE ADOPTING AND APPROVING ADDENDUM TO GROUP CONTRACT (MAXIMUM REFUND ACCOUNT), TOGETHER WITH THE (A) BENEFIT AND RATE CONFIRMATION FOR THE CITY'S PREFERRED-CARE BLUE PPO PLAN; (B) BENEFIT AND RATE CONFIRMATION FOR THE CITY'S PERSONAL BLUE PPO PLAN; (C) BENEFIT AND RATE CONFIRMATION FOR THE CITY'S BLUESAVER PPO PLAN; (D) BENEFIT AND RATE CONFIRMATION FOR THE CITY'S BLUESELECT PLUS PERSONAL BLUE HRA PLAN; AND (E) BENEFIT AND RATE CONFIRMATION FOR THE CITY'S BLUESELECT PLUS PPO, EFFECTIVE JANUARY 1, 2020, WITH BLUE CROSS AND BLUE SHIELD OF KANSAS CITY REGARDING MEDICAL INSURANCE BENEFITS FOR THE EMPLOYEES OF THE CITY OF NORTH KANSAS CITY, MISSOURI.

WHEREAS, the City of North Kansas City, Missouri (the “City”) is a body corporate, a third class city and political subdivision of the State of Missouri, duly created, organized and validly existing under and by virtue of the Constitution and laws of the State of Missouri; and

WHEREAS, the City has selected Blue Cross and Blue Shield of Kansas City (“BCBSKC”) to provide health insurance for those of its employees who elect to participate in the City’s health insurance program; and

WHEREAS, BCBSKC desires to enter into an agreement to provide the health insurance to the City for and on behalf of its employees; and

WHEREAS, the City desires to approve the Addendum to Group Contract (Maximum Refund Account), together with the various Plans being provided to the City by BCBSKC for the City’s employees.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF NORTH KANSAS CITY, MISSOURI, AS FOLLOWS:

Section 1. Approval of Addendum to Group Contract. The City Council does hereby find and determine that it is in the best interests of the citizens and City of North Kansas City, Missouri, to approve and enter into the Addendum to Group Contract (Maximum Refund Account) (the “**Addendum**”) between the City and BCBSKC in connection with providing health insurance to the City’s employees, which Addendum shall be in substantially the form of “**Exhibit 1**”, attached hereto and incorporated herein by reference. The City is hereby authorized to pay any and all costs and expenses associated with such Addendum.

Section 2. Approval of BCBSKC Plans. The City Council does hereby find and determine that it is in the best interests of the citizens and City of North Kansas City, Missouri, to approve and authorize the following plans provided to the City by BCBSKC (the “**Plans**”) in connection with providing health insurance to the City’s employees, which Plans shall be in substantially the form of “**Exhibit 2**”, collectively attached hereto and incorporated herein by reference:

- A. Preferred-Care Blue PPO Plan—Benefit and Rate Confirmation (effective January 1, 2020);
- B. Personal Blue PPO Plan—Benefit and Rate Confirmation (effective January 1, 2020);
- C. Blue Saver PPO Plan—Benefit and Rate Confirmation (effective January 1, 2020);
- D. BlueSelect Plus Personal Blue HRA Plan – Benefit and Rate Confirmation (effective January 1, 2020); and

E. BlueSelect Plus PPO Plan – Benefit and Rate Confirmation (effective January 1, 2020).

The City is hereby authorized to pay any and all costs and expenses associated with each such Plan.

Section 3. The City Council does hereby further find and determine that it is in the best interests of the citizens and City of North Kansas City, Missouri, to approve and enter into the COBRA Rate Confirmation (the “**COBRA Rate**”) between the City and BCBSKC, which COBRA Rate shall be in substantially the form of “**Exhibit 3**”, attached hereto and incorporated herein by reference.

Section 4. The provisions of the Addendum, the respective Plans and the COBRA Rate Confirmation are hereby approved and adopted by the City Council of the City of North Kansas City, Missouri. The Mayor and City Clerk are hereby authorized and directed to execute the Addendum, Confirmation of Coverage for the Plans and COBRA Rate Confirmation on behalf of the City of North Kansas City, Missouri.

Section 5. Further Authority. The City shall, and the mayor, city clerk, city officials and employees of the City are hereby authorized and directed to take such further action, and execute such other documents, certificates and instruments as may be necessary or desirable to carry out and comply with the intent of this Ordinance.

Section 6. Severability. The sections, paragraphs, sentences, clauses, and phrases of this Ordinance shall be severable. In the event that any such section, paragraph, sentence, clause, or phrase of this Ordinance is found by a court of competent jurisdiction to be invalid, the remaining portions of this Ordinance are valid, unless the court finds the valid portions of this Ordinance are so essential to and inseparably connected with and dependent upon the void portion that it cannot be presumed that the City has enacted the valid portions without the void ones, or unless the court finds that the valid portions, standing alone, are incomplete and are incapable of being executed in accordance with the legislative intent.

Section 7. Governing Law. This Ordinance shall be governed exclusively by and construed in accordance with the applicable laws of the State of Missouri.

Section 8. Effective Date. This Ordinance shall be in full force and effect from and after its passage by the City Council and approval by the Mayor.

PASSED this 15th day of October, 2019.

Don Stielow, *Mayor*

ATTEST:

Crystal Doss, *City Clerk*

APPROVED this 15th day of October, 2019.

Don Stielow, *Mayor*

APPROVED AS TO FORM:

Anthony Bologna, *City Attorney*

Thomas E. Barzee, Jr., *City Counselor*



Kansas City

Confirmation of Coverage	
Group Name:	City of North Kansas City
Offer Name:	2020 Renewal
Group Number:	11002000
State:	Missouri
Effective Date:	01/01/2020
Important Notes:	
Offer-Related Information	
A. General Information	
Contract Term:	12 Months
Subsequent Renewal Terms:	12 Months
Renewal Notification:	90 Days
Annual Enrollment Period Start:	30 Days prior to Group Anniversary Date
Annual Enrollment Period End:	15 Days after Group Anniversary Date
Waiting Period:	30 Days
Eligibility Rule:	First Day of Month Following Waiting Period
Termination Rule:	Last day of month following termination
Dependent Limiting Age:	26 Years
Dependent Limiting Age Termination:	EOY following birthday
Is Employer subject to ERISA?:	No
Are Section 125 Enrollment Changes Allowed?:	Yes
HSA Bank Selection:	UMB
Reinstatement Fee:	\$500
B. Medical Programs and Services	
AHY (subscribers/spouse with medical):	AHY (100+)
AHY Standard Buyup (employees with no medical):	No
Wellness Stipend:	\$0
24-Hour Nurse Line:	Yes
Healthy Companion:	Yes
Virtual Care:	Yes
Livongo Program:	Yes
Rx Personal Medication Coach:	Yes

Rx Savings Solution:	Yes
Rx Carve-in Credits:	No
C. Blue KC Vision Coverage	
Blue Vue Base:	No
Blue Vue 10/100:	No
Blue Vue 10/130:	No
Blue Vue 10/150:	No
Blue Vue 10/200:	No
Blue Vue 0/130:	No
Blue Vue 0/150:	No
Blue Vue 0/200:	No
Blue Vue Non-Standard:	No
D. USABLE Coverage	
Term Life:	No
AD&D:	No
Blue KC Provided Billing Service:	
E. Principal Coverage	
Group Term Life:	No
Voluntary Life:	No
Long Term Disability (LTD):	No
Short Term Disability (STD):	No
Critical Illness:	No
Accident:	No
Dental:	No
Vision:	No

Offer Summary and Signatures

Plans included in this Offer:

For details about the plans included in this offer, please see the attached Plan information.

BlueSelect Plus Personal Blue HRA (C411)
BlueSelect Plus PPO (C412)
Preferred-Care Blue PPO Plan (C413)
Personal Blue PPO Plan (C414)
BlueSaver PPO Plan (C415)

Confirmed by: City of North Kansas City

Accepted by Blue Cross and Blue Shield of Kansas City:

Signature

Signature

Title

Title

Date

Date

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Kansas City

Plan Information	
Group Name:	City of North Kansas City
Plan Name:	BlueSelect Plus Personal Blue HRA
Group Number:	11002000
State:	Missouri
Effective Date:	01/01/2020
For Internal Use Only:	Package: 1057140561 XREF: C411 Medical: 1057340595 Rx: 1058050030
1. General Plan Information	
Benefit Period	Calendar Year
Funding	Fully Insured with Maximum Refund
Grandfathered Status	Non-Grandfathered
Consumer-Driven Health Plan (CDHP)	HRA
Spira Care Plan?	No
Religious Employer?	N/A
Classification of Eligible Employees	All full-time employees actively working 30 hours per week; Pre-65 retirees covered based on the group's HR policy
Eligibility	
Min % of Eligible Employees	75%
% Threshold of Total Employee Enrollment	90%
Minimum Employer Contribution – Eligible Employees	75%
Minimum Employer Contribution – Total Account Premium	50%
COBRA Billing	BCBS
Are Domestic Partners Covered?	No
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Blue Connect	Blue Connect not included
Compass	Compass Not included
2. Network	
Local Medical Network	BlueSelect Plus
Out-of-Area Medical Network	BlueCard PPO/EPO
Pharmacy	See Pharmacy (Sections 5 & 6)
3. Cost Sharing	

Medical Deductible - Calendar Year, Embedded All INN & OON Cross Accum	In-Network	Out-of-Network
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Pharmacy Deductible	No Pharmacy Deductible	
Medical Coinsurance	In-Network	Out-of-Network
Member Pays	10%	40%
Plan Pays	90%	60%
Out-of-Pocket Limit - Calendar Year, Embedded All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	In-Network	Out-of-Network
Individual	\$4,500	\$15,000
Family	\$9,000	\$30,000
Pharmacy Out-of-Pocket Limit	Combined with Medical	
Personal Care Account	Individual: \$1,000/Calendar Year Family: \$2,000/Calendar Year Do Not Allow Carry Over	
Annual First Dollar Coverage	Does not apply	Does not apply
Annual Maximum	Does not apply	Does not apply
Lifetime Maximum	Does not apply	Does not apply
4. Benefits		
Professional Services	In-Network	Out-of-Network
Primary Care Physician Office Visit - An internist, family practitioner, general practitioner, or pediatrician.	10% Coinsurance after Deductible	40% Coinsurance after Deductible
BDTC Primary Care Physician Office Visit	Does not apply	Not applicable
Specialist Physician Office Visit - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Urgent Care Office Visit Includes telehealth services provided by Blue KC telehealth partner(s).	10% Coinsurance after Deductible	40% Coinsurance after Deductible
BDTC Urgent Care Office Visit	Does not apply	Not applicable
Designated Telehealth Care Visit	See Urgent Care	Not applicable

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
ABA Services ABA Services Age Limits: Mandated Limits ABA Services Hours Limits: Mandated Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Abortion	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Acupuncture	Not covered	Not covered
Allergy Testing	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Allergy Treatment	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Ambulance - Air Air Ambulance Allowable Option: Billed Charges	10% Coinsurance after Deductible	10% Coinsurance after In-Network Deductible
Ambulance - Ground Ground Ambulance Allowable Option: 150% of Medicare	10% Coinsurance after Deductible	10% Coinsurance after In-Network Deductible
Assisted Reproductive Services	Not covered	Not covered
Autism-Related Services No limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Bariatric Services	Not covered	Not covered
BDC+ Surgery	Not covered	Not covered
Chiropractic Services Office Visit	Same as Specialist Office Visit Cost Shares	Same as Specialist Office Visit Cost Shares
Diabetic Equipment and Supplies Prior Authorization Policy Applies	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Diabetic Footwear	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Diabetic Pump	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
Diabetic Self Management Education/Training (DSMT)	No member cost share	40% Coinsurance after Deductible
Durable Medical Equipment (DME) Prior Authorization Policy Applies No limits	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Elective Male Sterilization	No member cost share	40% Coinsurance after Deductible
Emergency Services	10% Coinsurance after Deductible	10% Coinsurance after In-Network Deductible
Food and Food Products for PKU No limits	Covered	Covered
Foot Orthotics	Not covered	Not covered
Gender Dysphoria-Related Services Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Surgery: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Hearing Aids	Not covered	Not covered
High Tech Radiology (MRI, MRA, PET, CT) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	40% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Home Health Care Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Hospice	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Immunizations - Not Routine Preventive	Not covered	Not covered
Infertility and Impotency Diagnosis & Treatment Infertility and impotency treatment limited \$10,000 per Lifetime Impotency treatment pills: No limits Dollar Limitations include Pharmacy: Yes Impotency Drug Coverage: Yes Infertility Drug Coverage: Yes	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Hospice Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Physician Services	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Labs Performed in Office / Independent Lab	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Maternity Dependent Daughters Maternity Covered?: No	Covered	Covered
Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Inpatient Physician Services	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Office Visit	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Nutritional Counseling	Not covered	Not covered
Organ Transplant Services Prior Authorization Policy Applies	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Organ Transplant Travel Expenses	Not covered	Not covered
Other Services Performed in Office	10% Coinsurance after Deductible	40% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Outpatient Physician Services	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Surgery Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Cardiac Therapy No limits	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Cognitive Therapy	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Facility Combined with Hearing Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Provider's Office Combined with Speech Therapy Limits	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Facility Combined with Occupational Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Provider's Office Combined with Physical Therapy Limits	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Facility Combined with Physical Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Provider's Office Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Pulmonary Therapy No limits	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Facility Combined with Speech Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Providers Office Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Private Duty Nursing Combined with Home Health Care Limits	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Routine Preventive Care Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	40% Coinsurance after Deductible
Skeletal Manipulation performed in a Chiropractic Office Prior Authorization Policy Applies Out-of-Network	10% Coinsurance after Deductible	40% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Skilled Nursing Facility (SNF) Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Temporomandibular Joint (TMJ) No limits TMJ Diagnosis and Surgical Treatment (for accidental injury, fracture, tumors): Yes TMJ Non-surgical Treatment: No TMJ Orthognathic Surgery: No	10% Coinsurance after Deductible	40% Coinsurance after Deductible
Vision Exam-Routine	Not covered	Not covered
Weight Loss Drugs (covered in Pharmacy cost shares)	Not Covered	Not Covered
Weight Management - Naturally Slim	Not covered	Not covered
Wigs	Not covered	Not covered
X-Rays and Radiology Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	40% Coinsurance after Deductible
5. General Pharmacy Information		
Pharmacy Network(s)	Network 1: RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on MyBlueKC.com	Blue KC Preferred Formulary	
Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	In-Network Does Not Apply	Out-of-Network Does Not Apply
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	In-Network Combined with Medical Out-of-Pocket	Out-of-Network Combined with Medical Out-of-Pocket
Maintenance Medication Program	Not applicable	
Generics Program	Not Applicable	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476	
6. Plan Benefits – Pharmacy		
	In-Network	Out-of-Network
Retail Pharmacy (Short-term supply: Up to 34 Days) Drug Tier 1: Generic / Generic Specialty	RxPremier: \$10 Copay/Fill	\$10 Copay/Fill, then 50% Coinsurance

Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: \$30 Copay/Fill	\$30 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: \$50 Copay/Fill	\$50 Copay/Fill, then 50% Coinsurance
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days) Drug Tier 1: Generic	\$20 Copay/Fill	\$20 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic	\$60 Copay/Fill	\$60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand	\$100 Copay/Fill	\$100 Copay/Fill, then 50% Coinsurance
Infertility and Impotency Drugs Drug Tier 1: Generic / Generic Specialty	RxPremier: \$10 Copay/Fill + 50% Coinsurance	\$10 Copay/Fill + 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: \$30 Copay/Fill + 50% Coinsurance	\$30 Copay/Fill + 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: \$50 Copay/Fill + 50% Coinsurance	\$50 Copay/Fill + 50% Coinsurance
Weight Loss Drugs	Not covered	Not covered

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Kansas City

Plan Information	
Group Name:	City of North Kansas City
Plan Name:	BlueSelect Plus PPO
Group Number:	11002000
State:	Missouri
Effective Date:	01/01/2020
For Internal Use Only:	Package: 1000380643 XREF: C412 Medical: 1001160180 Rx: 1001430375
1. General Plan Information	
Benefit Period	Calendar Year
Funding	Fully Insured with Maximum Refund
Grandfathered Status	Non-Grandfathered
Consumer-Driven Health Plan (CDHP)	N/A
Spira Care Plan?	No
Religious Employer?	N/A
Classification of Eligible Employees	All full-time employees actively working 30 hours per week; Pre-65 retirees covered based on the group's HR policy
Eligibility	
Min % of Eligible Employees	75%
% Threshold of Total Employee Enrollment	90%
Minimum Employer Contribution – Eligible Employees	75%
Minimum Employer Contribution – Total Account Premium	50%
COBRA Billing	BCBS
Are Domestic Partners Covered?	No
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Blue Connect	Blue Connect not included
Compass	Compass Not included
2. Network	
Local Medical Network	BlueSelect Plus
Out-of-Area Medical Network	BlueCard PPO/EPO
Pharmacy	See Pharmacy (Sections 5 & 6)
3. Cost Sharing	

Medical Deductible - Calendar Year, Embedded All INN & OON Cross Accum	In-Network	Out-of-Network
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Pharmacy Deductible	No Pharmacy Deductible	
Medical Coinsurance	In-Network	Out-of-Network
Member Pays	20%	50%
Plan Pays	80%	50%
Out-of-Pocket Limit - Calendar Year, Embedded All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	In-Network	Out-of-Network
Individual	\$3,000	\$15,000
Family	\$6,000	\$30,000
Pharmacy Out-of-Pocket Limit	Combined with Medical	
Annual First Dollar Coverage	Does not apply	Does not apply
Annual Maximum	Does not apply	Does not apply
Lifetime Maximum	Does not apply	Does not apply
4. Benefits		
Professional Services	In-Network	Out-of-Network
Primary Care Physician Office Visit - An internist, family practitioner, general practitioner, or pediatrician.	\$30 Copay/Visit, no Deductible	50% Coinsurance after Deductible
BDTC Primary Care Physician Office Visit	Does not apply	Not applicable
Specialist Physician Office Visit - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	\$30 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Urgent Care Office Visit Includes telehealth services provided by Blue KC telehealth partner(s).	\$30 Copay/Visit, no Deductible	50% Coinsurance after Deductible
BDTC Urgent Care Office Visit	Does not apply	Not applicable
Designated Telehealth Care Visit	See Urgent Care	Not applicable
Other Benefits (in alphabetical order)	In-Network	Out-of-Network
ABA Services ABA Services Age Limits: Mandated Limits ABA Services Hours Limits: Mandated Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Abortion	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Acupuncture	Not covered	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Allergy Testing	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Allergy Treatment	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Ambulance - Air Air Ambulance Allowable Option: Billed Charges	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Ambulance - Ground Ground Ambulance Allowable Option: 150% of Medicare	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Assisted Reproductive Services	Not covered	Not covered
Autism-Related Services No limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Bariatric Services	Not covered	Not covered
BDC+ Surgery	Not covered	Not covered
Chiropractic Services Office Visit	Same as Specialist Office Visit Cost Shares	Same as Specialist Office Visit Cost Shares
Diabetic Equipment and Supplies Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Diabetic Footwear	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Diabetic Pump	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
Diabetic Self Management Education/Training (DSMT)	No member cost share	50% Coinsurance after Deductible
Durable Medical Equipment (DME) Prior Authorization Policy Applies No limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Elective Male Sterilization	No member cost share	50% Coinsurance after Deductible
Emergency Services Copay Waiver Rule: Copay Waived if Admitted	\$100 Copay/Visit, then Deductible, then 20% Coinsurance	\$100 Copay/Visit, then In-Network Deductible, then 20% Coinsurance
Food and Food Products for PKU No limits	Covered	Covered
Foot Orthotics	Not covered	Not covered
Gender Dysphoria-Related Services Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Surgery: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Hearing Aids	Not covered	Not covered
High Tech Radiology (MRI, MRA, PET, CT) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Health Care Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Hospice	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Immunizations - Not Routine Preventive	Not covered	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Infertility and Impotency Diagnosis & Treatment Infertility and impotency treatment limited \$10,000 per Lifetime Impotency treatment pills: No limits Dollar Limitations include Pharmacy: Yes Impotency Drug Coverage: Yes Infertility Drug Coverage: Yes	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Hospice Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Physician Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Labs Performed in Office / Independent Lab	No member cost share	50% Coinsurance after Deductible
Maternity Dependent Daughters Maternity Covered?: No	Covered	Covered
Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Inpatient Physician Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Office Visit	\$30 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Nutritional Counseling	Not covered	Not covered
Organ Transplant Services Prior Authorization Policy Applies	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Organ Transplant Travel Expenses	Not covered	Not covered
Other Services Performed in Office	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Physician Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Surgery Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	50% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Outpatient Therapy - Cardiac Therapy No limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Cognitive Therapy	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Facility Combined with Hearing Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Provider's Office Combined with Speech Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Facility Combined with Occupational Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Provider's Office Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Facility Combined with Physical Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Provider's Office Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Pulmonary Therapy No limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Facility Combined with Speech Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Providers Office Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Private Duty Nursing Combined with Home Health Care Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Routine Preventive Care Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	50% Coinsurance after Deductible
Skeletal Manipulation performed in a Chiropractic Office Prior Authorization Policy Applies Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Skilled Nursing Facility (SNF) Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Temporomandibular Joint (TMJ) No limits TMJ Diagnosis and Surgical Treatment (for accidental injury, fracture, tumors): Yes TMJ Non-surgical Treatment: No TMJ Orthognathic Surgery: No	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Vision Exam-Routine	Not covered	Not covered
Weight Loss Drugs (covered in Pharmacy cost shares)	Not Covered	Not Covered
Weight Management - Naturally Slim	Not covered	Not covered
Wigs	Not covered	Not covered
X-Rays and Radiology Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	50% Coinsurance after Deductible
5. General Pharmacy Information		
Pharmacy Network(s)	Network 1: RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on MyBlueKC.com	Blue KC Preferred Formulary	
Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	In-Network Does Not Apply	Out-of-Network Does Not Apply
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	In-Network Combined with Medical Out-of-Pocket	Out-of-Network Combined with Medical Out-of-Pocket
Maintenance Medication Program	Not applicable	
Generics Program	Not Applicable	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476	
6. Plan Benefits – Pharmacy		
	In-Network	Out-of-Network
Retail Pharmacy (Short-term supply: Up to 34 Days) Drug Tier 1: Generic / Generic Specialty	RxPremier: \$10 Copay/Fill	\$10 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: \$30 Copay/Fill	\$30 Copay/Fill, then 50% Coinsurance

Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: \$50 Copay/Fill	\$50 Copay/Fill, then 50% Coinsurance
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days) Drug Tier 1: Generic	\$20 Copay/Fill	\$20 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic	\$60 Copay/Fill	\$60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand	\$100 Copay/Fill	\$100 Copay/Fill, then 50% Coinsurance
Infertility and Impotency Drugs Drug Tier 1: Generic / Generic Specialty	RxPremier: \$10 Copay/Fill + 50% Coinsurance	\$10 Copay/Fill + 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: \$30 Copay/Fill + 50% Coinsurance	\$30 Copay/Fill + 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: \$50 Copay/Fill + 50% Coinsurance	\$50 Copay/Fill + 50% Coinsurance
Weight Loss Drugs	Not covered	Not covered

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Kansas City

Plan Information	
Group Name:	City of North Kansas City
Plan Name:	Preferred-Care Blue PPO Plan
Group Number:	11002000
State:	Missouri
Effective Date:	01/01/2020
For Internal Use Only:	Package: 1002210682 XREF: C413 Medical: 1002380202 Rx: 1002590612
1. General Plan Information	
Benefit Period	Calendar Year
Funding	Fully Insured with Maximum Refund
Grandfathered Status	Non-Grandfathered
Consumer-Driven Health Plan (CDHP)	N/A
Spira Care Plan?	No
Religious Employer?	N/A
Classification of Eligible Employees	All full-time employees actively working 30 hours per week; Pre-65 retirees covered based on the group's HR policy
Eligibility	
Min % of Eligible Employees	75%
% Threshold of Total Employee Enrollment	90%
Minimum Employer Contribution – Eligible Employees	75%
Minimum Employer Contribution – Total Account Premium	50%
COBRA Billing	BCBS
Are Domestic Partners Covered?	No
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Blue Connect	Blue Connect not included
Compass	Compass Not included
2. Network	
Local Medical Network	Preferred-Care Blue
Out-of-Area Medical Network	BlueCard PPO/EPO
Pharmacy	See Pharmacy (Sections 5 & 6)
3. Cost Sharing	

Medical Deductible - Calendar Year, Embedded All INN & OON Cross Accum	In-Network	Out-of-Network
Individual	\$1,000	\$1,000
Family	\$2,000	\$2,000
Pharmacy Deductible	No Pharmacy Deductible	
Medical Coinsurance	In-Network	Out-of-Network
Member Pays	20%	40%
Plan Pays	80%	60%
Out-of-Pocket Limit - Calendar Year, Embedded All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	In-Network	Out-of-Network
Individual	\$3,000	\$9,000
Family	\$6,000	\$18,000
Pharmacy Out-of-Pocket Limit	Combined with Medical	
Annual First Dollar Coverage	Does not apply	Does not apply
Annual Maximum	Does not apply	Does not apply
Lifetime Maximum	Does not apply	Does not apply
4. Benefits		
Professional Services	In-Network	Out-of-Network
Primary Care Physician Office Visit - An internist, family practitioner, general practitioner, or pediatrician.	\$30 Copay/Visit, no Deductible	40% Coinsurance after Deductible
BDTC Primary Care Physician Office Visit	Does not apply	Not applicable
Specialist Physician Office Visit - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	\$30 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Urgent Care Office Visit Includes telehealth services provided by Blue KC telehealth partner(s).	\$30 Copay/Visit, no Deductible	40% Coinsurance after Deductible
BDTC Urgent Care Office Visit	Does not apply	Not applicable
Designated Telehealth Care Visit	See Urgent Care	Not applicable
Other Benefits (in alphabetical order)	In-Network	Out-of-Network
ABA Services ABA Services Age Limits: Mandated Limits ABA Services Hours Limits: Mandated Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Abortion	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Acupuncture	Not covered	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Allergy Testing	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Allergy Treatment	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Ambulance - Air Air Ambulance Allowable Option: Billed Charges	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Ambulance - Ground Ground Ambulance Allowable Option: 150% of Medicare	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Assisted Reproductive Services	Not covered	Not covered
Autism-Related Services No limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Bariatric Services	Not covered	Not covered
BDC+ Surgery	Not covered	Not covered
Chiropractic Services Office Visit	Same as Specialist Office Visit Cost Shares	Same as Specialist Office Visit Cost Shares
Diabetic Equipment and Supplies Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Diabetic Footwear	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Diabetic Pump	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
Diabetic Self Management Education/Training (DSMT)	No member cost share	40% Coinsurance after Deductible
Durable Medical Equipment (DME) Prior Authorization Policy Applies No limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Elective Male Sterilization	No member cost share	40% Coinsurance after Deductible
Emergency Services Copay Waiver Rule: Copay Waived if Admitted	\$100 Copay/Visit, then Deductible, then 20% Coinsurance	\$100 Copay/Visit, then In-Network Deductible, then 20% Coinsurance
Food and Food Products for PKU No limits	Covered	Covered
Foot Orthotics	Not covered	Not covered
Gender Dysphoria-Related Services Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Surgery: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Hearing Aids	Not covered	Not covered
High Tech Radiology (MRI, MRA, PET, CT) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Health Care Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Hospice	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Immunizations - Not Routine Preventive	Not covered	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Infertility and Impotency Diagnosis & Treatment Infertility and impotency treatment limited \$10,000 per Lifetime Impotency treatment pills: No limits Dollar Limitations include Pharmacy: Yes Impotency Drug Coverage: Yes Infertility Drug Coverage: Yes	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Hospice Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Physician Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Labs Performed in Office / Independent Lab	No member cost share	40% Coinsurance after Deductible
Maternity Dependent Daughters Maternity Covered?: No	Covered	Covered
Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Inpatient Physician Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Office Visit	\$30 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Nutritional Counseling	Not covered	Not covered
Organ Transplant Services Prior Authorization Policy Applies	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Organ Transplant Travel Expenses	Not covered	Not covered
Other Services Performed in Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Physician Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Surgery Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	40% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Outpatient Therapy - Cardiac Therapy No limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Cognitive Therapy	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Facility Combined with Hearing Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Provider's Office Combined with Speech Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Facility Combined with Occupational Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Provider's Office Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Facility Combined with Physical Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Provider's Office Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Pulmonary Therapy No limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Facility Combined with Speech Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Providers Office Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Private Duty Nursing Combined with Home Health Care Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Routine Preventive Care Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	40% Coinsurance after Deductible
Skeletal Manipulation performed in a Chiropractic Office Prior Authorization Policy Applies Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Skilled Nursing Facility (SNF) Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Temporomandibular Joint (TMJ) No limits TMJ Diagnosis and Surgical Treatment (for accidental injury, fracture, tumors): Yes TMJ Non-surgical Treatment: No TMJ Orthognathic Surgery: No	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Vision Exam-Routine	Not covered	Not covered
Weight Loss Drugs (covered in Pharmacy cost shares)	Not Covered	Not Covered
Weight Management - Naturally Slim	Not covered	Not covered
Wigs	Not covered	Not covered
X-Rays and Radiology Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	40% Coinsurance after Deductible
5. General Pharmacy Information		
Pharmacy Network(s)	Network 1: RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on MyBlueKC.com	Blue KC Preferred Formulary	
Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	In-Network Does Not Apply	Out-of-Network Does Not Apply
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	In-Network Combined with Medical Out-of-Pocket	Out-of-Network Combined with Medical Out-of-Pocket
Maintenance Medication Program	Not applicable	
Generics Program	Not Applicable	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476	
6. Plan Benefits – Pharmacy		
	In-Network	Out-of-Network
Retail Pharmacy (Short-term supply: Up to 34 Days) Drug Tier 1: Generic / Generic Specialty	RxPremier: \$10 Copay/Fill	\$10 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: \$30 Copay/Fill	\$30 Copay/Fill, then 50% Coinsurance

Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: \$50 Copay/Fill	\$50 Copay/Fill, then 50% Coinsurance
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days) Drug Tier 1: Generic	\$20 Copay/Fill	\$20 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic	\$60 Copay/Fill	\$60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand	\$100 Copay/Fill	\$100 Copay/Fill, then 50% Coinsurance
Infertility and Impotency Drugs Drug Tier 1: Generic / Generic Specialty	RxPremier: \$10 Copay/Fill + 50% Coinsurance	\$10 Copay/Fill + 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: \$30 Copay/Fill + 50% Coinsurance	\$30 Copay/Fill + 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: \$50 Copay/Fill + 50% Coinsurance	\$50 Copay/Fill + 50% Coinsurance
Weight Loss Drugs	Not covered	Not covered

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Kansas City

Plan Information	
Group Name:	City of North Kansas City
Plan Name:	Personal Blue PPO Plan
Group Number:	11002000
State:	Missouri
Effective Date:	01/01/2020
For Internal Use Only:	Package: 1003360068 XREF: C414 Medical: 1003520792 Rx: 1002590612
1. General Plan Information	
Benefit Period	Calendar Year
Funding	Fully Insured with Maximum Refund
Grandfathered Status	Non-Grandfathered
Consumer-Driven Health Plan (CDHP)	HRA
Spira Care Plan?	No
Religious Employer?	N/A
Classification of Eligible Employees	All full-time employees actively working 30 hours per week; Pre-65 retirees covered based on the group's HR policy
Eligibility	
Min % of Eligible Employees	75%
% Threshold of Total Employee Enrollment	90%
Minimum Employer Contribution – Eligible Employees	75%
Minimum Employer Contribution – Total Account Premium	50%
COBRA Billing	BCBS
Are Domestic Partners Covered?	No
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Blue Connect	Blue Connect not included
Compass	Compass Not included
2. Network	
Local Medical Network	Preferred-Care Blue
Out-of-Area Medical Network	BlueCard PPO/EPO
Pharmacy	See Pharmacy (Sections 5 & 6)
3. Cost Sharing	

Medical Deductible - Calendar Year, Embedded All INN & OON Cross Accum	In-Network	Out-of-Network
Individual	\$2,000	\$2,000
Family	\$4,000	\$4,000
Pharmacy Deductible	No Pharmacy Deductible	
Medical Coinsurance	In-Network	Out-of-Network
Member Pays	10%	30%
Plan Pays	90%	70%
Out-of-Pocket Limit - Calendar Year, Embedded All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	In-Network	Out-of-Network
Individual	\$4,500	\$9,000
Family	\$9,000	\$18,000
Pharmacy Out-of-Pocket Limit	Combined with Medical	
Personal Care Account	Individual: \$1,000/Calendar Year Family: \$2,000/Calendar Year Do Not Allow Carry Over	
Annual First Dollar Coverage	Does not apply	Does not apply
Annual Maximum	Does not apply	Does not apply
Lifetime Maximum	Does not apply	Does not apply
4. Benefits		
Professional Services	In-Network	Out-of-Network
Primary Care Physician Office Visit - An internist, family practitioner, general practitioner, or pediatrician.	10% Coinsurance after Deductible	30% Coinsurance after Deductible
BDTC Primary Care Physician Office Visit	Does not apply	Not applicable
Specialist Physician Office Visit - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Urgent Care Office Visit Includes telehealth services provided by Blue KC telehealth partner(s).	10% Coinsurance after Deductible	30% Coinsurance after Deductible
BDTC Urgent Care Office Visit	Does not apply	Not applicable
Designated Telehealth Care Visit	See Urgent Care	Not applicable

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
ABA Services ABA Services Age Limits: Mandated Limits ABA Services Hours Limits: Mandated Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Abortion	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Acupuncture	Not covered	Not covered
Allergy Testing	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Allergy Treatment	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Ambulance - Air Air Ambulance Allowable Option: Billed Charges	10% Coinsurance after Deductible	10% Coinsurance after In-Network Deductible
Ambulance - Ground Ground Ambulance Allowable Option: 150% of Medicare	10% Coinsurance after Deductible	10% Coinsurance after In-Network Deductible
Assisted Reproductive Services	Not covered	Not covered
Autism-Related Services No limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Bariatric Services	Not covered	Not covered
BDC+ Surgery	Not covered	Not covered
Chiropractic Services Office Visit	Same as Specialist Office Visit Cost Shares	Same as Specialist Office Visit Cost Shares
Diabetic Equipment and Supplies Prior Authorization Policy Applies	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Diabetic Footwear	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Diabetic Pump	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
Diabetic Self Management Education/Training (DSMT)	No member cost share	30% Coinsurance after Deductible
Durable Medical Equipment (DME) Prior Authorization Policy Applies No limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Elective Male Sterilization	No member cost share	30% Coinsurance after Deductible
Emergency Services	10% Coinsurance after Deductible	10% Coinsurance after In-Network Deductible
Food and Food Products for PKU No limits	Covered	Covered
Foot Orthotics	Not covered	Not covered
Gender Dysphoria-Related Services Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Surgery: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Hearing Aids	Not covered	Not covered
High Tech Radiology (MRI, MRA, PET, CT) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	30% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Home Health Care Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Home Hospice	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Immunizations - Not Routine Preventive	Not covered	Not covered
Infertility and Impotency Diagnosis & Treatment Infertility and impotency treatment limited \$10,000 per Lifetime Impotency treatment pills: No limits Dollar Limitations include Pharmacy: Yes Impotency Drug Coverage: Yes Infertility Drug Coverage: Yes	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Inpatient Hospice Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Inpatient Physician Services	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Labs Performed in Office / Independent Lab	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Maternity Dependent Daughters Maternity Covered?: No	Covered	Covered
Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Inpatient Physician Services	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Office Visit	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Nutritional Counseling	Not covered	Not covered
Organ Transplant Services Prior Authorization Policy Applies	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Organ Transplant Travel Expenses	Not covered	Not covered
Other Services Performed in Office	10% Coinsurance after Deductible	30% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Outpatient Physician Services	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Surgery Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Cardiac Therapy No limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Cognitive Therapy	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Facility Combined with Hearing Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Provider's Office Combined with Speech Therapy Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Facility Combined with Occupational Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Provider's Office Combined with Physical Therapy Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Facility Combined with Physical Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Provider's Office Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Pulmonary Therapy No limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Facility Combined with Speech Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Providers Office Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Private Duty Nursing Combined with Home Health Care Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Routine Preventive Care Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	30% Coinsurance after Deductible
Skeletal Manipulation performed in a Chiropractic Office Prior Authorization Policy Applies Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Skilled Nursing Facility (SNF) Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Temporomandibular Joint (TMJ) No limits TMJ Diagnosis and Surgical Treatment (for accidental injury, fracture, tumors): Yes TMJ Non-surgical Treatment: No TMJ Orthognathic Surgery: No	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Vision Exam-Routine	Not covered	Not covered
Weight Loss Drugs (covered in Pharmacy cost shares)	Not Covered	Not Covered
Weight Management - Naturally Slim	Not covered	Not covered
Wigs	Not covered	Not covered
X-Rays and Radiology Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	30% Coinsurance after Deductible
5. General Pharmacy Information		
Pharmacy Network(s)	Network 1: RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on MyBlueKC.com	Blue KC Preferred Formulary	
Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	In-Network Does Not Apply	Out-of-Network Does Not Apply
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	In-Network Combined with Medical Out-of-Pocket	Out-of-Network Combined with Medical Out-of-Pocket
Maintenance Medication Program	Not applicable	
Generics Program	Not Applicable	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476	
6. Plan Benefits – Pharmacy		
	In-Network	Out-of-Network
Retail Pharmacy (Short-term supply: Up to 34 Days) Drug Tier 1: Generic / Generic Specialty	RxPremier: \$10 Copay/Fill	\$10 Copay/Fill, then 50% Coinsurance

Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: \$30 Copay/Fill	\$30 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: \$50 Copay/Fill	\$50 Copay/Fill, then 50% Coinsurance
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days) Drug Tier 1: Generic	\$20 Copay/Fill	\$20 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic	\$60 Copay/Fill	\$60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand	\$100 Copay/Fill	\$100 Copay/Fill, then 50% Coinsurance
Infertility and Impotency Drugs Drug Tier 1: Generic / Generic Specialty	RxPremier: \$10 Copay/Fill + 50% Coinsurance	\$10 Copay/Fill + 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: \$30 Copay/Fill + 50% Coinsurance	\$30 Copay/Fill + 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: \$50 Copay/Fill + 50% Coinsurance	\$50 Copay/Fill + 50% Coinsurance
Weight Loss Drugs	Not covered	Not covered

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Kansas City

Plan Information	
Group Name:	City of North Kansas City
Plan Name:	BlueSaver PPO Plan
Group Number:	11002000
State:	Missouri
Effective Date:	01/01/2020
For Internal Use Only:	Package: 1004370067 XREF: C415 Medical: 1005080254 Rx: 1005310175
1. General Plan Information	
Benefit Period	Calendar Year
Funding	Fully Insured with Maximum Refund
Grandfathered Status	Non-Grandfathered
Consumer-Driven Health Plan (CDHP)	HSA
Spira Care Plan?	No
Religious Employer?	N/A
Classification of Eligible Employees	All full-time employees actively working 30 hours per week; Pre-65 retirees covered based on the group's HR policy
Eligibility	
Min % of Eligible Employees	75%
% Threshold of Total Employee Enrollment	90%
Minimum Employer Contribution – Eligible Employees	75%
Minimum Employer Contribution – Total Account Premium	50%
COBRA Billing	BCBS
Are Domestic Partners Covered?	No
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Blue Connect	Blue Connect not included
Compass	Compass Not included
2. Network	
Local Medical Network	Preferred-Care Blue
Out-of-Area Medical Network	BlueCard PPO/EPO
Pharmacy	See Pharmacy (Sections 5 & 6)
3. Cost Sharing	

Medical Deductible - Calendar Year, Embedded All INN & OON Cross Accum	In-Network	Out-of-Network
Individual	\$2,800	\$2,800
Family	\$5,600	\$5,600
Pharmacy Deductible	Combined with Medical	
Medical Coinsurance	In-Network	Out-of-Network
Member Pays	10%	30%
Plan Pays	90%	70%
Out-of-Pocket Limit - Calendar Year, Embedded All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	In-Network	Out-of-Network
Individual	\$5,200	\$10,400
Family	\$10,400	\$20,800
Pharmacy Out-of-Pocket Limit	Combined with Medical	
Annual First Dollar Coverage	Does not apply	Does not apply
Annual Maximum	Does not apply	Does not apply
Lifetime Maximum	Does not apply	Does not apply
4. Benefits		
Professional Services	In-Network	Out-of-Network
Primary Care Physician Office Visit - An internist, family practitioner, general practitioner, or pediatrician.	10% Coinsurance after Deductible	30% Coinsurance after Deductible
BDTC Primary Care Physician Office Visit	Does not apply	Not applicable
Specialist Physician Office Visit - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Urgent Care Office Visit Includes telehealth services provided by Blue KC telehealth partner(s).	10% Coinsurance after Deductible	30% Coinsurance after Deductible
BDTC Urgent Care Office Visit	Does not apply	Not applicable
Designated Telehealth Care Visit	See Urgent Care	Not applicable
Other Benefits (in alphabetical order)	In-Network	Out-of-Network
ABA Services ABA Services Age Limits: Mandated Limits ABA Services Hours Limits: Mandated Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Abortion	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Acupuncture	Not covered	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Allergy Testing	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Allergy Treatment	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Ambulance - Air Air Ambulance Allowable Option: Billed Charges	10% Coinsurance after Deductible	10% Coinsurance after In-Network Deductible
Ambulance - Ground Ground Ambulance Allowable Option: 150% of Medicare	10% Coinsurance after Deductible	10% Coinsurance after In-Network Deductible
Assisted Reproductive Services	Not covered	Not covered
Autism-Related Services No limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Bariatric Services	Not covered	Not covered
BDC+ Surgery	Not covered	Not covered
Chiropractic Services Office Visit	Same as Specialist Office Visit Cost Shares	Same as Specialist Office Visit Cost Shares
Diabetic Equipment and Supplies Prior Authorization Policy Applies	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Diabetic Footwear	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Diabetic Pump	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
Diabetic Self Management Education/Training (DSMT)	Deductible, then no charge	30% Coinsurance after Deductible
Durable Medical Equipment (DME) Prior Authorization Policy Applies No limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Elective Male Sterilization	Deductible, then no charge	30% Coinsurance after Deductible
Emergency Services	10% Coinsurance after Deductible	10% Coinsurance after In-Network Deductible
Food and Food Products for PKU No limits	Covered	Covered
Foot Orthotics	Not covered	Not covered
Gender Dysphoria-Related Services Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Surgery: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Hearing Aids	Not covered	Not covered
High Tech Radiology (MRI, MRA, PET, CT) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Home Health Care Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Home Hospice	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Immunizations - Not Routine Preventive	Not covered	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Infertility and Impotency Diagnosis & Treatment Infertility and impotency treatment limited \$10,000 per Lifetime Impotency treatment pills: No limits Dollar Limitations include Pharmacy: Yes Impotency Drug Coverage: Yes Infertility Drug Coverage: Yes	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Inpatient Hospice Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Inpatient Physician Services	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Labs Performed in Office / Independent Lab	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Maternity Dependent Daughters Maternity Covered?: No	Covered	Covered
Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Inpatient Physician Services	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Office Visit	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Nutritional Counseling	Not covered	Not covered
Organ Transplant Services Prior Authorization Policy Applies	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Organ Transplant Travel Expenses	Not covered	Not covered
Other Services Performed in Office	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Physician Services	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Surgery Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	30% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Outpatient Therapy - Cardiac Therapy No limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Cognitive Therapy	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Facility Combined with Hearing Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Provider's Office Combined with Speech Therapy Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Facility Combined with Occupational Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Provider's Office Combined with Physical Therapy Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Facility Combined with Physical Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Provider's Office Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Pulmonary Therapy No limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Facility Combined with Speech Therapy in a Provider's Office Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Providers Office Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Private Duty Nursing Combined with Home Health Care Limits	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Routine Preventive Care Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	30% Coinsurance after Deductible
Skeletal Manipulation performed in a Chiropractic Office Prior Authorization Policy Applies Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Skilled Nursing Facility (SNF) Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	10% Coinsurance after Deductible	30% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Temporomandibular Joint (TMJ) No limits TMJ Diagnosis and Surgical Treatment (for accidental injury, fracture, tumors): Yes TMJ Non-surgical Treatment: No TMJ Orthognathic Surgery: No	10% Coinsurance after Deductible	30% Coinsurance after Deductible
Vision Exam-Routine	Not covered	Not covered
Weight Loss Drugs (covered in Pharmacy cost shares)	Not Covered	Not Covered
Weight Management - Naturally Slim	Not covered	Not covered
Wigs	Not covered	Not covered
X-Rays and Radiology Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	10% Coinsurance after Deductible	30% Coinsurance after Deductible
5. General Pharmacy Information		
Pharmacy Network(s)	Network 1: RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on MyBlueKC.com	Blue KC Preferred Formulary	
Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	In-Network Combined with Medical Deductible	Out-of-Network Combined with Medical Deductible
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	In-Network Combined with Medical Out-of-Pocket	Out-of-Network Combined with Medical Out-of-Pocket
Maintenance Medication Program	Not applicable	
Generics Program	Not Applicable	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476	
6. Plan Benefits – Pharmacy		
	In-Network	Out-of-Network
Retail Pharmacy (Short-term supply: Up to 34 Days) Drug Tier 1: Generic / Generic Specialty	RxPremier: Deductible, then 10% Coinsurance	Deductible, then 30% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: Deductible, then 10% Coinsurance	Deductible, then 30% Coinsurance

Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: Deductible, then 10% Coinsurance	Deductible, then 30% Coinsurance
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days) Drug Tier 1: Generic	Deductible, then 10% Coinsurance	Deductible, then \$0 Copay/Fill, then 30% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic	Deductible, then 10% Coinsurance	Deductible, then \$0 Copay/Fill, then 30% Coinsurance
Drug Tier 3: Non-Preferred Brand	Deductible, then 10% Coinsurance	Deductible, then \$0 Copay/Fill, then 30% Coinsurance
Preventive Drugs Retail Drug Tier 1: Generic / Generic Specialty	RxPremier: Deductible, then 10% Coinsurance	Deductible, then 30% Coinsurance
Retail Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: Deductible, then 10% Coinsurance	Deductible, then 30% Coinsurance
Retail Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: Deductible, then 10% Coinsurance	Deductible, then 30% Coinsurance
Mail Order Drug Tier 1: Generic / Generic Specialty	Deductible, then 10% Coinsurance	Deductible, then \$0 Copay/Fill, then 30% Coinsurance
Mail Order Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	Deductible, then 10% Coinsurance	Deductible, then \$0 Copay/Fill, then 30% Coinsurance
Mail Order Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	Deductible, then 10% Coinsurance	Deductible, then \$0 Copay/Fill, then 30% Coinsurance
Infertility and Impotency Drugs Drug Tier 1: Generic / Generic Specialty	RxPremier: Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Weight Loss Drugs	Not covered	Not covered

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MEMORANDUM



TO: Honorable Mayor Stielow & City Council Members

FROM: Dave Hargis, Fire Chief

DATE: October 15, 2019

RE: Approval for Purchase of a Replacement Pumper Truck

Budget Authority: FY 2020 Gaming Fund - \$740,000.00
This purchase: \$736,591.11

The FY 2020 Budget includes \$740,000 for the purchase of a replacement Pumper Truck and related equipment. This unit will be replacing the 2009 Pierce Pumper Truck, which is now 10 years old. The 2009 Pierce Pumper Truck will be moved to a reserve apparatus.

The replacement apparatus being recommended is a 2019 Pierce Impel Pumper Truck. The apparatus will be purchased from Conrad Fire Equipment, the regional dealer for Pierce Manufacturing.

The purchase will be through the HGAC (Houston Galveston Area Council) group purchasing, where all the competitive bidding processes have already been accomplished. MARC is an intergovernmental partner with HGAC and coordinates this process for the Kansas City region's agencies. MARC has reviewed and approved this purchase as meeting the competitive bidding process.

Staff recommends Council approval to purchase and pre-pay for a 2019 Pierce Impel Pumper Truck from Conrad Fire Equipment. By prepaying we receive a discount of \$22,405.00 making the purchase price \$736,591.11.

RESOLUTION NO. 19-069

RESOLUTION APPROVING PURCHASE OF A PIERCE IMPEL PUMPER TRUCK FROM CONRAD FIRE EQUIPMENT FOR USE BY THE NORTH KANSAS CITY FIRE DEPARTMENT

WHEREAS, the City of North Kansas City, Missouri (the “**City**”) is a body corporate, a third class city and political subdivision of the State of Missouri, duly created, organized and validly existing under and by virtue of the Constitution and laws of the State of Missouri; and

WHEREAS, the City operates the North Kansas City Fire Department (the “**NKCFD**”), and it has been determined that it would be in the best interests of the City that the City purchase for the NKCFD a new fire pumper truck from Conrad Fire Equipment, Inc. (the “**Company**”) to serve the residents and businesses of the City; and

WHEREAS, the Houston-Galveston Area Council (“**HGAC**”) and the Mid-America Regional Council (“**MARC**”) have previously entered into an Interstate Interlocal Contract for Cooperative Purchasing, a copy of which is attached hereto as “Exhibit A”; and

WHEREAS, HGAC has previously conducted competitive bidding for various apparatuses, which resulted in a certain Contract Between Houston-Galveston Area Council and Pierce Manufacturing, a copy of which is attached hereto as “Exhibit B”; and

WHEREAS, the City desires to take advantage of such competitive bidding and, based upon the recommendation of staff, desires to purchase a Pierce Pumper Truck and related equipment through the Company, as the lowest and best bidder for a pumper truck and other related equipment for use by the City in operating the City’s Fire Department; and

WHEREAS, the City desires to acquire the aforesaid pumper truck from Conrad Fire Equipment., including all related emergency vehicle specified equipment, and give notice to proceed to Pierce Manufacturing, to assemble and provide the described pumper truck and any other related equipment, services and warranties pursuant to the terms and conditions of the bid and related documentation. A copy of the HGAC Contract Pricing Worksheet and various warranties are attached hereto and collectively marked “Exhibit C”.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of North Kansas City, Missouri as follows:

Section 1. Selection of the lowest and best bidder. The City Council hereby concludes that Conrad Fire Equipment, Inc., is the lowest and best bidder for the Pierce pumper truck and the related equipment to be used by and on behalf of the North Kansas City Fire Department. The City Council hereby ratifies staff’s recommendation of the purchase of the Pierce pumper truck through Conrad Fire Equipment as being in compliance with the City’s bidding and contracting guidelines. The City Council finds and determines

that it is in the best interests of the City to accept and execute the Purchase Agreement from Conrad Fire Equipment, a copy of which is attached hereto, marked “Exhibit D”, and incorporated herein by reference. The City Council further approves the purchase of said pumper truck and authorizes the payment for such pumper truck and related equipment, together with the accompanying warranties.

Section 2. Authorization of Agreement. The City Council hereby authorizes the City to enter into the Agreement with the Company for the purchase of the described apparatus (Pierce Impel pumper truck) and related equipment and warranties. The City is hereby authorized to pay the purchase price for such fire pumper truck, equipment and warranties. To secure a discount of \$22,405.00 on the purchase price, the City Council authorizes the pre-payment of \$736,591.11.

Section 3. Further Authority. The City shall, and the mayor, city clerk, city officials and employees of the City are hereby authorized to take such further action, and execute such other documents, certificates and instruments as may be necessary or desirable to carry out and comply with the intent of this Resolution.

Section 4. Severability. The sections, paragraphs, sentences, clauses and phrases of this Resolution shall be severable. In the event that any such section, paragraph, sentence, clause or phrase of this Resolution is found by a court of competent jurisdiction to be invalid, the remaining portions of this Resolution are valid, unless the court finds the valid portions of this Resolution are so essential to and inseparably connected with and dependent upon the void portion that it cannot be presumed that the City has enacted the valid portions without the void ones, or unless the court finds that the valid portions, standing alone, are incomplete and are incapable of being executed in accordance with the legislative intent.

Section 5. Governing Law. This Resolution shall be governed exclusively by and construed in accordance with the applicable laws of the State of Missouri.

Section 6. Effective Date. This Resolution shall be in full force and effect from and after its passage by the City Council and approval by the Mayor.

DONE this 15th day of October, 2019.

Don Stielow, *Mayor*

ATTEST:

Crystal Doss, *City Clerk*

**AMENDMENT NO. 2 TO INTERSTATE INTERLOCAL
CONTRACT FOR COOPERATIVE PURCHASING**

Between

HOUSTON-GALVESTON AREA COUNCIL

And

MID-AMERICA REGIONAL COUNCIL

THIS AMENDMENT modifies the above referenced Contract as follows:

The revised Interstate Interlocal Contract attached hereto replaces the previously executed Interlocal Contract between **H-GAC** and **MARC**.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their respective duly authorized representatives.


Signed for **Houston-Galveston Area Council**,
Houston, Texas



Jan Steele, Executive Director

Date: Oct. 23, 2007

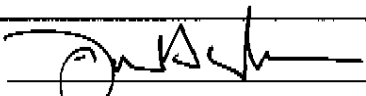
Attest for **Houston-Galveston Area Council**,
Houston, Texas



Deidre Vign, Director of Public Services

Date: Oct. 16, 2007

Signed for: **Mid-America Regional Council**



DAVID WARM, EXEC. DIR.

Printed Name & Title:

Date: 10/2/07, 20



**INTERSTATE
INTERLOCAL CONTRACT
FOR COOPERATIVE PURCHASING**

ILC No. **04-1443**
Permanent Number assigned by H-GAC

THIS INTERLOCAL CONTRACT ("Contract"), made and entered into by and between the Houston-Galveston Area Council, hereinafter referred to as "H-GAC," having its principal place of business at 3555 Timmons Lane, Suite 120, Houston, Texas 77027, and the Mid-America Regional Council, hereinafter referred to as "MARC," having its principal place of business at 600 Broadway, Suite 300, Kansas City, Missouri 64105.

W I T N E S S E T H

WHEREAS, H-GAC is a regional planning commission and political subdivision of the State of Texas operating under Chapter 391, Texas Local Government Code; and

WHEREAS, pursuant to the Texas Interlocal Cooperation Act, Chapter 791, Texas Government Code (the "Act"), H-GAC is authorized to contract with eligible entities to perform governmental functions and services, including the purchase of goods and services; and

WHEREAS, in reliance on such authority, H-GAC has instituted a cooperative purchasing program under which it contracts with eligible entities under the Act; and

WHEREAS, MARC has represented that it is an eligible entity under the Act, and desires to contract with H-GAC on the terms set forth below;

NOW, THEREFORE, H-GAC and MARC do hereby agree as follows:

ARTICLE 1: LEGAL AUTHORITY

MARC represents and warrants to H-GAC that (1) it is eligible to contract with H-GAC under the Act because it is one of the following: a local government, as defined in the Act (a county, a municipality, a special district, or other political subdivision of the State of Texas or any other state, or a combination of two or more of those entities, a state agency (an agency of the State of Texas as defined in Section 771.002 of the Texas Government Code, or a similar agency of another state), or a non-profit corporation created and operated to provide one or more governmental functions and services, and (2) it possesses adequate legal authority to enter into this Contract.

ARTICLE 2: APPLICABLE LAWS

H-GAC and MARC agree to conduct all activities under this Contract in accordance with all applicable rules, regulations, ordinances and laws in effect or promulgated during the term of this Contract.

ARTICLE 3: WHOLE AGREEMENT

This Contract and any attachments constitute the complete contract between the parties hereto, and supersede any and all oral and written agreements between the parties relating to matters herein.

ARTICLE 4: PERFORMANCE PERIOD

The period of this Contract shall begin **October 1, 2007**, and shall continue in effect unless terminated pursuant to Article 10 by either party.

ARTICLE 5: SCOPE OF SERVICES

MARC appoints H-GAC its true and lawful purchasing agent for competitive bid/proposal processes and contracting authority relating to the purchase of certain products and services having contracts with the H-GAC Cooperative Purchasing Program. The scope of this contract shall be applicable only to those purchases made by MARC, its participating members, and other public entities affiliated through its Kansas City Regional Purchasing Cooperative. H-GAC contracts will be available to MARC participants from those H-GAC contractors who have agreed to participate under the terms of this Interlocal Contract, either directly or through assignment. MARC's participants will access H-GAC contracts and pricing through MARC.

ARTICLE 6: PAYMENTS TO H-GAC CONTRACTORS

Upon delivery of goods or services purchased, and presentation of a properly documented invoice, MARC's participants will be required to pay the full amount of any invoice to an H-GAC contractor within thirty (30) days after having received a properly documented invoice including any applicable H-GAC administrative fee associated with the purchase. The H-GAC contractor shall then remit all administrative fees to H-GAC. Following receipt of all administrative fees, H-GAC will remit to MARC its assessed fee within 30 days, unless otherwise specified by mutual agreement of H-GAC and MARC. In no event shall H-GAC or MARC have any financial liability to any MARC participant for any goods or services procured from an H-GAC contractor.

ARTICLE 7: MARKETING, REPRESENTATIONS AND SOLICITATIONS

H-GAC agrees to provide MARC with data links, data downloads, and any other necessary information for contracts made available to MARC participants. MARC agrees to notify H-GAC, and receive H-GAC's approval, prior to any use of the H-GAC name, logo, or

Program information in any printed literature or electronic media intended for external distribution.

ARTICLE 8: CHANGES AND AMENDMENTS

This Contract may be amended only by a written amendment executed by both parties, except that any alternations, additions, or deletions to the terms of this Contract which are required by changes in Federal and State law or regulations are automatically incorporated into this Contract without written amendment hereto and shall become effective on the date designated by such law or regulation. H-GAC reserves the right to make changes in the scope of products and services offered through the H-GAC Cooperative Purchasing Program to be performed hereunder.

ARTICLE 9: TERMINATION PROCEDURES

H-GAC or MARC may cancel this Contract at any time upon thirty (30) days written notice by certified mail to the other party to this Contract. The obligations of MARC, including obligations of MARC's participants to pay H-GAC's contractors for all costs incurred under this Contract prior to such notice shall survive such cancellation, as well as any other obligation incurred under this Contract, until performed or discharged by MARC and/or its End Users.

ARTICLE 10: SEVERABILITY

All parties agree that should any provision of this Contract be determined to be invalid or unenforceable, such determination shall not affect any other term of this Contract, which shall continue in full force and effect.

ARTICLE 11: FORCE MAJEURE

To the extent that either party to this Contract shall be wholly or partially prevented from the performance within the term specified of any obligation or duty placed on such party by reason of or through strikes, stoppage of labor, riot, fire, flood, acts of war, insurrection, accident, order of any court, act of God, or specific cause reasonably beyond the party's control and not attributable to its neglect or nonfeasance, in such event, the time for the performance of such obligation or duty shall be suspended until such disability to perform is removed; provided, however, force majeure shall not excuse an obligation solely to pay funds.

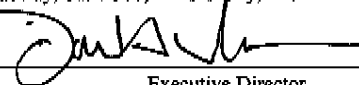
ARTICLE 12: VENUE

Venue and jurisdiction of any suit or cause of action arising under, or in connection with, this Contract between H-GAC and MARC shall lie exclusively in Harris County, Texas. Disputes between End User and Vendor are to be resolved in accord with the law and venue rules of the State of purchase.

THIS INSTRUMENT HAS BEEN EXECUTED IN TWO ORIGINALS BY THE PARTIES HERETO AS FOLLOWS:

Mid-America Regional Council

600 Broadway, Suite 300, Kansas City, MO 64105

By: 
Executive Director


DAVID WARM, EXEC. DIR. 10/2/07
Typed Name & Title of Signatory Date

Houston-Galveston Area Council

3555 Timmons Lane Suite 120, Houston, TX 77027

By: 
Executive Director

Date: Oct 23, 2007

Attest: 

Date: Oct 16, 2007



HOUSTON-GALVESTON AREA COUNCIL

March 5, 2019

Mr. Jeffrey A. Doran
G.M. – Sales Operations
Siddons-Martin Emergency Group, LLC
1362 East Richey
Houston, TX 77073

RE: Contract Changes on Contract FS12-17 for the Supply of Fire Service Apparatus (All Types)

Dear Mr. Doran:

The Houston-Galveston Area Council has reviewed your request for contract changes in the above referenced contract (see attachments). We have determined that the changes are reasonable and conform to the provisions of the contract. Therefore, the request is approved.

Sincerely,

DocuSigned by:

D3E2DDD166F2488...

Ronnie O. Barnes
Director of Public Services

ROB/sh

Enclosures

Date: February 28, 2019
To: Brian Denzel B.D.
From: Bill Burton
RE: Contract Change Request
Siddons-Martin Emergency Group – Contract #FS12-17

Siddons-Martin Emergency Group, in correspondence of February 27, 2019 has requested their contract be amended to reflect product updates published February 2019.

Staff has reviewed the request and determined it to be in accordance with applicable contract requirements. The new pricing is 3% higher and reflects latest 2019 model year pricing. Approval is recommended.

Please advise if and when request is approved so that we may advise appropriate staff and arrange for website update.

WEB
Attachments



February 27, 2019

HGAC

Mr. William Burton
3555 Timmons
Houston, Texas

RE: 2018 – 2019 Price increase request

As the Texas licensed dealer for Pierce Manufacturing Inc./Oshkosh on **H-GAC Contract Bid FS12-17**, please accept this letter as a formal request to increase the contract pricing to the attached listing dated February 1, 2019.

This request reflects the price increase by Pierce Manufacturing Inc. based on the continuing cost increases from component suppliers, raw materials, and insurance premiums. The nature of our manufacturing lead times of 9 to 12 months drives us to be proactive when dealing with future pricing impacts to the overall cost of goods. We will continue to review our vendor pricing and offer any pricing decrease during the contract period.

Thank you for your consideration and action on this request.

Please contact me at 1-800-784-6806 or 281-543-7031 if you have any questions or need further information.

Sincerely

Jeffrey A. Doran

Jeffrey A. Doran
G. M. – Sales Operations

Siddons-Martin Emergency Group, LLC
1362 East Richey
Houston, TX 77073
1-800-784-6806

Product Code	Model & Description (Note: Bid only the base Item/Model on this Form. No changes/modifications to Form D descriptions will be accepted and will result in bid item being deemed non-compliant. Bid available options noted above on Form E)	Current Pricing	New Pricing November 7, 2018
S. OshKosh			
F. Airport Rescue Fire-Fighting Vehicles			
SF01	Oshkosh Striker 4x4, 2-Door, Aluminum Cab, 2 Passenger Seating, Roof Turret (375/750 gpm), bumper Turret (300 gpm), One Handline (Foam/Water), Water Tank Capacity (1500 gal.), Foam Tank Capacity (210 gal.), Fire Pump (Power divider driven Waterous CRQA, Single Stage Centrifugal, 1950 gpm at 240 psi)	\$727,975.00	\$749,814.00
SF02	Oshkosh Striker 6x6, 2-Door, Aluminum Cab, 2 Passenger Seating, Roof Turret (600/1200 gpm), bumper Turret (300 gpm), One Handline (Foam/Water), Water Tank Capacity (3000 gal.), Foam Tank Capacity (420 gal.), Fire Pump (Power divider driven Waterous CRQA, Single Stage Centrifugal, 1950 gpm at 240 psi)	\$783,289.00	\$806,788.00
SF03	Oshkosh Striker 8x8, 2-Door, Aluminum Cab, 2 Passenger Seating, Roof Turret (600/1200 gpm), bumper Turret (300 gpm), One Handline (Foam/Water), Water Tank Capacity (4500 gal.), Foam Tank Capacity (420 gal.), Fire Pump (Power divider driven Waterous CRQA, Single Stage Centrifugal, 1950 gpm at 240 psi)	\$914,349.00	\$941,779.00
SF04	Oshkosh New Generation Striker 8x8, 2-Door, Aluminum Cab, 2 Passenger Seating, Roof Turret (600/1200 gpm), bumper Turret (300 gpm), One Handline (Foam/Water), Water Tank Capacity (4500 gal.), Foam Tank Capacity (420 gal.), Fire Pump (Waterous CRQA, Single Stage Centrifugal, 1950 gpm at 240 psi), dual engine driveline	\$1,060,335.00	\$1,092,145.00
SF05	Oshkosh Stinger Class 2 ARFF vehicle; 2-Door Ford 4x4 F550 Cab/chassis, 2 Passenger Seating, Bumper Turret, one (1) twin agent handline, Water Tank Capacity (300 gal.), Foam Tank Capacity (40 gal.), Dry Chemical 500 pounds.	\$308,250.00	\$317,498.00
T. Pierce			
A. Aerials (Booms/Platforms, Ladders, Ladder/Platforms)			Effective February 1, 2019
TA01	Pierce Enforcer Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Single Axle, 75' Rear-Mounted Telescoping Ladder (500#)	\$746,013.00	\$791,445.00
TA02	Pierce Enforcer Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Tandem Axle, 75' Rear-Mounted Telescoping Ladder (500#)	\$758,735.00	\$804,942.00
TA03	Pierce Enforcer Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Single Axle, 107' Rear-Mounted Telescoping Ladder	\$817,640.00	\$866,593.00
TA04	Pierce Enforcer Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Tandem Rear Axle, 107' Rear-Mounted Telescoping Ladder	\$860,089.00	\$911,883.00
TA05	Pierce Enforcer Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Tandem Rear Axle, 110' Rear-Mounted Telescoping Platform	\$901,609.00	\$958,574.00
TA06	Pierce Enforcer Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Tandem Axle, 105' Rear-Mounted Telescoping Ladder (500#)	\$849,820.00	\$905,951.00
TA07	Pierce Arrow Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Tandem Axle, 100' Mid-Mounted Telescoping Ladder (#500)	\$1,036,731.00	\$1,099,868.00
TA08	Pierce Arrow Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Tandem Axle, 85' Rear-Mounted Telescoping Ladder with Platform (750#)	\$994,689.00	\$1,065,511.00
TA09	Pierce Arrow Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Tandem Axle, 95' Mid-Mounted Telescoping Ladder with Platform (750#)	\$1,137,020.00	\$1,217,976.00
TA10	Pierce Arrow Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Tandem Axle, 100' Rear-Mounted Telescoping Ladder with Platform (750#)	\$1,081,045.00	\$1,156,016.00
TA11	Pierce Arrow Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Single Axle, 100' Tractor Drawn - Mid-Mounted Telescoping Ladder (#500)	\$984,921.00	\$1,044,903.00
TA12	Pierce Arrow Chassis, 4-Door Full Tilt Aluminum Cab, Formed Aluminum Body, Single Axle, 107' Tractor Drawn - Mid-Mounted Telescoping Ladder (#500)	\$1,065,126.00	\$1,128,895.00
B. Wildland Fire Apparatus (Brush Fire)			\$0.00
TB01	Pierce Brush Fire Apparatus, Ford F450, Formed Aluminum Utility Body	\$126,354.00	\$131,837.00
TB02	Pierce Brush Fire Apparatus, Ford F-550 Mini Pumper 500 gpm, 300 tank	\$206,696.00	\$215,664.00
TB03	Freightliner 4-Door 4 x 4 Wildland, 500 water, 1000 gpm Pump	\$273,343.00	\$286,893.00

C. Pumper Fire Apparatus			\$0.00
TC01	M2 Freightliner, 2-Door, OEM Cab, Aluminum Body, Single Axle, 1250 GPM Pump, Mid-Mounted Pumper	\$219,712.00	\$229,245.00
TC02	IHC, 2-Door, OEM Cab, Aluminum Body, Single Axle, 1250 GPM Pump, Mid-Mounted Pumper	\$224,952.00	\$234,712.00
TC03	KW, 2-Door, OME Cab, Aluminum Body, Single Axle, 1250 GPM Pump, Mid-Mounted Pumper	\$233,808.00	\$243,953.00
TC04	Peterbilt, 2-Door, OME Cab, Aluminum Body, Single Axle, 1250 GPM Pump, Mid-Mounted Pumper	\$243,701.00	\$254,275.00
TC05	Pierce Saber FR, 4-Door, Full-Tilt, Aluminum Cab, Aluminum Body, Single Axle, 1250 GPM Pump, Mid-Mounted Pumper	\$387,161.00	\$407,948.00
TC06	Pierce Enforcer, 4-Door, Full-Tilt, Aluminum Cab, Aluminum Body, Single Axle, 1250 GPM Pump, Mid-Mounted Pumper	\$416,850.00	\$439,231.00
TC07	Pierce Dash CF, 4-Door, Full-Tilt, Aluminum Cab, Aluminum Body, Single Axle, 1250 GPM Pump, PUC Body Pumper	\$528,525.00	\$559,079.00
D. Special Service Apparatus (Walk-In & Non-Walk-in Bodies) Multi-use: Rescue, Re-Hab, Hazmat, Mobile Command Center			\$0.00
TD01	Ford F-550 4-Door, 12' Non-Walk-in Formed Aluminum Body	\$142,594.00	\$150,544.00
TD02	M2 Freightliner, 2-Door, OEM Cab, Single Axle, Formed Aluminum Body, Non-Walk-In Body	\$181,536.00	\$191,656.00
TD03	IHC, 2-Door, OEM Cab, Single Axle, Formed Aluminum Body, Non-Walk-In Body	\$187,419.00	\$197,857.00
TD04	Kenworth, 2-Door, OEM Cab, Single Axle, Formed Aluminum Body, Non-Walk-In Body	\$188,754.00	\$199,277.00
TD05	Peterbilt, 2-Door, OEM Cab, Single Axle, Formed Aluminum Body, Non-Walk-In Body	\$198,398.00	\$209,459.00
TD06	Pierce Saber FR, Full-Tilt, Aluminum Cab, Single Axle, Formed Aluminum Body, Non-Walk-In HDR Body	\$390,488.00	\$413,465.00
TD07	Pierce Enforcer 4-Door, Aluminum Cab, Single Axle, Formed Aluminum Body, Non Walk-in HDR Body	\$412,432.00	\$436,699.00
TD08	Pierce Velocity 4-Door Aluminum Cab, Tandem Axle Non-Walk-in HDR Body	\$499,447.00	\$528,835.00
TD09	M2 Freightliner, 2-Door, OEM Cab, Single Axle, Formed Aluminum Body, Walk-In Body	\$273,993.00	\$289,268.00
TD10	IHC, 2-Door, OEM Cab, Single Axle, Formed Aluminum Body, Walk-In Body	\$276,669.00	\$292,094.00
TD11	Kenworth, 2-Door, OEM Cab, Single Axle, Formed Aluminum Body, Walk-In Body	\$279,627.00	\$295,217.00
TD12	Peterbilt, 2-Door, OEM Cab, Single Axle, Formed Aluminum Body, Walk-In Body	\$286,436.00	\$302,405.00
TD13	Pierce Enforcer 4-Door, Full Tilt, Aluminum Cab, Single Axle, Formed Aluminum Body, Walk-in HDR Body	\$445,668.00	\$471,891.00
TD14	Pierce Velocity 4-Door Aluminum Cab, Tandem Axle Walk-in HDR Body	\$542,213.00	\$574,117.00
E. Pumper/Tankers & Tankers			\$0.00
TE01	Freightliner 2 Door, Single Axle Tanker, Aluminum Body w/2000 water & 500 pump	\$262,886.00	\$274,563.00
TE02	IHC 2dr Single Axle Tanker, Aluminum Body w/2000 water & 500 pump	\$243,565.00	\$254,384.00
TE03	Kenworth 2dr Single Axle Tanker, Aluminum Body w/2000 water & 500 pump	\$242,662.00	\$253,441.00
TE04	Peterbilt 2dr Single Axle Tanker, Aluminum w/2000 water & 500 pump	\$271,756.00	\$283,828.00
TE05	Pierce Saber FR, 4-Door, Full-Tilt, Aluminum Cab, Pumper/Tanker, Aluminum Body, Single Axle, 1000 GPM Pump, Mid-Mounted	\$424,612.00	\$447,409.00
TE06	Pierce Enforcer, 4-Door, Full-Tilt, Aluminum Cab, Pumper/Tanker, Aluminum Body, Tandem Axle, 1000 GPM Pump, Mid-Mounted	\$436,967.00	\$460,428.00
TE07	Freightliner 2dr, Tandem Axle Tanker, Aluminum Body w/3000 water & 500 pump	\$280,409.00	\$292,865.00
TE08	IHC 2dr Tandem Axle Tanker, Aluminum Body w/3000 water & 500 pump	\$293,270.00	\$306,297.00
TE09	Kenworth 2dr Tandem Axle Tanker, Aluminum Body w/3000 water & 500 pump	\$286,728.00	\$299,464.00
TE10	Peterbilt 2dr Tandem Axle Tanker, Aluminum w/3000 water & 500 pump	\$286,728.00	\$299,464.00
TE11	Pierce Saber FR, 4-Door, Full-Tilt, Aluminum Cab, Aluminum Body, Single Axle, 1000 GPM Pump, Mid-Mounted Elliptical Tanker	\$457,727.00	\$482,303.00
TE12	Pierce Enforcer, 4-Door, Full-Tilt, Aluminum Cab, Aluminum Body, Tandem Axle, 1000 GPM Pump, Mid-Mounted Elliptical Tanker	\$490,508.00	\$516,844.00



CONTRACT PRICING WORKSHEET
For MOTOR VEHICLES Only

Contract No.: FS12-17

Date Prepared: 09/10/19

*This Worksheet is prepared by Contractor and given to End User. If a PO is issued, both documents **MUST** be faxed to H-GAC @ 713-993-4548. Therefore please type or print legibly.*

Buying Agency:	North Kansas City (203)	Contractor:	Pierce-Conrad Fire Equipment
Contact Person:	Chief Dave Hargis	Prepared By:	Adam Payne
Phone:	816-274-6025	Phone:	913-780-5521
Fax:		Fax:	913-780-5251
Email:	dhargis@nkc.org	Email:	adamp@conradfire.com

Product Code:	TC06	Description:	Pierce Custom Chassis, 4-Door, Full-Tilt, Aluminum Cab, Aluminum Body, Single Axle, 1250 GPM Pump, Mid-Mounted Pumper
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A. Product Item Base Unit Price Per Contractor's H-GAC Contract: \$439,231.00

B. Published Options - Itemize below - Attach additional sheet(s) if necessary - Include Option Code in description if applicable.
(Note: Published Options are options which were submitted and priced in Contractor's bid.)

Description	Cost	Description	Cost
Subtotal From Additional Sheet(s):			\$252,581.00
Subtotal B:			\$252,581.00

C. Unpublished Options - Itemize below / attach additional sheet(s) if necessary.
(Note: Unpublished options are items which were not submitted and priced in Contractor's bid.)

Description	Cost	Description	Cost
Subtotal From Additional Sheet(s):			\$90,802.22
Subtotal C:			\$90,802.22

Check: Total cost of Unpublished Options (C) cannot exceed 25% of the total of the Base Unit Price plus Published Options (A+B). For this transaction the percentage is: 13.13%

D. Total Cost Before Any Applicable Trade-In / Other Allowances / Discounts (A+B+C)

Quantity Ordered:	1	X Subtotal of A + B + C:	782614.2185	=	Subtotal D:	\$782,614.22
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E. H-GAC Order Processing Charge (Amount Per Current Policy) Subtotal E: \$2,000.00

F. Trade-Ins / Other Allowances / Special Discounts / Freight / Installation

Description	Cost	Description	Cost
Chassis Pre-Payment Discount	-\$22,239.97	Aerial Pre-Payment Discount	
100% Pre-Payment Discount		Preferred Customer Discount	-\$25,783.14
Subtotal F:			-\$48,023.11

Delivery Date: **G. Total Purchase Price (D+E+F):** \$736,591.11

0004361	2	Tubes, Alum, Pike Pole Storage		\$365.94
0009662	1	Intake Relief Valve, Rear Inlet		\$1,083.12
0012781	1	Location, Charger/Compr, Front left body compt		\$0.00
0024831	1	Control, Rear Inlet, Electric, w/Indicator Lights		\$937.31
0026170	1	Control, Mech Siren, DS Foot Sw, PS Push Button		\$50.91
0026800	1	Shoreline Location		\$101.65
0034425	1	Modified Poly Tank for Folding Tank, Ladder Storage or Backboards		\$429.55
0041254	1	Elbow, Rear Inlet, 6" (FNST) x 5" Storz, w/ Storz Cap		\$545.33
0049123	1	Rack, Air Bags inside Compt, 3-Slot		\$670.97
0051014	1	Label, Overall Height/Weight, in Cab		\$140.71
0055678	1	Cover, Exposed Pipe		\$283.28
0062992	1	Gauge, Foam Level, (1) Tank, Class 1, 5lt		\$636.02
0199285	1	Visor, Exterior, Vel/Imp		\$1,236.75
0523921	1	Recess, Rear Vision Camera		\$256.90
0528809	1	Chain, Fuel Cap Retaining, w/ S/S Trim Plate Below Fuel Fill		\$162.62
0530282	1	Location, Traf Dir Lt Controller, Overhead Switch Panel DS Right End		\$65.03
0530951	1	Location, Bat Chrg Ind, DS Behind Cab Door		\$101.83
0540692	1	Lights, Side Zone Lower, WIn M6°C LED, Clear Lens, 3pr, Ovr 25, ILOS		\$1,064.76
0552481	1	Refill, Foam Tank, Single Tank, Husky 12, Class A Foam		\$1,029.19
0553057	4	Holder, Cup, Cab/Crewcab, Each		\$173.89
0586211	1	Tray, Hose, Running Board, "Free Floating", 100' of 1.75"		\$657.26
0587696	1	Hose Restraint, Hose Bed,One Piece Vinyl Flap,Strap Fastener,Hose Bed Frame,Rear		\$428.69
0590926	2	Hose Restraint, Running Board, Velcro Straps		\$276.13
0591914	2	Step, Folding - Extra, Body Only, Black, w/LED, Trident		\$682.96
0600281	2	Partition, Vertical Compartment, Predefined Locations		\$548.05
0603235	1	Lightbar, WIn, Freedom IV, Rota-Bm, 72", R_RWR_Opt_RWR_R, ILOS		\$4,401.28
0636437	1	Compt, Storage, Locking,Simplex 9600, Overhead, Instr Pnl, IPO Panel 5 and 6		\$930.39
0648000	1	Floor, Rubber Padded Cab & Crew Cab, Line-X Sill Plates. Imp/Vel, Dash CF		\$600.46
0648440	2	Hopper, Top Mount Walkway Compartment		\$5,167.06
0650792	4	Scuffplate, S/S Around Air Bottle Compt Openings, Qty		\$620.27
0656031	1	Compt, Backboard Storage, Over Pump		\$1,806.12
0657152	1	Cable, Radio to Intercom Interface, Firecom, 2 Radios		\$939.73
0657417	1	Computer Mount, Gamber Johnson NotePad V, Universal with Tilt/Swivel/Slide		\$964.84
0663884	1	Bracket, License Plate & Light, P25 LED, Temp Under Tailbrd		\$121.26
0663938	1	Label, "DEF Fluid Only", Mounted On Inside Of DEF Fill Door		\$18.51
0667920	1	Door, Full Height, Impel FR 4-Door Cab, Raised Roof		\$3,252.25
0681408	4	Hangers For Headsets, NFPA, Each		\$106.86
0682830	1	Antenna Only, GPS, For Standard NMO Mount		\$156.28
0689497	1	Tailboard, T-Shaped, 24" & 8" Deep, Angled Corners		\$1,358.99
0695399	1	Running Boards, 14.75" Deep, Front and Rear 45 Degree Corners		\$101.84
0695615	1	Tray, Hose, Running Board, Free Floating, 20' of 5.00" Soft Suction, Tapered		\$717.46
0752265	1	Tank Fill, 2.50", Auto, Akron 9330, RS And Rear Inlets		\$6,375.46
0771786	1	Hercules CAFS Air Injection Switch, Rocker, Interlocked w/Compressor Switch,IPOS		\$108.61
0771883	1	Air Outlet(s), 1.00" FNST, Additional, Supplied By CAFS System, w/Shutoff Valve		\$505.43
0780336	3	Receptacle, 15/20A 120V 3-Pr 3-Wr SB Dup, 4 place		\$1,212.90
0781579	2	Receptacle, 15/20A 120V 3-Pr 3-Wr, NEMA 5-20R SB Dup, 1st, Interior Cab		\$712.33
0786276	1	Window Tint, Rear Wall, Right Side, Medium Gray		\$30.21
0786278	1	Window Tint, Crew Cab Door, Right Side, Medium Gray		\$134.87
0786285	1	Window Tint, Upper Crew Cab Door, Right Side, Medium Gray		\$50.53
0786287	1	Window Tint, Rear Wall, Left Side, Medium Gray		\$30.21
0786289	1	Window Tint, Crew Cab Door, Left Side, Medium Gray		\$134.87
0786293	1	Window Tint, Upper Crew Cab Door, Left Side, Medium Gray		\$50.53
9999999	1	Customer Specified Loose equipment		\$45,419.55
9999998	1	Customer Supplied Loose equipment		\$1,533.53

Base Bid	\$439,231.00
Published Options	\$252,581.00
Total Published Options	\$691,812.00

Unpublished Options	\$90,802.22	13.13%
Total Options w/o HGAC Fee	\$782,614.22	

PURCHASE AGREEMENT

This Purchase Agreement (together with all attachments referenced herein, the "Agreement"), made and entered into by and between CONRAD FIRE EQUIPMENT, INC ("Company"), and [REDACTED] NORTH KANSAS CITY, MO ("Customer") is effective as of the date specified in Section 3 hereof.

1. Definitions.

- a. **"Product"** means the fire apparatus and any associated equipment manufactured or furnished for the Customer by Company pursuant to the Specifications.
- b. **"Specifications"** means the general specifications, technical specifications, training, and testing requirements for the Product contained in the Company Proposal for the Product prepared in response to the Customer's request for proposal.
- c. **"Company Proposal"** means the proposal provided by Company attached as Exhibit C prepared in response to the Customer's request for proposal.
- d. **"Delivery"** means the date Company transfers physical possession of the Product available to the Customer.
- e. **"Acceptance"** The Customer shall have the opportunity, as described in Section 8(b) below, to inspect the Product for substantial conformance with the material Specifications as set forth in the Company Proposal; unless Company receives a Notice of Non-Conformance within the time frame described in Section 8(b), the Product will be deemed to be in conformance with the Specifications and accepted by the Customer.

2. Purpose. This Agreement sets forth the terms and conditions of Company's sale of the Product to the Customer.

3. Term of Agreement. This Agreement will become effective on the date it is signed and approved by both Customer and Company ("Effective Date") and, unless earlier terminated pursuant to the terms of this Agreement, it will terminate upon the Customer's Acceptance and payment in full of the Purchase Price.

4. Purchase and Payment. The Customer agrees to purchase the Product pursuant to the terms as specified on Exhibit A for the total purchase price of \$ 758,996.11 ("Purchase Price"). Prices are in U.S. funds.

5. Future Changes. Various state or federal regulatory agencies (e.g. NFPA, DOT, EPA) may require changes to the Specifications and/or the Product and in any such event any resulting cost increases incurred to comply therewith will be added to the Purchase Price to be paid by the Customer. In addition, any future drive train upgrades (engine, transmission, axles, etc.), or any other specification changes have not been calculated into our annual increases and will be provided at additional cost. To the extent practicable, Company will document and itemize any such price increases for the Customer.

6. Agreement Changes. The Customer may request that Company incorporate a change to the Products or the Specifications for the Products by delivering a change order to Company; provided, however, that any such change order must be in writing and include a description of the proposed change sufficient to permit Company to evaluate the feasibility of such change ("Change Order"). Within [seven (7) business days] of receipt of a Change Order, Company will inform the Customer in writing of the feasibility of the Change Order, the earliest possible implementation date for the Change Order, of any increase or decrease in the Purchase Price resulting from such Change Order, and of any effect on production scheduling or Delivery resulting from such Change Order. Company shall not be liable to the Customer for any delay in performance or Delivery arising from any such Change Order. A Change Order is only effective when counter-signed by Company's authorized representative.

7. Cancellation/Termination. In the event this Agreement is cancelled or terminated by a party before completion, Company may charge a cancellation fee. The following charge schedule based on costs incurred may be applied: (a) 10% of the Purchase Price after order is accepted and entered by Company; (b) 20% of the Purchase Price after completion of approval drawings, and; (c) 30% of the Purchase Price upon any material requisition. The cancellation fee will increase accordingly as costs are incurred as the order progresses through engineering and into manufacturing. Company endeavors to mitigate any such costs through the sale of such Product to another purchaser; however, Customer shall remain liable for the difference between the Purchase Price and, if applicable, the sale price obtained by Company upon sale of the Product to another purchaser, plus any costs incurred by Company to conduct any such sale.

8. Delivery, Inspection and Acceptance. (a) Delivery. Delivery of the Product is scheduled to be within 8 months of the Effective Date of this Agreement. The Customer is responsible for taking delivery of product directly from the Company and risk of loss transfers to the Customer upon an authorized Customer representative acknowledging product delivery. (b) Inspection and Acceptance. Upon Delivery, Customer shall have fifteen (15) days within which to inspect the Product for substantial conformance to the material Specifications as set forth in the Company Proposal, and in the event of substantial non-conformance to the material Specifications to furnish Company with written notice sufficient to permit Company to

evaluate such non-conformance ("Notice of Non-Conformance"). Any Product not in substantial conformance to material Specifications of the Proposal shall be remedied by Company within thirty (30) days from the Notice of Non-Conformance. In the event Company does not receive a Notice of Non-Conformance within fifteen (15) days of Delivery, Product will be deemed to be in conformance with Specifications of the Proposal and accepted by Customer.

9. Notice. Any required or permitted notices hereunder must be given in writing at the address of each party set forth below, or to such other address as either party may substitute by written notice to the other in the manner contemplated herein, by one of the following methods: hand delivery; registered, express, or certified mail, return receipt requested, postage prepaid; or nationally-recognized private express courier:

Company:

Conrad Fire Equipment, Inc.
887 N. Jan-Mar Court
Olathe, Kansas 66061

Customer:

NORTH KANSAS CITY, MO
1815 HOWELL
NORTH KANSAS CITY, MO 64116

10. Standard Warranty. Any express or implied manufacturer warranties are made a part hereof and the warranties attached hereto as Exhibit B extend fully to the Customer and are further assigned to the CITY OF NORTH KANSAS CITY, MO. Any additional warranties must be expressly approved in writing by Company's authorized representative.

a. Disclaimer. OTHER THAN AS EXPRESSLY SET FORTH IN THIS AGREEMENT, NEITHER COMPANY, ITS PARENT COMPANY, AFFILIATES, SUBSIDIARIES, THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, SHAREHOLDERS, AGENTS OR REPRESENTATIVES, MAKE ANY EXPRESS OR IMPLIED WARRANTIES WITH RESPECT TO THE PRODUCTS PROVIDED HEREUNDER OR OTHERWISE REGARDING THIS AGREEMENT, WHETHER ORAL OR WRITTEN, EXPRESS, IMPLIED OR STATUTORY. WITHOUT LIMITING THE FOREGOING, ANY IMPLIED WARRANTY OR CONDITION OF MERCHANTABILITY, THE IMPLIED WARRANTY AGAINST INFRINGEMENT, AND THE IMPLIED WARRANTY OR CONDITION OF FITNESS FOR A PARTICULAR PURPOSE BY COMPANY ARE EXPRESSLY EXCLUDED AND DISCLAIMED.

b. Exclusions of Incidental and Consequential Damages. In no event shall Company be liable for consequential, incidental or punitive damages incurred by Customer or any third party in connection with any matter arising out of or relating to this Agreement, or the breach thereof, regardless of whether such damages arise out of breach of warranty, tort, contract, strict liability, statutory liability, indemnity, whether resulting from non-delivery or from Company's own negligence, or otherwise.

11. Force Majeure. Company shall not be responsible nor deemed to be in default on account of delays in performance due to causes which are beyond Company's control which make Company's performance impracticable, including but not limited to civil wars, insurrections, strikes, riots, fires, storms, floods, other acts of nature, explosions, earthquakes, accidents, any act of government, delays in transportation, inability to obtain necessary labor supplies or manufacturing facilities, allocation regulations or orders affecting materials, equipment, facilities or completed products, failure to obtain any required license or certificates, acts of God or the public enemy or terrorism, failure of transportation, epidemics, quarantine restrictions, failure of vendors (due to causes similar to those within the scope of this clause) to perform their contracts or labor troubles causing cessation, slowdown, or interruption of work.

12. Default. The occurrence of one or more of the following shall constitute a default under this Agreement: (a) the Customer fails to pay when due any amounts under this Agreement or to perform any of its obligations under this Agreement; (b) Company fails to perform any of its obligations under this Agreement; (c) either party becomes insolvent or become subject to a bankruptcy or insolvency proceedings; (d) any representation made by either party to induce the other to enter into this Agreement is false in any material respect; (e) the Customer dissolves, merges, consolidates or transfers a substantial portion of its property to another entity; or (f) the Customer is in default or has breached any other contract or agreement with Company.

13. Manufacturer's Statement of Origin. It is agreed that the manufacturer's statement of origin ("MSO") for the Product covered by this Agreement shall remain in the possession of Company until the entire Purchase Price has been paid. If more than one Product is covered by this Agreement, then the MSO for each individual Product shall remain in the possession of Company until the Purchase Price for that Product has been paid in full. In case of any default in payment, Company may take full possession of the Product, and any payments that have been made shall be applied as payment for the use of the Product up to the date of taking possession.

14. Independent Contractors. The relationship of the parties established under this Agreement is that of independent contractors and neither party is a partner, employee, agent, or joint venture of or with the other.

15. Assignment. Neither party may assign its rights and obligations under this Agreement unless otherwise stated herein or it has obtained the prior written approval of the other party.

16. Governing Law; Jurisdiction. Without regard to any conflict of law provisions, this Agreement is to be governed by and under the laws of the state of KANSAS.

17. Facsimile Signatures. The delivery of signatures to this Agreement by facsimile transmission shall be binding as original signatures.

18. Entire Agreement. This Agreement shall be the exclusive agreement between the parties for the Product. Additional or different terms proposed by the Customer shall not be applicable, unless accepted in writing by Company's authorized representative. No change in, modification of, or revision of this Agreement shall be valid unless in writing and signed by Company's authorized representative.

19. Conflict. In the event of a conflict between the Customer Specifications and the Company Proposal, the Company Proposal shall control. In the event there is a conflict between the Company Proposal and this Agreement, the Company Proposal shall control.

Accepted and agreed to:

COMPANY: Conrad Fire Equipment, Inc.

CUSTOMER: _____

Name: SAL MONTELEONE

Name: _____

Signature: [Handwritten Signature]

Signature: _____

Title: President

Title: _____

Date: 10/1/19

Date: _____

**EXHIBIT A
PURCHASE DETAIL FORM
Company**

Date: 10/3/2019

Customer Assignee: NORTH KANSAS CITY, MO

Quantity	Chassis Type	Body Type	Price per Unit
1	PIERCE IMPEL	PUMPER	\$ 758,996.11
			\$
			\$
			\$

Warranty Period:

ALL STANDARD PIERCE WARRANTIES ARE LISTED IN THE PROPOSAL DOCUMENT.

Training Requirements:

BASIC ORIENTATION TRAINING WILL BE PROVIDED BY CONRAD FIRE EQUIP.

Trade-in Credit:

N/A

Pre-payment discount:

A PRE-PAYMENT DISCOUNT IN THE AMOUNT OF \$22,405.00 WILL BE APPLIED TO THIS SALE IF CUSTOMER ELECTS TO PAY IN FULL AT TIME OF ORDER.

Payment Terms:

FULL PAYMENT WILL BE MADE AT TIME OF ORDER AND THE AMOUNT DUE AT THAT TIME WILL BE \$736,591.11.

[NOTE: If deferred payment arrangements are required, the Customer must make such financial arrangements through a financial institution acceptable to Company.] All taxes, excises and levies that Company may be required to pay or collect by reason of any present or future law or by any governmental authority based upon the sale, purchase, delivery, storage, processing, use, consumption, or transportation of the Product sold by Company to the Customer shall be for the account of the Customer and shall be added to the Purchase Price. All delivery prices or prices with freight allowance are based upon prevailing freight rates and, in the event of any increase or decrease in such rates, the prices on all unshipped Product will be increased or decreased accordingly. Delinquent payments shall be subject to a carrying charge of 1.5 percent per month or such lesser amount permitted by law. Company will not be required to accept payment other than as set forth in this Agreement. However, to avoid a late charge assessment in the event of a dispute caused by a substantial nonconformance with material Specifications (other than freight), the Customer may withhold up to five percent (5%) of the Purchase Price until such time that Company substantially remedies the nonconformance with material Specifications, but no longer than sixty (60) days after Delivery. If the disputed amount is the freight charge, the Customer may withhold only the amount of the freight charge until the dispute is settled, but no longer than sixty (60) days after Delivery. Company shall have and retain a purchase money security interest in all goods and products now or hereafter sold to the Customer by Company or any of its affiliated companies to secure payment of the Purchase Price for all such goods and products. In the event of nonpayment by the Customer of any debt, obligation or liability now or hereafter incurred or owing by the Customer to Company, Company shall have and may exercise all rights and remedies of a secured party under Article 9 of the Uniform Commercial Code (UCC) as adopted by the state of KANSAS.

THIS PURCHASE DETAIL FORM IS EXPRESSLY SUBJECT TO THE PURCHASE AGREEMENT TERMS AND CONDITIONS BETWEEN COMPANY AND CUSTOMER, WHICH TERMS AND CONDITIONS ARE HEREBY INCORPORATED IN, AND MADE PART OF, THIS PURCHASE DETAIL FORM AS THOUGH EACH PROVISION WERE SEPARATELY SET FORTH HEREIN, EXCEPT TO THE EXTENT OTHERWISE STATED OR SUPPLEMENTED BY COMPANY HEREIN.

EXHIBIT B
WARRANTY

ALL WARRANTIES HAVE BEEN SUPPLIED TO THE CUSTOMER AND THE
WITHIN THE PROPOSAL DOCUMENT REFERENCED IN EXHIBIT C.

NORTH KANSAS CITY, MO

EXHIBIT C
COMPANY PROPOSAL

ONE OR MORE PIERCE [REDACTED] IMPEL PUMPER [REDACTED] AS SPECIFIED IN THE PIERCE MANUFACTURING
PROPOSAL, BID NO. 203, DATED 10/2/19.

CONRAD FIRE EQUIPMENT, INC.

887 N. Jan-Mar Court Olathe, KS 66061
 www.CONRADFIRE.com
 (913) 780-5521
 (913) 780-5251 Fax

QUOTATION 137098

CUSTOMER NO.
1557

BILL TO:

SHIP TO:

NORTH KANSAS CITY FIRE
 1815 HOWELL
 NORTH KANSAS CITY, MO 64116

NORTH KANSAS CITY FIRE
 1815 HOWELL
 NORTH KANSAS CITY, MO 64116

PHONE: 816/274-6025
 FAX: 816/471-0115

PAGE 1

DATE	SHIP VIA	F.O.B.	TERMS		
08/29/19	GROUND		NET 30 DAYS		
PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR QUOTE NUMBER		
HOLMATRO	08/29/19	137 137	137098		
QUANTITY					
ORDERED	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1		HOL.158.052.201	gcu 5050 i evo 3 cutter ONLY	9,817.98	9,817.98
1		HOL.158.052.205	GSP 5240 EVO 3 SPREADER ONLY	9,912.45	9,912.45
1		HOL.159.000.001	GTR 5350 LP EVO 3 RAM	11,244.79	11,244.79
1		HOL.158.052.163	GCT 5111 EVO 3 COMBI TOOL ONLY	8,306.05	8,306.05
4		HOL.150.182.209	BATTERY CHARGE BCH2,100-120VAC	389.31	1,557.24
8		HOL.151.000.307	BATTERY 6 AH - 28V	572.63	4,581.04

Product Total	Discount	Freight	Taxable Amount	Tax	Misc. Amt.	QUOTATION TOTAL
45,419.55	0.00		45,419.55	0.00		45,419.55

"WE APPRECIATE YOUR BUSINESS"

RETURNED GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR RETURN AUTHORIZATION NUMBER FROM CONRAD FIRE EQUIPMENT. ALL RETURNS ARE SUBJECT TO A RESTOCKING FEE.

EXHIBIT C

CONRAD FIRE EQUIPMENT, INC.

887 N. Jan-Mar Court Olathe, KS 66061
 www.CONRADFIRE.com
 (913) 780-5521
 (913) 780-5251 Fax

QUOTATION 137097

CUSTOMER NO.
1557

BILL TO:

NORTH KANSAS CITY FIRE
 1815 HOWELL
 NORTH KANSAS CITY, MO 64116

SHIP TO:

NORTH KANSAS CITY FIRE
 1815 HOWELL
 NORTH KANSAS CITY, MO 64116

PHONE: 816/274-6025
 FAX: 816/471-0115

PAGE 1

DATE	SHIP VIA	F.O.B.	TERMS		
08/29/19	GROUND		NET 30 DAYS		
PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR QUOTE NUMBER		
LADDER/PIKE POLES	08/29/19	137 137	137097		
QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT	
ORDERED	SHIPPED				
1		FIH.APH-6	6' ALL PURPOSE HOOK	92.66	92.66
1		FIH.APH-10	10' ALL PURPOSE HOOK	140.11	140.11
1		ATM.PEL-24	PUMPER 2-SEC LADDER 24' 80LBS	567.46	567.46
1		ALM.PRL-14	PUMPER ROOF LADDER 14' 49LBS	265.76	265.76
1		ALM.FL-10	FOLD LADDER 10' 17LBS	192.54	192.54

Product Total	Discount	Freight	Taxable Amount	Tax	Misc. Amt.	QUOTATION TOTAL
1,258.53	0.00	275.00	1,533.53	0.00		1,533.53

"WE APPRECIATE YOUR BUSINESS"

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EXHIBIT C



Proposal Option List

10/2/2019

Customer:	North Kansas City	Bid Number:	203
Representative:	Payne, Adam	Job Number:	
Organization:	Conrad Fire Equipment	Number of Units:	1
Requirements Manager:		Bid Date:	10/05/2019
Description:	North Kansas City Pumper	Stock Number:	
Body:	Pumper, Medium, Aluminum, 2nd Gen	Price Level:	38 (Current: 38)
Chassis:	Impel Chassis, 2010		

Line	Option	Type	Option Description	Qty
1	0766611		Boiler Plates, Pumper Fire Department/Customer - North Kansas City Operating/In conjunction W-Service Center - In Conjunction Miles - 50 Miles Number of Fire Dept/Municipalities - 10 Bidder/Sales Organization - Conrad Fire Equipment Delivery - Delivery representative Dealership/Sales Organization, Service - Conrad Fire Equipment	1
2	0661794		Single Source Compliance	1
3	0584456		Manufacture Location, Appleton, Wisconsin	1
4	0584452		RFP Location: Appleton, Wisconsin	1
5	0588609		Vehicle Destination, US	1
6	0610784		Comply NFPA 1901 Changes Effective Jan 1, 2016, With Exceptions	1
7	0533347		Pumper/Pumper with Aerial Device Fire Apparatus	1
8	0588611		Vehicle Certification, Pumper	1
9	0661778		Agency, Apparatus Certification, Pumper/Tanker, U.L.	1
10	0000114		Inspection Trip(s) Qty, - 1 Fill in Blank - Final	1
11	0620362		Consortium, HGAC	1
12	0537375		Unit of Measure, US Gallons	1
13	0529326		Bid Bond, 10%, Pierce Built Chassis	1
14	0540326		Performance Bond, Not Requested	1
15	0000007		Approval Drawing	1
16	0002928		Electrical Diagrams	1
17	0597579		Impel Chassis, 2010	1
18	0000110		Wheelbase Wheelbase - 219.50 inches	1
19	0000070		GVW Rating GVW rating - 46,800 pounds	1
20	0000203		Frame Rails, 13.38 x 3.50 x .375, Qtm/AXT/Imp/Vel/DCF	1
21	0756525		Frame Liner, Internal "C" 12.50" x 3.00" x .25", XT/Vel/Imp, Full Length, 56"Qv	1
22	0508849		Axle, Front, Oshkosh TAK-4, Non Drive, 22,800 lb, Imp/Vel	1
23	0010427		Suspension, Front TAK-4, 22,800 lb, Qtm/AXT/Imp/Vel/DCF/Enf	1
24	0087572		Shock Absorbers, KONI, TAK-4, Qtm/AXT/Imp/Vel/DCF/Enf	1
25	0000322		Oil Seals, Front Axle	1
26	0078244		Tires, Front, Michelin, XZY3 (wb), 425/65R22.50, 20 ply	1
27	0019611		Wheels, Front, Alcoa, 22.50" x 12.25", Aluminum, Hub Pilot	1
28	0530464		Axle, Rear, Meritor RS24-160, 24,000 lb, Imp/Vel/Dash CF	1
29	0544244		Top Speed of Vehicle, 60 MPH	1
30	0122076		Suspen, Rear, Standens, Spring, 24,000 lb, Imp/Vel/Dash CF	1
31	0000485		Oil Seals, Rear Axle	1
32	0000482		Driver Controlled Differential Lock, Single Axle	1
33	0070728		Tires, Rear, Michelin, XDN2, 12R22.50, 16 ply, Single	1
34	0019625		Wheels, Rear, Alcoa, 22.50" x 8.25", Aluminum, Hub Pilot, Single	1
35	0568081		Tire Balancing, Counteract Beads	1
36	0620570		Tire Pressure Monitoring, RealWheels, AirSecure, Valve Cap, Single Axle Qty, Tire Pressure Ind - 6	1
37	0057936		Covers, Lug Nut, Chrome	1
38	0002045		Mud Flaps, w/logo front & rear	1

Line	Option	Type	Option Description	Qty
39	0544802		Chocks, Wheel, SAC-44-E, Folding	1
			Qty, Pair - 01	
40	0544806		Mounting Brackets, Chocks, SAC-44-E, Folding, Horizontal	1
			Qty, Pair - 01	
			Location, Wheel Chocks - Left Side Rear Tire, Forward	
41	0010670		ABS Wabco Brake System, Single rear axle	1
42	0030185		Brakes, Knorr/Bendix 17", Disc, Front, TAK-4	1
43	0000730		Brakes, Meritor, Cam, Rear, 16.50 x 7.00"	1
44	0020784		Air Compressor, Brake, Cummins/Wabco 18.7 CFM	1
45	0000785		Brake Reservoirs, Three	1
46	0568012		Air Dryer, Wabco System Saver 1200, Heater, 2010	1
47	0000790		Brake Lines, Nylon	1
48	0000854		Air Inlet, w/Disconnect Coupling	1
			Location, Air Coupling(s) - a) DS Step Well, Forward	
			Qty, Air Coupling (s) - 1	
49	0795325		Engine, Cummins L9, 450 hp, 1250 lb-ft, W/OBD, EPA 2017, Imp/Vel	1
50	0001244		High Idle w/Electronic Engine, Custom	1
51	0687994		Engine Brake, Jacobs Compression Brake, Cummins Engine	1
			Switch, Engine Brake - d) ISC/ISM/ISL/ISL9/ISX, Hi Lo	
52	0552334		Clutch, Fan, Air Actuated, Horton Drive Master	1
53	0123135		Air Intake, w/Ember separator, Imp/Vel	1
54	0794761		Exhaust System, 4", 2017 L9 Engine, Horizontal, Right Side	1
55	0554247		Exhaust, Modified for MagneGrip System, 4.00" Diffuser Engines, CARE	1
56	0787999		Radiator, Impel/Velocity	1
57	0616439		Cooling Hoses, Gates Silicone	1
58	0001125		Fuel Tank, 65 Gallon, Left Side Fill	1
59	0001129		Lines, Fuel	1
60	0582182		DEF Tank, 4.5 Gallon, DS Fill, Rear of Rear Axle, Common Door	1
			Door, Material & Finish, DEF Tank - Polished Stainless	
61	0552793		Not Required, Fuel Priming Pump	1
62	0582243		Shutoff Valves, Fuel Line @ Primary Filter, Cummins	1
63	0553019		Cooler, Engine Fuel, Imp/Vel, AXT/Qtm/Sab/DCF/SFR/Enf	1
64	0528809		Chain, Fuel Cap Retaining, w/ S/S Trim Plate Below Fuel Fill	1
65	0663938		Label, "DEF Fluid Only", Mounted On Inside Of DEF Fill Door	1
66	0690880		No Selection Required From This Category	1
67	0642572		Trans, Allison 5th Gen, 3000 EVS P, w/Prognostics, Imp/Vel/DCF/SFR/Enf	1
68	0625329		Transmission, Shifter, 5-Spd, Push Button, 3000 EVS	1
69	0684459		Transmission Oil Cooler, Modine, External	1
70	0001370		Driveline, Spicer 1710	1
71	0669988		Steering, Sheppard M110 w/Tilt, TAK-4, Eaton Pump, w/Cooler	1
72	0001544		Not Required, Steering Assist Cylinder on Front Axle	1
73	0621840		Steering Wheel, 4 Spoke with Controls, Impel	1
74	0690274		Logo/Emblem, on Dash	1
			Text, Row (1) One - Everyone	
			Text, Row (2) Two - Goes	
			Text, Row (3) Three - Home	
75	0592801		Bumper, 26" Extended, Steel, Painted, Imp/Vel	1
76	0510226		Lift & Tow Package, Imp/Vel, AXT, Dash CF	1
77	0522573		Tow Hooks Not Required, Due to Lift and Tow Package	1
78	0611670		Equipment Tray, Full Width Cover, Tools In Center	1
			Make/Model - Holmatro Battery Tools	
79	0698960		Coating, Top Flange, Front Bumper, Outside Exterior, Line-X Coating, Black	1
80	0668322		Cab, Impel FR, 7010 Raised Roof	1
81	0668309		Engine Tunnel, ISL and DD13, Impel/Velocity FR	1
82	0677478		Rear Wall, Exterior, Cab, Aluminum Treadplate	1
83	0122465		Cab Lift, Elec/Hyd, Imp/Vel	1
84	0123176		Grille, Bright Finished, Front of Cab, Impel/Velocity	1
85	0646179		Trim, S/S, Rect Headlights, VEL/IMP	1
			Material Trim/Scuffplate - c) S/S, Polished	
			Turnsignal Covers - No Covers	
86	0015440		No Chrome Molding, On side of cab	1

Line	Option	Type	Option Description	Qty
87	0521669		Mirrors, Retractable, West Coast Style, Htd/Rmt, w/Htd/Rmt Convex	1
88	0667920		Door, Full Height, Impel FR 4-Door Cab, Raised Roof Key Model, Cab Doors - 1041	1
89	0655511		Door Panel, Brushed Stainless Steel, Impel/Velocity 4-Door Cab	1
90	0667905		Storage Pockets w/ Elastic Cover, Recessed, Impel/Velocity FR	1
91	0667902		Controls, Electric Windows, All Cab Doors, Impel/Velocity FR	1
92	0555485		Steps, 4-Door Full Tilt Cab, Imp/Vel	1
93	0770194		Handrail, Exterior, Knurled, Alum, 4-Door Cab	1
94	0673090		Lights, Cab and Crew Cab Access Steps, Wln 3SC0CDCR LED 3.00", 4lts	1
95	0002140		Fenders, S/S on Cab	1
96	0592071		No Windows, Side of Crew Cab, Vel/Imp	1
97	0568605		Not Required, Interior Trim, No Cab Side Windows	1
98	0012090		Not Required, Windows, Front/Side of raised roof	1
99	0603142		Windows, Rear CC, (2) 11.25" x 18", Impel	1
100	0553197		Not Required, Trim, Cab Rear Windows, Impel	1
101	0786289		Window Tint, Crew Cab Door, Left Side, Medium Gray	1
102	0786287		Window Tint, Rear Wall, Left Side, Medium Gray	1
103	0786278		Window Tint, Crew Cab Door, Right Side, Medium Gray	1
104	0786276		Window Tint, Rear Wall, Right Side, Medium Gray	1
105	0786285		Window Tint, Upper Crew Cab Door, Right Side, Medium Gray	1
106	0786293		Window Tint, Upper Crew Cab Door, Left Side, Medium Gray	1
107	0199285		Visor, Exterior, Vel/Imp	1
108	0553057		Holder, Cup, Cab/Crewcab, Each Qty, - 04	4
109	0664465		Bracket, Air Bottle, Hands-Free II Location - Ship Loose Qty, - 01	1
110	0663375		Mounting Provisions, 1/4" Alum, Full Engine Tunnel, Vel/Imp Mounting Provision Spacing - 1.00" Material Finish, Cab Interior - Painted	1
111	0657417		Computer Mount, Gamber Johnson NotePad V, Universal with Tilt/Swivel/Slide Location - TBD Qty, - 01	1
112	0748680		Cab Interior, Vinyl, Painted Walls, Imp/Vel FR, CARE Color, Cab Interior Vinyl/Fabric - Endure Vinyl - Silver/Gray Cab Interior Rear Wall Material - Painted Aluminum	1
113	0667943		Cab Interior, Paint Color, Impel/Velocity FR Color, Cab Interior Paint - a) gray	1
114	0648000		Floor, Rubber Padded Cab & Crew Cab, Line-X Sill Plates. Imp/Vel, Dash CF Color, Line-X, Per Item - a) black	1
115	0667936		Heater/defroster, Dual Zone Control, Impel/Velocity FR	1
116	0603347		Air Conditioning, Dual Zone Control, Impel/Velocity FR Paint Color, A/C Condenser - Painted by OEM	1
117	0639675		Sun Visor, Smoked Lexan, AXT, Dash CF, Imp/Vel, Saber FR/Enforcer Sun Visor Retention - No Retention	1
118	0548173		Grab Handles, Driver and Passenger Door Post, Imp/Vel	1
119	0002526		Light, Engine Compt, All Custom Chassis	1
120	0122516		Fluid Check Access, Imp/Vel	1
121	0002508		Map Box, 3 Bin/30 deg Slant, Custom Chassis Qty, - 1 Location, Map Box/Straps - Final Inspection	1
122	0583042		Side Roll and Frontal Impact Protection	1
123	0697005		Seat, Driver, Pierce PS6, Premium, Air Ride, High Back, Safety	1
124	0696994		Seat, Officer, Pierce PS6, Premium, Air Ride, SCBA, Safety	1
125	0622619		Seating Capacity, 4 Seats	1
126	0002517		Not Required, Radio Compartment	1
127	0752166	SP	Cabinet, Rr Fcng, LS, 24 W x 30 H x 24.5 D, Ext Acc Only, Sp Mtg, Bolt. Imp/Vel Light, Short Cabinet - Amdor H2O, Exterior, Left Side and Amdor H2O, Exterior, Right Side Scuffplate, Door Pan, Material/Finish - S/S, Brushed Material Finish, Shelf - 0-No Shelving Shelf/Tray, Cabinet - (0) None	1

Line	Option	Type	Option Description	Qty
127			Door, Cab Exterior Cabinet - Double Pan, Locking #1250 Door, Exterior Stop - Stay Arm Louvers, Cabinet - Louvers, Back	
128	0102783		Not Required, Seat, Rr Facing C/C, Center	1
129	0752165	SP	Cabinet, Rr Fcng, RS, 21 W x 30 H x 24.5 D, Ext Acc Only, Sp Mtg, Bolt, Imp/Vel Light, Short Cabinet - Amdor H2O, Exterior, Left Side and Amdor H2O, Exterior, Right Side Scuffplate, Door Pan, Material/Finish - S/S, Brushed Material Finish, Shelf - 0-No Shelving Shelf/Tray, Cabinet - (0) None Door, Cab Exterior Cabinet - Double Pan, Locking #1250 Door, Exterior Stop - Stay Arm Louvers, Cabinet - Louvers, Back	1
130	0122717		Seat, Forward Facing C/C, DS Outboard, Pierce PS6, Base, SCBA, Safety	1
131	0752164	SP	Cabinet, Forward Facing, Center, 38 W x 42 H x 16 D, Roll, Chamfer Imp/Vel False Floor, EMS Cabinet - No False Floor Light, Short Cabinet - Amdor H2O, Interior, Left Side and Amdor H2O, Interior, Right Side Material Finish, Shelf - Brushed Shelf/Tray, Cabinet - (1) Shelf, Adjustable, 1.25" Up-Turned Lip Door, Cab Interior Cabinet - Rollup, Amdor, Anodized, Locking #1250 Louvers, Cabinet - Louvers, Left Side	1
132	0122730		Seat, Forward Facing C/C, PS Outboard, Pierce PS6, Base, SCBA, Safety	1
133	0042359		Upholstery, Seats In Cab, All Vinyl, Bostrom, CARE Color, Cab Interior Vinyl/Fabric - c) Black Qty, - 04	4
134	0543991		Bracket, Air Bottle, Hands-Free II, Cab Seats Qty, - 03	3
135	0603867		Seat Belt, ReadyReach Seat Belt Color - Red	1
136	0604867		Seat Belt Height Adjustment, 4 Seats, Imp/Vel, Dash CF	1
137	0627014		Pick Not Required, Seat Belt Color Selected in Seat Belt Option 627339	1
138	0566156		Helmet Storage, In Cab Compartment	1
139	0647632		Lights, Dome, WIn 60C*EGCS Dual LED 4 Lts Color, Dome Lt - Red & White Control, Dome Lt White - Lens Switch Control, Dome Lt Color - Lens Switch	1
140	0631779		Light, Map, Overhead, Round Halogen, AXT/Imp/Vel/Dash CF, Hawk EX 12vdc power from - Battery switched	1
141	0602635		Portable Hand Light, Provided by Dealer, Pumper NFPA 2016 Classification	1
142	0594554		Cab Instruments, Blk Gags, Blk Bez, Impel 2010	1
143	0509511		Air Restriction Indicator, Imp/Vel, AXT, Dash CF, Enf MUX	1
144	0543751		Light, Do Not Move Apparatus Alarm, Do Not Move Truck - Steady Alarm	1
145	0614619		Messages, Open Door/Do Not Move Truck, MUX w/LCD Gauge Cluster Only	1
146	0611681		Switching, Cab, Membrane, Impel/Veloc/Quantum, Dash CF, AXT WiFi MUX Location, Emerg Sw Pnl - Driver's Side Overhead	1
147	0555915		Wiper Control, 2-Speed with Intermittent, MUX, Impel/Veloc	1
148	0547960		Wiring, Spare, 40 A 12V DC 1st Qty, - 06 12vdc power from - Battery direct Wire termination - Butt Splice Location - 1 inside EMS cabinet on the rear wall of cab, 1 on top of EMS cabinet on the rear wall of the cab, 1 door side of driver and captain seat (seat riser), 1 on rear of engine tunnel under mounting surface, 1 on front of engine tunnel under mounting surface	6
149	0548004		Wiring, Spare, 15 A 12V DC 1st Qty, - 04 12vdc power from - Battery direct Wire termination - 15 amp power point plug Location, Spare Wiring - TBD	4
150	0566101		Recess, Dash Panel, Officer Side, Vel/Imp	1
151	0594194		Radio, AM/FM/CD/WB/Aux in, Panasonic Speakers, AM/FM Radio - Two (2) pairs of speakers, Cab/Crew	1

Line	Option	Type	Option Description	Qty
151			Antenna, AM/FM Radio - c) Roof-mounted rubber antenna Location, AM/FM Radio - a) within reach of the driver	
152	0636437	SP	Compt, Storage, Locking, Simplex 9600, Overhead, Instr Pnl, IPO Panel 5 and 6	1
153	0511422		Vehicle Information Center, LCD On Gauge Cluster Only	1
154	0610240		System Of Measurement - US Customary Vehicle Data Recorder w/Seat Belt Monitor	1
155	0663195		Intercom, Firecom 5200D Dual Radio, 5-Pos, D,O,2C,P Location - 2 forward facing seats	1
156	0657152		Location, Intercom, C Cab - 2) 2 forward facing seats Cable, Radio to Intercom Interface, Firecom, 2 Radios	1
157	0681384		Radio, First Two-Way Model - Motorola XTL 2500 Radio, Second Two-Way Model - Motorola XTL 2500 Radio, First Two-Way Make - Motorola High Power Radio, Second Two-Way Make - Motorola High Power Headset, Firecom, UH-52 Under Helmet, Intercom Only	2
158	0681408		Qty, - 02 Location, Headset - Center Crew Cab Seat Hangers For Headsets, NFPA, Each	4
159	0682830		Qty, - 04 Location, Headset Hangers - Driver Seat, Officer Seat, DS Outbrd, Fwrd Fcng Seat and PS Outbrd, Fwrd Fcng Seat Antenna Only, GPS, For Standard NMO Mount	1
160	0684553		Location - on the driver's side of cab roof with the coax running to the lower instrument panel Location, Antenna Cable - instrument panel Antenna Mount, Custom Chassis, Cable Routed to Officer Side Dashboard	1
161	0653533		Location - passenger's side of cab roof Qty, - 01 Camera, Pierce, 7" LCD, Rear Camera Only	1
162	0523921		Location, Camera Monitor - Driver Side Tunnel Recess, Rear Vision Camera	1
163	0615106		Location, Camera, Recessed - Between Marker / Stop Pierce Command Zone, Advanced Electronics & Control System, Impel, WiFi	1
164	0624255		Electrical System, Impel	1
165	0079211		Batteries, (6) Exide Grp 31, 950 CCA each, Threaded Stud	1
166	0008621		Battery System, Single Start, All Custom Chassis	1
167	0123174		Battery Compartment, Imp/Vel	1
168	0531338		Charger, Sngl Sys, Kussmaul, Pump Plus 1200, 52-21-1100	1
169	0012781		Location, Charger/Compr, Front left body compt	1
170	0530951		Location, Bat Chrg Ind, DS Behind Cab Door	1
171	0016856		Shoreline, 15A 120V, Kussmaul Auto Eject, 091-55-15-120, Super Qty, - 01 Color, Kussmaul Cover - b) red	1
172	0026800		Connection, Shoreline - Kussmaul Pump Plus, all hand lights Shoreline Location	1
173	0647728		Location, Shoreline(s) - DS Cab, Rr Of Wheel Alternator, 430 amp, Delco Remy 55SI	1
174	0092582		Load Manager/Sequencer, MUX	1
175	0766233		Enable/Disable Hi-Idle - e) High Idle enable Headlights, Rect LED, Truck-Lite, AXT/DCF/Enf/Imp/Sab/Vel	1
176	0648425		Light, Directional, WIn 600 Cmb, Cab Cm, Imp/Vel/AXT/Qtm/DCF Color, Lens, LED's - m) match LED's	1
177	0750542		Light, Directional/Marker, Intermediate, Truck-Lite 60421Y LED 2lts	1
178	0591889		Lights, Clearance/Marker/ID, Rear, WIn 0SR00MCR LED 7Lts	1
179	0648074		Lights, Clearance/Marker/ID, Front, P25 LED 7 Lts	1
180	0564683		Lights, Tail, WIn M6BTT* Red LED Stop/Tail & M6T* Amber LED Dir Arw For Hsg Color, Lens - Clear	1
181	0561471		Lights, Backup, WIn M6BUW, LED, For Tail Lt Housing	1
182	0663884		Bracket, License Plate & Light, P25 LED, Temp Under Tailbrd Location - under rear tailboard, driver's side	1
183	0556842		Bezels, WIn, (2) M6 Chrome Pierce, For mtg (4) WIn M6 lights	1
184	0589905		Alarm, Back-up Warning, PRECO 1040	1
185	0653125		Lights, Perimeter Cab, WIn PELCC LED 4Dr	1

Line	Option	Type	Option Description	Qty
186	0769556		Lights, Perimeter Pump House, Amdor AY-LB-12HW012 LED 4lts	1
187	0683575		Lights, Perimeter Body, Truck-Lite 6060C LED 2ts, Rear Step Control, Perimeter Lts - Parking Brake Applied	1
188	0669077		Lights, Step, Wln 0AC0EDCR LED, 45 Deg Crm Bzl, Prk Brk, At Least 6Lts	1
189	0640629		Light, Wln, 12V PCPSM1* Pioneer LED Fld/Spt, Surface Mount 1st Location, Lights - one (1) each side, up high on the rear bulkheads Qty, - 02 Switch, Lt Control 1 DC,1 - a) DS Switch Panel Switch, Lt Control 2 DC,2 - g) PS Switch Panel Switch, Lt Control 3 DC,3 - e) Pump Operators Panel Switch, Lt Control 4 DC,4 - c) DS Rear of Apparatus Color, Wln Lt Housing - Chrome Flange	2
190	0532358		Not Required, Deck Lights, Other Hose Bed & Rear Lighting	1
191	0648253		Light, Wln, 12V PCP3P Pioneer LED Fld/Spt, Pole Mt 2nd Location, Lights - passenger's side pump panel Qty, - 01 Switch, Lt Control 1 DC,1 - n) Other Scene Lt Control Switch, Lt Control 2 DC,2 - e) No Control Switch, Lt Control 3 DC,3 - d) No Control Switch, Lt Control 4 DC,4 - d) No Control Color, Wln Lt Housing - White Paint Poles, W - Thru Body/Surface Mount, Top Adjust Pull-Up Handle Holder and Up Ind Sw W - With Handle Holder Pole Length W - 20.00" Outside Pole	1
192	0648254		Light, Wln, 12V PCP3P Pioneer LED Fld/Spt, Pole Mt 1st Location, Lights - DRIVER'S SIDE PUMP PANEL Qty, - 01 Switch, Lt Control 1 DC,1 - n) Other Scene Lt Control Switch, Lt Control 2 DC,2 - e) No Control Switch, Lt Control 3 DC,3 - d) No Control Switch, Lt Control 4 DC,4 - d) No Control Color, Wln Lt Housing - White Paint Poles, W - Thru Body/Surface Mount, Top Adjust Pull-Up Handle Holder and Up Ind Sw W - With Handle Holder Pole Length W - 20.00" Outside Pole	1
193	0660105		Light, Wln, 12V PCP3P Pioneer LED Fld/Spt, PBAPEDD Ped Mt 1st Location, Lights - on the driver's side, above compartment L1 Qty, - 01 Switch, Lt Control 1 DC,1 - a) DS Switch Panel Switch, Lt Control 2 DC,2 - g) PS Switch Panel Switch, Lt Control 3 DC,3 - e) Pump Operators Panel Switch, Lt Control 4 DC,4 - c) DS Rear of Apparatus Color, Wln Lt Housing - White Paint	1
194	0660100		Light, Wln, 12V PCP3P Pioneer LED Fld/Spt, PBAPEDD Ped Mt 2nd Location, Lights - on the passenger's side, above compartment R1 Qty, - 01 Switch, Lt Control 1 DC,1 - a) DS Switch Panel Switch, Lt Control 2 DC,2 - g) PS Switch Panel Switch, Lt Control 3 DC,3 - e) Pump Operators Panel Switch, Lt Control 4 DC,4 - h) PS Rear of Apparatus Color, Wln Lt Housing - White Paint	1
195	0647471		Light, Wln, 12V PSL2R5* Pioneer SlimLine LED, Recessed 15 Deg 1st Location, Lights - on the driver's side of cab, centered above the exterior compartment door Qty, - 01 Switch, Lt Control 1 DC,1 - j) Command Switch Panel Switch, Lt Control 2 DC,2 - e) No Control Switch, Lt Control 3 DC,3 - d) No Control Switch, Lt Control 4 DC,4 - d) No Control Color, Wln Lt Housing - White Paint	1
196	0617769		Light, Visor, Wln, 12V PCP3* Pioneer LED Fld/Spt, Warn 1st, SYNC Qty, - 01 Location, driver's/passenger's/center - Centered Switch, Lt Control 1 DC,1 - a) DS Switch Panel Switch, Lt Control 2 DC,2 - g) PS Switch Panel	1

Line	Option	Type	Option Description	Qty
196			Switch, Lt Control 3 DC,3 - e) Pump Operators Panel Control, Front Scene Warning - a) Front Zone Lower Sw Color, WIn Lt Housing - White Paint	
197	0645878		Lights, Hose Bed, Cover, Dual Amdor AY-9750-20 LED Light Strips 4fts, Low Control, Hose Bed Lts - Auto Cover Sw	1
198	0635487		Lights, Rear Scene, WIn, 700 LED, Below Tailboard Control, Rear Scene Lts - Cab Switch Panel DS	1
199	0763248		Lights, Walk Surf, Amdor AY-LB-12HW0**, LED, Cargo Areas Location - Cargo Area Qty, Cargo Lts - 2	2
200	0060115		Pumper, Medium, Aluminum, 2nd Gen	1
201	0554271		Body Skirt Height, 20"	1
202	0003303		Tank, Water, 500 Gallon, Poly, Med, "T"	1
203	0003405		Overflow, 4.00" Water Tank, Poly	1
204	0028104		Foam Cell Required	1
205	0034425		Modified Poly Tank for Folding Tank, Ladder Storage or Backboards Qty, - 1	1
206	0633066		Sleeve, Through Tank Qty, Sleeve - 1 Water Tank Sleeve - Plumbing/Hydraulic Diameter - 3" Plumbing	1
207	0553729		Not Required, Restraint, Water Tank, Heavy Duty	1
208	0752265	SP	Tank Fill, 2.50", Auto, Akron 9330, RS And Rear Inlets Adapter, Elbow - PLUG	1
209	0003424		Not Required, Dump Valve	1
210	0048710		Not Required, Jet Assist	1
211	0030007		Not Required, Dump Valve Chute	1
212	0514778		Not Required, Switch, Tank Dump Master	1
213	0126633		Hose Bed, Aluminum, Pumper	1
214	0003481		Hose Bed Capacity, Special Capacity, Hosebed - 1000' 5", 2-200' of 1.75", 200' 2.5"	1
215	0003488		Divider, Hose Bed, Unpainted Qty, Hosebed Dividers - 3	3
216	0530804		Cover, Hose Bed, Alum Treadplate	1
217	0587696		Hose Restraint, Hose Bed, One Piece Vinyl Flap, Strap Fastener, Hose Bed Frame, Rear Color, Vinyl Cover - c) black Type of fastener - seat belt buckle - bottom of hosebed Type of fastener, Rear - quarter turn - Rear of Hosebed Vinyl flap weight - lead shot	1
218	0695399		Running Boards, 14.75" Deep, Front and Rear 45 Degree Corners	1
219	0689497		Tailboard, T-Shaped, 24" & 8" Deep, Angled Corners	1
220	0690037		Wall, Rear, Smooth Aluminum/Body Material Material, Rear Wall Inboard Facing Surfaces - Aluminum Diamondplate	1
221	0003531		Tow Bar, Under Tailboard	1
222	0648440	SP	Hopper, Top Mount Walkway Compartment Location - Each side of the walkway for the pump panel Qty, - 02	2
223	0590926		Hose Restraint, Running Board, Velcro Straps Location, Hose Tray, Running Board - a) both sides Qty, Tray, Hose - 2	2
224	0586211	SP	Tray, Hose, Running Board, "Free Floating", 100' of 1.75" Location, Hose Tray, Running Board - b) LH Side Qty, Tray, Hose - 1	1
225	0695615		Tray, Hose, Running Board, Free Floating, 20' of 5.00" Soft Suction, Tapered Location, Hose Tray, Running Board - c) RH side Qty, Tray, Hose - 1	1
226	0003561		Construction, Compt, Alum, Pumper	1
227	0083650		LS 152" Rollup, Full Height Front & Rear	1
228	0083658		RS 152" Rollup, Full Height Front & Rear	1
229	0594005		Doors, Rollup, Amdor, Side Compartments Qty, Door Accessory - 06 Color, Roll-up Door - AMDOR Painted to Match Lower Body Latch, Roll-up Door - Non-Locking Liftbar	6

Line	Option	Type	Option Description	Qty
230	0083700		Compt, Rear, Rollup, 37.75" FF, 25.88" D	1
231	0594003		Door, Amdor, Rollup, Rear Compartment	1
			Color, Roll-up Door - AMDOR Painted to Match Lower Body	
			Latch, Roll-up Door - Non-Locking Liftbar	
232	0554995		No Body Modification Required	1
233	0650792		Scuffplate, S/S Around Air Bottle Compt Openings, Qty	4
			Location - TBD	
			Qty, Scuffplates - 04	
			Material Trim/Scuffplate - c) S/S, Polished	
234	0768509		Lights, Compt, Amdor AY-LB-12HW0** LED, Dual Light Strip	7
			Qty, - 07	
235	0055678		Cover, Exposed Pipe	1
236	0687146		Shelf Tracks, Painted	7
			Qty, Shelf Track - 07	
			Location, Shelf Track - LS1, LS2, LS3, RS1, RS2, RS3 and B1	
237	0600350		Shelves, Adj, 500 lb Capacity, Full Width/Depth, Predefined Locations	10
			Qty, Shelf - 10	
			Material Finish, Shelf - Painted - Spatter Gray	
			Location, Shelves/Trays, Predefined - RS2-Centered, RS3-Lower Third, RS3-Upper Third, RS1-Lower Third Right of Partition, RS1-Upper Third Right of Partition, LS2-Centered, B1-Centered, LS3-Lower Third, LS1-Upper Third Left of Partition and LS1-Lower Third Left of Partition	
238	0647091		Tray, Floor Mounted, Slide-Out, 500lb, 2.00" Sides	4
			Qty, - 04	
			Location, Tray Slide-Out, Floor Mounted - RS1, RS3, LS1 and B1	
			Material Finish, Tray - Painted - Spatter Gray	
239	0656031		Compt, Backboard Storage, Over Pump	1
			Size, Backboard - 16.5" W x 73" L x 2.5" Need partition in compartment to seperate the two backboards	
			Door, Material & Finish, Storage - Brushed S/S	
			Latch, Door, Storage - "D" Handle Latch	
			Qty, Backboard Troughs - 2	
			Location, BB/Stokes/Long Tool Storage Over Pump - Rearward, Crosslays	
240	0553634		Tool Drawer, Set of Two, 24.00" Deep, Height Feature	1
			Location - D3	
			Qty, - 01	
			Size - 7.5"	
241	0600281		Partition, Vertical Compartment, Predefined Locations	2
			Qty, Partition - 02	
			Location, Partition/Toolboard, Predefined - LS1 - Centered and RS1 - Centered	
			Material Finish, Partition - Painted - Spatter Gray	
242	0659095		Pegboard, 3/16" Alum, Back Wall Compt, w/Track	2
			Qty, Comp. Accessory - 02	
			Hole Diameter, Pegboard/Toolboard - .203" diameter	
			Finish, Pegboard/Toolboard - Painted - Spatter Gray	
			Location, Pegboard Back Compt Wall - LS2 and RS2	
243	0049123		Rack, Air Bags inside Compt, 3-Slot	1
			Location - P1 right next to the partition on the side towards the cab.	
			Qty, - 01	
			Size - 26" x 26" x 2", 23" x 17" x 2", 20" x 14" x 2"	
244	0004016		Rub Rail, Aluminum Extruded, Side of Body	1
245	0784811		Fender Crowns, Rear, Stainless, w/Removable Liner	1
			Material Finish, Fender Liner - Painted	
246	0519849		Not Required, Hose, Hard Suction	1
247	0625546		Handrails, Top Mount Pump Panel, Per Print	1
248	0004126		Handrails, Beavertail, Standard	1
249	0004146		Handrail, Rear, Below Hose Bed, Full Width	1
250	0004150		Handrail, Extra - 15-20" Long	1
			Qty, Handrails - 01	
			Location, Handrail Additional - Top of Side Sheet LS Rrwd	

Line	Option	Type	Option Description	Qty
251	0795333		Compt, Air Bottle, Single, Fender Panel, Bolt-In Qty, Air Bottle Comp - 2 Door Finish, Fender Compt - Polished Location, Fender Compt - Single - LS Rear and Single - RS Rear Latch, Air Bottle Compt - Flush Lift & Turn Insert, Air Bottle Compt - Rubber Matting	2
252	0657651		Compt, Air Bottle, Double, Full Width Door, Fender Panel Qty, Air Bottle Comp - 2 Door Finish, Fender Compt - Brushed Location, Fender Compt - Double - LS Fwd and Double - RS Fwd Latch, Air Bottle Compt - Flush Lift & Turn Insert, Air Bottle Compt - W-Shaped Insert	2
253	0622393		Compt, Air Pack in Fender Panel Location, Bracket/comp. - one on the LS and one on the RS Qty, - 02 Door Finish, Fender Compt - Brushed Latch, Air Bottle Compt - Flush Lift & Turn Insert, Air Bottle Compt - Dura-Surf Lining	2
254	0602940		Ladder, Extension, Provided by Fire Dept, Pumper/Pumper w/Aerial, NFPA 2016 Qty, - 01 Ext Ladder, Make/Model - 24' Alco-Lite PEL-24	1
255	0602718		Ladder, Roof, Provided by Fire Department, Pumper/Pumper w/Aerial Device, NFPA 2016 Qty, - 1 Roof Ladder, Make/Model - 14' Alco-Lite PRL-14	1
256	0580175	SP	Ladders Btwn Tank & S.Sht, RS, Encl'd Complete, RPH, Vinyl, As Far Fwd As Poss Door, Material & Finish, Ladder Storage - smooth aluminum Latch, Door Ladder Storage - D-Handle latch	1
257	0602901		Ladder, 10' Alco-Lite FL-10, Provided by Fire Dept, Pumper NFPA 2016 Class Location, Folding Ladder - Ladder Compartment	1
258	0602877		Pike Pole, Pumper, Provided by Fire Department, NFPA 2016 Pike Pole Make/Model - Fire Hooks Unlimited 10' All Purpose Hook	1
259	0602875		Pike Pole, 6', Pumper, Provided by Fire Department, NFPA 2016 Pike Pole Make/Model - Fire Hooks Unlimited 6' All Purpose Hook	1
260	0004361		Tubes, Alum, Pike Pole Storage Qty, Pike Pole Tubes - 02 Location, Pike Pole Tube - Ladder Storage	2
261	0051014		Label, Overall Height/Weight, in Cab Location - In view of driver	1
262	0593083		Step, Folding, Front of Body, Left Side Only, w/LED, Trident Coating, Step - black	1
263	0592994		Steps, Folding, Rear of Body, w/LED, Trident Coating, Step - black	1
264	0591914		Step, Folding - Extra, Body Only, Black, w/LED, Trident Qty, Folding Step - 02 Location, Steps Additional - LS Front Bulkhead - 1 and LS Front Bulkhead - 2	2
265	0004425		Pump, Waterous, CSU, 1500 GPM, Single Stage	1
266	0004481		Seal, Grafoil, Waterous	1
267	0559769		Trans, Pump, Waterous C20 Series	1
268	0635600		Pumping Mode, Stationary Only	1
269	0605126		Pump Shift, Air w/Manual Override, Split Shaft, Interlocked, Waterous	1
270	0003148		Transmission Lock-up, EVS	1
271	0004547		Auxiliary Cooling System	1
272	0014486		Not Required, Transfer Valve, Stage Pump	1
273	0777650		Valve, Relief Intake, Akron Pressure Setting - 125 psig	1
274	0546803		Controller, Pressure, Class 1 Total Pressure Governor (TPG)	1
275	0072153		Primer, Trident, Air Prime, Air Operated	1
276	0780364		Manuals, Pump, (2) Total, Electronic Copies	1
277	0603129		Plumbing, Stainless Steel and Hose, Single Stage Pump	1
278	0795135		Plumbing, Stainless Steel, w/Foam System	1
279	0004645		Inlets, 6.00" - 1250 GPM or Larger Pump	1

Line	Option	Type	Option Description	Qty
280	0004646		Cap, Main Pump Inlet, Long Handle, NST, VLH	1
281	0549887		Valve, w/Relief, RS Inlet, 6", Electric Cntrl, LED, Manual Override, Wat Pump	1
282	0084610		Valves, Akron 8000 series- All	1
283	0004660		Inlet, Left Side, 2.50"	1
284	0004680		Inlet, Right Side, 2.50"	1
285	0004687		Valve, Inlet(s) Recess, Top Mount	1
286	0004710		Control, Inlet, at Top Mount Panel	5
			Qty, Inlets - 5	
287	0567468	SP	Inlet, Rear, 6.00" w/5.00" S/S Plumbing, W/Bleeder, w/Ladder Compt Location - LS	1
288	0004799		Cap, Rear Inlet, Long Handle, VLH	1
289	0024831		Control, Rear Inlet, Electric, w/Indicator Lights	1
290	0009662		Intake Relief Valve, Rear Inlet	1
291	0041254		Elbow, Rear Inlet, 6" (FNST) x 5" Storz, w/ Storz Cap	1
292	0092568		No Rear Auxiliary Inlet Requested	1
293	0563738		Valve, .75" Bleeder, Aux. Side Inlet, Swing Handle	1
294	0029043		Tank to Pump, (1) 3.00" Valve, 3.00" Plumbing	1
295	0004905		Outlet, Tank Fill, 1.50"	1
296	0004940		Outlet, Left Side, 2.50"	1
			Qty, Discharges - 01	
297	0025025		Outlet, Left Side, 2.50" w/3" Plumbing (added)	1
			Qty, Discharges - 01	
298	0004945		Outlet, Right Side, 2.50"	1
			Qty, Discharges - 01	
299	0005030		Outlet, Right Side, 3" w/3" Plumbing (added)	1
			Qty, Discharges - 01	
300	0029137		Not Required, Outlet, Large Diameter	1
301	0649939		Outlet, Front, 1.50" w/2" Plumbing	1
			Fitting, Outlet - 1.50" NST with 90 degree swivel	
			Drain, Front Outlet - Automatic	
			Location, Front, Single - TBD	
302	0004995		Outlet, Rear, 2.50"	1
			Qty, Discharges - 01	
			Location, Outlet - b) left side	
303	0092574		Not Required, Outlet, Rear, Additional	1
304	0000216		Outlets, (3) Front HB, (2) 1.50" (1) 2.50"	1
			Location - Should be located on driver's side (1.5 - 2.5 - 1.5)	
305	0752097		Caps/Plugs for 1.00" to 3.00" Discharges/Inlets, Chain	1
306	0563739		Valve, 0.75" Bleeder, Discharges, Swing Handle	1
307	0005091		Elbow, Left Side Outlets, 45 Degree, 2.50" FNST x 2.50" MNST, VLH	1
308	0075093		Elbow, Left Side Outlets, 45 Deg, 2.50" FNST x 2.50" MNST, VLH, Additional	1
309	0025091		Elbow, Right Side Outlets, 45 Degree, 2.50" FNST x 2.50" MNST, VLH	1
310	0035102		Elbow, Right Side Outlets, 45 Degree, 3.00" FNST x 2.50" MNST, VLH, Additional	1
			Qty, Discharges - 01	
311	0045091		Elbow, Rear Outlets, 45 Degree, 2.50" FNST x 2.50" MNST, VLH	1
312	0085695		Not Required, Elbow, Rear Outlets, Large, Additional	1
313	0007308		Not Required, Elbow, Large Diameter Outlet	1
314	0062133		Control, Outlets, Manual, Pierce HW if applicable	1
315	0055107		Outlet, 3.00" Deluge Riser, Akron Valve, Handwheel	1
316	0029302		No Monitor Requested	1
317	0029304		No Nozzle Req'd	1
318	0005070		Deluge Mount, NPT	1
319	0025140		Not Required, 1.50" Crosslays	1
320	0029196		Not Required, 2.50" Crosslay	1
321	0029260		Not Required, Speedlays	1
322	0500535		Not Required, Hose Restraint, Crosslay	1
323	0750536		Hose Restr, Spdly, Not Required, No Spdly	1
324	0097990		Foam Sys, Husky 12, Single Agent, 1000 GPM, 4" Piping	1
			Discharge - 3 rear preconnects (2-1.75" and 1-2.5") ,front bumper 1.75", 1-2.5" on DS pump panel, 1-2.5" on PS pump panel, and rear 2.5" outlet. Amount of Disc. W/Foam - 7	

Line	Option	Type	Option Description	Qty
325	0011869		Hercules CAFS, 200 CFM, PTO	1
			Fill in Blank - Fill in Blank - 3 rear preconnects (2-1.75" and 1-2.5") ,front bumper 1.75", 1-2.5" on DS pump panel, 1-2.5" on PS pump panel, and rear 2.5" outlet. Amount of Disch. W/Hercules CAFS - 7	
326	0771883		CAF with a second pump - No second pump Air Outlet(s), 1.00" FNST, Additional, Supplied By CAFS System, w/Shutoff Valve	1
			Location 1 - TBD	
			Qty - 1	
327	0771786		Hercules CAFS Air Injection Switch, Rocker, Interlocked w/Compressor Switch,IPOS	1
328	0552481		Refill, Foam Tank, Single Tank, Husky 12, Class A Foam	1
329	0590507		Demonstration, Foam System and CAFS, Dealer Provided, Conrad Fire Only	1
330	0005449		Foam Cell, 50 Gallon, Not Reduce Water	1
			Type of Foam - Class "A"	
			Foam, Brand Name - Chemguard	
331	0505016		Drain, 1.00", Foam Tank #1, Husky 12 Foam System	1
332	0091079		Not Required, Foam Tank #2	1
333	0091112		Not Required, Foam Tank #2 Drain	1
334	0698197	SP	Pump House, Top Mount, 60", w/19" Walkway	1
			Light, Walkway Compt - P25 LED	
			Light, Walkway - P25 LED, 6lts	
335	0035570		Pump Panel Configuration, No Match Required	1
336	0629253		Material, Pump Panels, Top Control Black Vinyl, Side Panels Black Vinyl	1
			Material Finish, Pump Panel, Side Control - Black Vinyl	
			Material, Pump Panel, Side Control - Aluminum	
			Material, Pump Panel, Top Control - Aluminum	
			Material Finish, Pump Panel, Top Control - Black Vinyl	
337	0035574		Panel, Pump Access - Both Sides	1
338	0037731		Pump House Structure, Raised, Included with Ladder Storage	1
339	0583824		Light, Pump Compt, WIn 3SC0CDCR LED White	2
			Qty, - 02	
340	0586382		Gauges, Engine, Included With Pressure Controller	1
341	0005601		Throttle Included w/ Pressure Controller	1
342	0549333		Indicators, Engine, Included with Pressure Controller	1
343	0005780		Control, Air Horn At Pump Panel w/Button	1
344	0511078		Gauges, 4.00" Master, Class 1, 30"-0-600psi	1
345	0005714		Gauge, 2.50" Pressure, Class 1, 0-400psi	1
346	0756049		Gauge, Water Level, Class 1, ITL-40M, Incl w/Akron 9330 Auto Tank Fill system	1
347	0062992		Gauge, Foam Level, (1) Tank, Class 1, 5lt	1
348	0593155		Light Shield, Top Mt	1
349	0606694		Air Horns, (2) Hadley, 6" Round, In Bumper	1
350	0606833		Location, Air Horns, Bumper, Each Side, Inside Frame (Pos #3 & #5)	1
351	0019651		Control, Air Horn, DS & PS Lanyard, DS Ft Sw	1
352	0525667		Siren, WIn 295SLSA1, 100 or 200 Watt	1
353	0510206		Location, Elect Siren, Recessed Overhead In Console	1
			Location, Elec Siren - Overhead, Above Eng Tunnel DS	
354	0076157		Control, Elec Siren, Horn Ring	1
355	0601302		Speaker, (1) WIn, SA315P, 100 watt	1
			Connection, Speaker - siren head	
356	0601565		Location, Speaker, Frt Bumper, Recessed, Center (Pos 4)	1
357	0675701		Siren, Federal Q2B, Park Brake Interlock	1
358	0006095		Siren, Mechanical, Mounted Above Deckplate	1
			Location, Siren, Mech - a) Left	
359	0026170		Control, Mech Siren, DS Foot Sw, PS Push Button	1
360	0603235		Lightbar, WIn, Freedom IV, Rota-Bm, 72", R_RWR_Opt_RWR_R	1
			Opticom Priority - b) High	
			Opticom Activation - Cab Switch & E-Master	
			Momentary Opticom Activation - no activation	
			Filter, Whl Freedom Ltbrs - No Filters	
361	0540440		Light, Front Zone, WIn M6*C, LED, Clear Lens 2lts	1
			Color, Lt DS Front - Red	
			Color, Lt PS Front - Red	

Line	Option	Type	Option Description	Qty
362	0540692		Lights, Side Zone Lower, WIn M6*C LED, Clear Lens, 3pr, Ovr 25 Location, Lights Front Side - b)each side bumper Color, Lt Side Front - Red Color, Lt Side Middle - Red Color, Lt Side Rear - Red Location, Lights Mid Side - Rearward of Crew Cab Doors Location, Lights Rear Side - Over Rear Wheels	1
363	0564655		Lights, Rear Zone Lower, WIn M6*C LED, Clear Lens, For Tail Lt Housing Color, Lt DS Rear - r) DS Rear Lt Red Color, Lt PS Rear - r) PS Rear Lt Red	1
364	0541152		Lights, Rear/Side Up Zone, WIn M6*C LED, Clear Lens 4lts Flange Kit, 2pr - Color, Lt, Side Rear Upper DS - Side Rear Upper Red Color, Lt, Side Rear Upper PS - Side Rear Upper Red Color, Lt, Rear Upper DS - r) DS Rear Upper Red Color, Lt, Rear Upper PS - r) PS Upper Rear Red	1
365	0006551		Not Required, Lights, Rear Upper Zone Blocking	1
366	0006615		Mtg, Rear Warn Lts, On Top of Compt	1
367	0791528		Light, Traffic Directing, WIn TAL65, 36.00" Long, TACTL5 Activation, Traffic Dir L - Not Connected	1
368	0551728		Location, Traf Dir Lt, Recessed with S/S Trim	1
369	0530282		Location, Traf Dir Lt Controller, Overhead Switch Panel DS Right End	1
370	0781579		Receptacle, 15/20A 120V 3-Pr 3-Wr, NEMA 5-20R SB Dup, 1st, Interior Cab Qty, - 02 Location 1 - one on the front wall in compartment LS3 adjacent to the receptacle that the kussmaul is plugged into. one in the cab on the engine tunnel, as close to the map box as possible. AC Power Source - Shoreline Cover, Receptacle - Interior, Flip Up Duplex Cover(s)	2
371	0780336		Receptacle, 15/20A 120V 3-Pr 3-Wr SB Dup, 4 place Location, Receptacles - one in EMS cabinet on rear wall of cab, one on top of ems cabinet, one in R1on the front wall. Qty, - 03 AC Power Source - Shoreline Cover, Receptacle - Exterior Flip Up Duplex Cover	3
372	0519934		Not Required, Brand, Hydraulic Tool System	1
373	0649753		Not Required, PTO Driven Hydraulic Tool System	1
374	0649748		Not Required, Hydraulic Hose	1
375	0007150		Bag of Nuts and Bolts Qty, Bag Nuts and Bolts - 1	1
376	0602516		NFPA Required Loose Equipment, Pumper, NFPA 2016, Provided by Fire Department	1
377	0067022		Hose, 6.00" Soft Suction - 15 Ft. Long	1
378	0027023		No Strainer Required	1
379	0602538		Extinguisher, Dry Chemical, Pumper NFPA 2016 Class, Provided by Fire Department	1
380	0602360		Extinguisher, 2.5 Gal. Pressurized Water, Pumper NFPA 2016, Provided by Fire Dept	1
381	0602679		Axe, Flathead, Pumper NFPA 2016 Classification, Provided by Fire Department	1
382	0602667		Axe, Pickhead, Pumper NFPA 2016 Classification, Provided by Fire Department	1
383	0559682		Paint, Two Tone, Cab, w/Shield, Custom Cab Paint Color, Predefined - #90 Red Paint Color, Upper Area, Predefined - #10 White	1
384	0646901		Paint Chassis Frame Assy, With Liner, E-Coat, Standard Paint Color, Frame Assembly, Predefined - Standard Black	1
385	0693797		No Paint Required, Aluminum Front Wheels	1
386	0693792		No Paint Required, Aluminum Rear Wheels	1
387	0007230		Compartment, Painted, Spatter Gray	1
388	0544129		Reflective Band, 1"-6"-1" Color, Reflect Band - A - a) white Color, Reflect Band - B - l) white Color, Reflect Band - C - w) white	1
389	0510041		Reflective across Cab Face, Imp/Vel	1

Line	Option	Type	Option Description	Qty
390	0547680		Stripe, Chevron, Rear, Reflective, Pumper Color, Chev, Reflective B - yellow Color, Chev, Reflective A - red (tomato)	1
391	0027341		Jog, In Reflective Stripe, Single or Multiple Qty, - 1	1
392	0019160		Stripe, Reflective, 4" Additional on Front Bumper Color, Reflect Band - A - c) ruby red	1
393	0536949		Stripe, Chevron, Rear Compartment, Roll Up Doors, 2 Colors Color, Reflect Band - A - c) ruby red Color, Reflect Band - B - u) lemon yellow Size, Chevron Striping - 06	1
394	0065687		Stripe, Reflective, Cab Doors Interior Color, Reflective - e) black	1
395	0017773		Stripe, Gold Leaf, Side of Body, Over Fender Only, Single Axle	1
396	0680371		Stripe, Gold Leaf, Two-Tone Paint Break with Shield, IPO Chrome Molding	1
397	0027285		Stripe, Gold Leaf, Side of Cab, Low and Over Fender	1
398	0027372		Lettering Specifications, (GOLD STAR Process)	1
399	0686440		Lettering, Gold Leaf, 3.00", (1-20) Outline, Lettering - Outline and Shade	1
400	0686256		Lettering, Gold Leaf, 4.00", Each Qty, Lettering - 05 Outline, Lettering - Outline and Shade	5
401	0686033		Lettering, Reflective, 4.00", Each Qty, Lettering - 06 Outline, Lettering - Outline and Shade	6
402	0686018		Lettering, Reflective, 5.00", Each Qty, Lettering - 04 Outline, Lettering - Outline and Shade	4
403	0686225		Lettering, Gold Leaf, 6.00", (21-40) Outline, Lettering - Outline and Shade	1
404	0685993		Lettering, Reflective, 10.00", Each Qty, Lettering - 02 Outline, Lettering - Outline and Shade	2
405	0685985		Lettering, Reflective, 12.00", Each Qty, Lettering - 01 Outline, Lettering - Outline and Shade	1
406	0686042		Lettering, Reflective, 2.00", Each Qty, Lettering - 24 Outline, Lettering - Outline and Shade	24
407	0666388		Emblem, Freedom Flag with Twin Towers, Each Qty, - 02 Location, Emblem - UPPER CAB Size, Flag - 12" - 14"	2
408	0769753		Emblem, American Flag Painted on Cab Grille, All Custom Chassis	1
409	0529225		Manuals, Two (2) CD, Fire Apparatus Parts, Custom Chassis	1
410	0531636		Manual, (2) CD, Chassis Service, Custom	1
411	0531638		Manual, Two (2) CD, Chassis Operation, Custom	1
412	0030008		Warranty, Basic, 1 Year, Apparatus, WA0008	1
413	0611136		Warranty, Chassis, 3 Year, Velocity/Impel, WA0284	1
414	0696698		Warranty, Engine, Cummins, 5 Year, WA0181	1
415	0684953		Warranty, Steering Gear, Sheppard M110, 3 Year WA0201	1
416	0595767		Warranty, Frame, 50 Year, Velocity/Impel, Dash CF, WA0038	1
417	0595698		Warranty, Axle, 3 Year, TAK-4, WA0050	1
418	0777368		Warranty, Axle, 2 Year, Meritor, General Service, WA0328	1
419	0652758		Warranty, ABS Brake System, 3 Year, Meritor Wabco, WA0232	1
420	0019914		Warranty, Structure, 10 Year, Custom Cab, WA0012	1
421	0595813		Warranty, Paint, 10 Year, Cab, Pro-Rate, WA0055	1
422	0524627		Warranty, Electronics, 5 Year, MUX, WA0014	1
423	0695416		Warranty, Pierce Camera System, WA0188	1
424	0708760		Warranty, Not Applicable, LED Strip Lights	1
425	0046369		Warranty, 5-year EVS Transmission, Standard Custom, WA0187	1
426	0685945		Warranty, Transmission Cooler, WA0216	1

Line	Option	Type	Option Description	Qty
427	0688798		Warranty, Water Tank, Lifetime, UPF, Poly Tank, WA0195	1
428	0596025		Warranty, Structure, 10 Year, Body, WA0009	1
429	0693126		Warranty, AMDOR, Roll-up Door, 10 Year/5 Year Painted, WA0185	1
430	0063510		Warranty, Pump, Waterous, 5 Year Parts, WA0225	1
431	0648675		Warranty, 10 Year S/S Pumbing, WA0035	1
432	0657846		Warranty, Foam System, Husky 12, WA0231	1
433	0595820		Warranty, Paint, 10 Year, Body, Pro-Rate, WA0057	1
434	0595421		Warranty, Goldstar, 3 Year, Apparatus, WA0018	1
435	0683627		Certification, Vehicle Stability, CD0156	1
436	0608290		Certification, Engine Installation, Imp/Vel, Cummins L9, 2017, CD0152/CD0159	1
437	0686786		Certification, Power Steering, CD0098	1
438	0667418		Certification, Cab Integrity, Impel FR, CD0009	1
439	0548950		Certification, Cab Door Durability, Velocity/Impel, CD0001	1
440	0548967		Certification, Windshield Wiper Durability, Impel/Velocit, CD0005	1
441	0667411		Certification, Electric Window Durability, Velocity/Impel FR, CD0004	1
442	0549273		Certification, Seat Belt Anchors and Mounting, Imp/Vel/Vel SLT, CD0018	1
443	0667416		Certification, Cab Heater and Defroster, Velocity/Impel FR, CD0015	1
444	0667415		Certification, Cab Air Conditioning Performance, Velocity/Impel FR, CD0016	1
445	0545073		Amp Draw Report, NFPA Current Edition	1
446	0002758		Amp Draw, NFPA/ULC Radio Allowance	1
447	0799248		Appleton/Florida BTO	1
448	0000018		PUMPER, 2ND GEN	1
449	0000012		PIERCE CHASSIS	1
450	0004713		ENGINE, OTHER	1
451	0046395		EVS 3000 Series TRANSMISSION	1
452	0020011		WATEROUS PUMP	1
453	0020009		POLY TANK	1
454	0028048		FOAM SYSTEM	1
455	0020005		TOP MOUNT	1
456	0020007		AKRON VALVES	1
457	0020015		ABS SYSTEM	1
458	0658751		PUMPER BASE	1

MEMORANDUM



TO: Honorable Mayor Stielow & City Council Members

FROM: Pat Hawver, Director of Public Works

DATE: October 15, 2019

RE: Budget Amendment – Emergency Sewer Repairs

The original FY 2019 City Budget included \$125,000 in the Emergency Sewer Repairs line item. On June 18, 2019, the City Council approved a budget amendment in the amount of \$160,000 to fund emergency repairs of two sinkholes the Paseo Industrial Area (PID), and three sanitary sewer breaks in a residential area, bringing the budget allocation to \$285,000.

After that meeting, several more sinkholes occurred in the PID. On September 17, 2019, at the last meeting of the fiscal year, staff brought forward a budget amendment that contained an additional appropriation of \$458,500 to pay for the cost of additional invoices that had been received from the emergency contractor for the sinkhole repairs, Kissick Construction, and bring the balance in the Emergency Sewer Repairs line item to zero. In the memo that staff supplied the City Council for this, staff noted:

“Although most of the sinkholes have been repaired, the City is waiting on the contractor to submit invoices for the completed work. Kissick Construction cannot prepare invoices until they receive invoices from their material suppliers. At staff’s request, Kissick’s staff provided cost estimates for the completed repairs, and for the repairs in progress.”

Staff has now received the final invoice from Kissick, which exceeds the last estimate that Kissick provided. The final invoice is in the amount of \$707,057 exceeds Kissick’s previous estimate by \$102,726. In addition, staff received other invoices from other vendors involved with these repairs and made certain minor adjustments to previously noted expenses to reflect final costs, all totaling \$31,172.

The repair work is now complete. The total cost for sinkhole repairs in FY 2019 was \$769,241.

The nature of the damage that occurred in the PID and the need to make repairs as quickly as possible made it necessary for the City to put Kissick to work without bidding the repairs or obtaining a contract cost ahead of time. This led to an open-ended cost

which, while no one's fault, has been frustrating to deal with and which has made it difficult to get a handle on what it would cost to make all the necessary repairs. Complicating this has been the fact that Kissick was not able to obtain invoices from some of its material suppliers in a timely manner, which led to a drawn-out process for the City to determine its final costs.

The shortfall of the 2018-2019 Emergency Sewer Repairs account, after payment of all final invoices, is estimated to be \$133,898. Therefore, an amendment to the previous year's budget in the amount of \$133,900 is necessary to bring the FY 2019 balance for this line item to zero.

A final cost accounting of all the expenditures is attached.

WPC EMERGENCY SEWER REPAIRS**Project 594-1**

Original Budget	\$	125,000	
Amendment One		160,000	
Amendment Two		458,500	
Total Amended Budget Through 9/17/19			\$743,500

Non-sinkhole Expenses

417 Armour	\$	25,009	
1100 Ellerbrook		14,521	
1019 Armour		1,435	
1340 Vernon		6,771	
Bedford & Saline		9,773	
1440 E 23rd Ave		4,358	
Bedford Lift Station		5,200	
Armour & Ozark (AT&T)		7,175	To be reimbursed
2635 Seminole		13,326	
	\$	87,568	\$87,568

Sinkhole Expenses - Wiedenmann

2015 Macon	\$	38,019	
24th, 25th, 15th & Taney		8,342	
24th, 25th, 15th & Taney		9,209	
24th, 25th, 15th & Taney		6,614	
	\$	62,184	\$62,184

Sinkhole Expenses - Kissick

1821 Bedford - East	\$	34,232	
1821 Bedford - West		47,107	
1801 Bedford		127,501	
15th & Taney		202,898	
East Railroad - Bedford near Vernon		38,143	
West Railroad - Bedford near Vernon		161,105	
Bedford at Vernon		41,295	
Split Costs Between Projects		54,775	
	\$	707,057	\$707,057
			\$856,809

Sinkhole Expenses - Musselman and Hall

Taney, N. of Levee - Concrete	\$	20,560	\$20,560
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Appropriated Budget	\$	743,470
Total Expenses		(877,369)
Budget Shortfall	\$	(133,899)

RESOLUTION NO. 19-068

A RESOLUTION AMENDING THE WATER POLLUTION CONTROL FUND BUDGET FOR FISCAL YEAR 2018-2019 IN THE AMOUNT OF \$133,900 FOR EMERGENCY SEWER REPAIR RELATED TO SINKHOLE REPAIRS

WHEREAS, the City of North Kansas City, Missouri adopted the fiscal year 2018-2019 Budget on September 19, 2018, Resolution No. 18-057, using estimates of income and expenditures established at that time; and

WHEREAS, the original FY 2019 City Budget included \$125,000 in the Emergency Sewer Repairs line item. On June 18, 2019, the City Council approved a budget amendment in the amount of \$160,000 to fund emergency repairs of two sinkholes the Paseo Industrial Area (PID), and three sanitary sewer breaks in a residential area, bringing the budget allocation to \$285,000; and

WHEREAS, after that meeting, several more sinkholes occurred in the PID, and on September 17, 2019, the City Council approved a budget amendment that contained an additional appropriation of \$458,500, which was based on the best estimates of final cost that were available at the time; and

WHEREAS, on October 8, the City received a final invoice in the amount of \$707,057 from Kissick Construction, which exceeded their previous cost estimate by \$102,726. In addition, staff received other invoices from other vendors involved with these repairs and made certain minor adjustments to previously noted expenses to reflect final costs, all totaling \$31,172; and

WHEREAS, total costs for sinkhole repairs in FY 2019 were \$769,241; and

WHEREAS, the shortfall of the FY 2019 Emergency Sewer Repairs account, after payment of all final invoices, is estimated to be \$133,899;

NOW, THEREFORE, BE IT RESOLVED by the Mayor and City Council of the City of North Kansas City, Missouri City Council does hereby determine that it is in the best interest of the City of North Kansas City, Missouri to amend the 2018-2019 WPC budget by appropriating \$133,900 from the WPC fund balance to Emergency Sewer Repairs, as follows:

	WPC FUND	<u>Increase</u>	<u>Decrease</u>
<u>Revenues</u>			
Fund Balance Appropriation	61-4999	\$133,900	
<u>Expenses</u>			
Infrastructure	61-570-8770	\$133,900	

DONE this 15th day of October 2019

Donald Stielow, Mayor

Attest: Crystal Doss, Deputy City Clerk

BILL NO. 7454

ORDINANCE NO. 9251

**AN ORDINANCE AUTHORIZING PAYMENT FOR CERTAIN ACCOUNTS
DUE AND PAYABLE BY THE CITY THROUGH OCTOBER 11, 2019**

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF NORTH KANSAS
CITY, MISSOURI, AS FOLLOWS:**

SECTION 1. The City Council hereby authorizes payment from the funds of the City of North Kansas City, Missouri, the following sums:

A. General Fund	319,800.44
B. Payroll Transfers	405,869.54
C. Transportation Sales Tax	53,338.99
D. Convention & Tourism	30,000.55
E. Gaming Fund	43,880.35
F. Community Center	—
G. Water Fund	41,447.22
H. Sewerage System Fund	541,676.45
I. Pension Fund	—
J. Northgate Capital Project	—
K. Health Fund	979.47
L. Communications Fund	—
	<hr/>
	\$ 1,436,993.01
	<hr/> <hr/>

SECTION 2. The City Clerk is hereby authorized and directed to draw checks on the City Treasury to pay the above payments.

PASSED this 15th day of October, 2019

Mayor

APPROVED this 15th day of October, 2019

Mayor

ATTEST:

City Clerk

PAYMENT ORDINANCE DETAIL FOR OCTOBER 11, 2019

		VISA WIRE	CHECK/DRAFT	TOTAL
GENERAL FUND	\$	-	319,800.44	319,800.44
PARKS & RECREATION		-	7,634.32	7,634.32
LIBRARY		-	19,080.54	19,080.54
TRANSPORTATION		-	53,338.99	53,338.99
CONVENTION & TOURISM		-	30,000.55	30,000.55
GAMING FUND		-	43,880.35	43,880.35
NORTHGATE CAPITAL PROJECT		-	—	—
HEALTH FUND		-	979.47	979.47
WATER		-	41,447.22	41,447.22
SEWER		-	541,676.45	541,676.45
COMMUNITY CENTER		-	0.00	—
COMMUNICATIONS FUND		-	0.00	—
PENSION		-	—	—
REPORT SUB-TOTAL	\$	-	\$ 1,057,838.33	\$ 1,057,838.33

PAYROLL TRANSFERS THROUGH OCTOBER 11, 2019 405,869.54

Total Payments **\$ 1,463,707.87**

Less Parks & Library (26,714.86)

ORDINANCE TOTAL **\$ 1,436,993.01**



North Kansas City, MO

Expense Approval Report

By Segment (Select Below)

Payment Dates 100219 - 101619

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
Steve Velasquez	662115	08/31/2019	Festival Shelter Deposit Refund	20-4661	100.00
Nicholas Brown	662669	09/25/2019	Shelter #3 Deposit Refund	20-4661	50.00
Wesley Graves	660781	09/28/2019	Shelter #2 Deposit Refund	20-4661	50.00
Rosalie Gillespie	662302	09/28/2019	Shelter #4 Deposit Refund	20-4661	50.00
Laura Gomez	662600	09/28/2019	Shelter #3 Deposit Refund	20-4661	50.00
Patricia Johnson	662683	09/28/2019	Building Rental Deposit Refund	20-4660	100.00
St Gabriel Catholic School & C	660704	09/29/2019	Festival Shelter Deposit Refund	20-4661	100.00
Nancy Knipfel	661036	09/29/2019	Shelter #1 Deposit Refund	20-4661	50.00
Central Auto Racing Boosters	659203	09/30/2019	Building Rental Deposit Refund	20-4660	100.00
DAVID G A BECKER	120786553,554	10/01/2019	Montoya, Simon	10-3020	200.00
DAVID G A BECKER	120797399,400,190082168,1	10/01/2019	Austin, April	10-3020	150.00
CITY OF NORTH KANSAS CITY	INV0000951	10/01/2019	FLEX DC	10-2266	499.98
CITY OF NORTH KANSAS CITY	INV0000951	10/01/2019	FLEX MEDICAL	10-2267	882.36
CITY OF NORTH KANSAS CITY	INV0000951	10/01/2019	FLEX MEDICAL	20-2267	95.00
CITY OF NORTH KANSAS CITY	INV0000951	10/01/2019	FLEX MEDICAL	21-2267	122.73
CITY OF NORTH KANSAS CITY	INV0000951	10/01/2019	FLEX MEDICAL	22-2267	38.46
CITY OF NORTH KANSAS CITY	INV0000951	10/01/2019	FLEX MEDICAL	60-2267	150.00
USBANK - INSTITUTIONAL T	INV0000952	10/01/2019	P&F PENSION FIRE-EE	10-2251	4,219.17
USBANK - INSTITUTIONAL T	INV0000952	10/01/2019	P&F PENSION POLICE-EE	10-2251	2,789.70
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - EE	10-2243	3,234.16
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - EE	20-2243	36.50
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - EE	21-2243	0.50
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - EE	22-2243	403.10
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - EE	60-2243	62.90
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - EE	61-2243	105.20
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	COBRA DENTAL	10-1106	78.14
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	EE DENTAL	10-2245	1,627.18
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	EE DENTAL	20-2245	51.52
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	EE DENTAL	21-2245	63.40
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	EE DENTAL	22-2245	69.72
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	EE DENTAL	60-2245	91.62
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	EE DENTAL	61-2245	71.50
VISION SERVICE PLAN INSURA	INV0000956	10/01/2019	COBRA PREMIUM	10-1106	15.84
VISION SERVICE PLAN INSURA	INV0000956	10/01/2019	VSP PREMIUM	10-2255	2,318.29
VISION SERVICE PLAN INSURA	INV0000956	10/01/2019	VSP PREMIUM	20-2255	31.68
VISION SERVICE PLAN INSURA	INV0000956	10/01/2019	VSP PREMIUM	21-2255	67.05
VISION SERVICE PLAN INSURA	INV0000956	10/01/2019	VSP PREMIUM	22-2255	108.23
VISION SERVICE PLAN INSURA	INV0000956	10/01/2019	VSP PREMIUM	60-2255	156.28
VISION SERVICE PLAN INSURA	INV0000956	10/01/2019	VSP PREMIUM	61-2255	98.73
A3G Architects	Planning App Fee Refund	10/01/2019	Planning App Fee Refund	10-4635	350.00
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	RETIREE PORTION HEALTH	10-1106	2,905.80
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	EE HEALTH PREM	10-2247	29,285.52
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	EE HEALTH PREM	20-2247	692.64
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	EE HEALTH PREM	21-2247	1,120.28
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	EE HEALTH PREM	22-2247	1,764.10
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	1927.34	60-2247	2,347.72
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	EE HEALTH PREM	61-2247	1,157.04
J P Morgan Chase Gibbone	190083845	10/03/2019	Over Payment of Fines	10-4710	50.00
Gary Stevens	662857	10/04/2019	Refund for Fall Youth Baseball	20-4663	105.00
Becky Coons	662063	10/05/2019	Shelter #2 Deposit Refund	20-4661	50.00
Teresa Quintero	662757	10/05/2019	204661	20-4661	50.00
Samantha Morehouse	662865	10/06/2019	Shelter #3 Deposit Refund	20-4661	50.00
William D Hankins III	190084826	10/08/2019	Bond Return	10-2430	500.00
Carmen G Wilkes	190085397	10/08/2019	Bond Return	10-2430	143.50

Expense Approval Report

Payment Dates: 100219 - 101619

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
Audra Xanders	INV0000966	10/09/2019	Patient Overpayment	10-4620	431.00
GLADSTONE MUNICIPAL COU	20765/R20875	10/09/2019	Burroughs, Dillion GL19-0672	10-2101	175.00
Charles R Frasier	INV0000964	10/09/2019	Patient Overpayment	10-4620	1,121.22
Edna B Garbe	INV0000965	10/09/2019	Patient Overpayment	10-4620	46.42
Marcus B Sykora	INV0000967	10/09/2019	Patient Overpayment	10-4620	326.65
					61,160.83

Department: 505 - ADMINISTRATION

MOCCFOA - WESTERN DIVISI	August 21,2019	08/28/2019	August Luncheon	10-505-5426	20.00
VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	10-505-6735	328.70
VICTORIA RESSLER - PETTY CA	09/27/2019	09/27/2019	Vases & Breakers	10-505-5490	20.00
NKC BREAKFAST CLUB INC	01524	09/30/2019	SEPTEMBER BREAKFASTS	10-505-5427	12.00
NORTH KANSAS CITY BUS CO	200	09/30/2019	RICHARD STEWART AND DON	10-505-5427	44.00
OFFICE DEPOT INC	380891807001	09/30/2019	OFFICE SUPPLIES	10-505-7001	185.33
OFFICE DEPOT INC	381101999001	09/30/2019	OFFICE SUPPLIES	10-505-7001	78.78
OFFICE DEPOT INC	382629970001	09/30/2019	credit for wrong notebooks	10-505-7001	-19.16
OFFICE DEPOT INC	382631878001	09/30/2019	OFFICE SUPPLIES	10-505-7001	17.24
NORTHLAND REGIONAL CHA	51096	09/30/2019	Kim Nakahodo	10-505-5426	40.00
M.A.R.C.	G-I-0009795	09/30/2019	Communities for All Ages -- Sil	10-505-6050	250.00
BLUE CROSS BLUE SHIELD OF	INV0000953	10/01/2019	PCA INVOICE	10-505-5310	75.31
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	10-505-5310	71.07
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	ER DENTAL	10-505-5310	1,018.22
CRAMER COMPUTER SUPPLIE	32658	10/02/2019	Freight for 1099's	10-505-7001	21.32
CRAMER COMPUTER SUPPLIE	32658	10/02/2019	Laser 1099 Misc 3 Part w/109	10-505-7001	98.55
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	10-505-5310	9,515.93
CARRIE NICHOLS	101	10/08/2019	employee banquet family feu	10-505-5490	350.00
TERRYBERRY COMPANY, LLC	G60544	10/08/2019	20, 25, and 40 year service gi	10-505-5490	705.36
TERRYBERRY COMPANY, LLC	G60545	10/08/2019	20, 25, and 40 year service gi	10-505-5490	93.84
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANCE	10-505-5300	436.34
CITY OF RIVERSIDE	10/24/2019	10/09/2019	Westgate Meeting - October 2	10-505-5427	68.00
OFFICE DEPOT INC	381101588001	09/30/2019	OFFICE SUPPLIES	10-505-7001	118.79
CLAY CO EDC	689	09/30/2019	Eric Berlin and Kim Nakahodo	10-505-5426	80.00
CLAY CO EDC	689	09/30/2019	Mayor Don Stielow and Counc	10-505-5427	80.00
NECCO COFFEE INC	99982	09/30/2019	COFFEE	10-505-7001	54.70
Department 505 - ADMINISTRATION Total:					13,764.32

Department: 506 - MUNICIPAL COURT

OFFICE DEPOT INC	373549728001	09/30/2019	OFFICE SUPPLIES	10-506-7001	271.75
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	10-506-5310	14.00
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	ER DENTAL	10-506-5310	33.59
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	10-506-5310	995.49
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANCE	10-506-5300	39.06
NECCO COFFEE INC	99982	09/30/2019	COFFEE	10-506-7001	14.95
Department 506 - MUNICIPAL COURT Total:					1,368.84

Department: 510 - FIRE

VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	10-510-6735	43.37
VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	10-510-7125	360.11
MASSCO MAINT & SUPPLY C	1792155	09/23/2019	Floor scrubber parts	10-510-7014	157.25
MASSCO MAINT & SUPPLY C	1793163	09/25/2019	Parts & Labor for Large floor s	10-510-7014	371.84
CENTRAL JACKSON CO FPD	TC19-167	09/23/2019	3 Students for Paramedic Sch	10-510-5426	2,000.00
MEDICAL EQUIPMENT SOLUTI	136467	09/30/2019	Hydrostatic testing	10-510-7011	6.00
MEDICAL EQUIPMENT SOLUTI	136904	09/30/2019	Hydrostatic testing	10-510-7011	13.50
Crewsense LLC	14076	10/02/2019	Annual fee for Crewsense Cal	10-510-7125	2,800.80
NORTH KANSAS CITY BUS CO	200	09/30/2019	JOE REYNOLDS	10-510-5426	22.00
OFFICE DEPOT INC	381900176001	09/30/2019	Paper, pens, paper cutter, 202	10-510-7001	229.96
OFFICE DEPOT INC	382427452001	09/30/2019	PHTLS Proj & Binders, Data st	10-510-7001	52.41
OFFICE DEPOT INC	382624543001	09/30/2019	Lamination, Rpt Covers, Label	10-510-7001	58.97
Jeff Archer Services Inc	69818	09/30/2019	Service Bird Repellent & remo	10-510-7014	169.00
GALLS LLC	BC0934801	09/30/2019	Clip Ties for BCs	10-510-7050	19.95
GALLS LLC	BC0935226	09/30/2019	Pants and Belts	10-510-7050	1,536.01
GALLS LLC	BC0935408	09/30/2019	BC Shirts and tactical job shirt	10-510-7050	1,028.02

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Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
GALLS LLC	BC0939265	09/30/2019	Tactical shirts & pants	10-510-7050	518.36
Office Essentials Inc	CIV1053613	10/02/2019	Kitchen paper towels & auto	10-510-7014	233.26
NATIONAL FIRE SAFETY COUN	INV0000958	09/30/2019	Halloween Bags, mktg materi	10-510-7013	890.00
MEDASSURE HEARTLAND LLC	W112017	09/30/2019	Bio-Hazard Waste removal 2/	10-510-7011	41.20
USBANK - INSTITUTIONAL T	INV0000952	10/01/2019	P&F PENSION FIRE-ER	10-510-5220	9,391.01
BLUE CROSS BLUE SHIELD OF	INV0000953	10/01/2019	PCA INVOICE	10-510-5310	119.57
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	10-510-5310	406.01
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	4422.26ER DENTAL	10-510-5310	3,932.47
CENTRAL JACKSON CO FPD	TC19-171	10/01/2019	Anatomy & Physiology Octob	10-510-5426	2,800.00
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	10-510-5310	43,747.43
ED M FELD EQUIPMENT CO IN	0356128-IN	10/04/2019	905 Engine light on	10-510-7140	160.00
ED M FELD EQUIPMENT CO IN	0356129-IN	10/04/2019	Brake work on 904	10-510-7140	210.00
MCKESSON MEDICAL-SURGIC	1410713	10/04/2019	Charge back	10-510-7011	90.00
HEART TRAINING LLC	15432	10/04/2019	PALS Course Heartsaving	10-510-5426	335.00
OFFICE DEPOT INC	382428707001	10/04/2019	USB memory sticks	10-510-7001	29.69
CONRAD FIRE EQUIPMENT IN	538060	10/04/2019	Ladder	10-510-5426	246.05
MCKESSON MEDICAL-SURGIC	64872383	10/04/2019	Extracation Device	10-510-7011	132.80
MCKESSON MEDICAL-SURGIC	64876809	10/04/2019	Tourniquet, combat applicatio	10-510-7011	800.12
MCKESSON MEDICAL-SURGIC	64876914	10/04/2019	Needle & Chest Decomprese	10-510-7011	150.47
MCKESSON MEDICAL-SURGIC	64876930	10/04/2019	Pelvic Belt	10-510-7011	149.60
MCKESSON MEDICAL-SURGIC	64879371	10/04/2019	ARS Chest decompressed	10-510-7011	448.80
MCKESSON MEDICAL-SURGIC	64881107	10/04/2019	2 Pelvic belts fits 32"	10-510-7011	155.02
MCKESSON MEDICAL-SURGIC	64885569	10/04/2019	Bandages, nebulizer, airway p	10-510-7011	461.56
MCKESSON MEDICAL-SURGIC	64896662	10/04/2019	Airway kit assorted	10-510-7011	140.10
MCKESSON MEDICAL-SURGIC	64899226	10/04/2019	Stretcher	10-510-7011	433.47
MCKESSON MEDICAL-SURGIC	64899991	10/04/2019	Bandage, Kerlix type	10-510-7011	145.65
MCKESSON MEDICAL-SURGIC	65014870	10/04/2019	Chest Seal	10-510-7011	622.08
NATIONAL FIRE PROTECTION	7548665X	10/04/2019	Annual Subscription	10-510-6220	1,495.00
GALLS LLC	BC0938332	10/04/2019	Thick leather belt	10-510-7050	31.98
GALLS LLC	BC0939356	10/04/2019	NKC Fire Logo	10-510-7050	5.00
ESO SOLUTIONS INC	INV00020783	10/04/2019	Annual i-pad subscriptions	10-510-7125	5,255.00
MEDASSURE HEARTLAND LLC	W112018	10/04/2019	Bio- Hazard waste removal	10-510-7011	41.20
IMAGE TREND INC	118767	10/07/2019	Annual Fee for Image Trend	10-510-7125	3,278.18
MEDICAL EQUIPMENT SOLUTI	138256	10/07/2019	Rental for the month	10-510-7011	39.50
TIFFANY L HENTSCHEL	2019-02	10/07/2019	Training/Coaching Class to Ca	10-510-5426	200.00
OFFICE DEPOT INC	384555989001	10/07/2019	Binders, Sharpies, Notebooks,	10-510-7001	101.87
OFFICE DEPOT INC	384587371001	10/07/2019	Binders, Sharpies, Notebooks,	10-510-7001	1.88
BLUE CROSS BLUE SHIELD OF	INV0000959	10/07/2019	PCA INVOICE	10-510-5310	-38.44
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANCE	10-510-5300	1,445.13
ED M FELD EQUIPMENT CO IN	356412-IN	10/09/2019	904 Lose Pin at the water pu	10-510-7140	254.00
ED M FELD EQUIPMENT CO IN	356414-IN	10/09/2019	904 Rear axle brakes	10-510-7140	154.00
				Department 510 - FIRE Total:	87,923.21

Department: 515 - POLICE

VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	10-515-6060	520.13
VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	10-515-6735	557.97
VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	10-515-7018	40.01
LINDA ALVAREZ	19-0032	09/26/2019	CJIS Conference 9/24-9/26/19	10-515-5426	278.40
SOLI'S PRINTING INC	160710	09/30/2019	CATALOG ENVELOPES ARREST	10-515-7020	166.00
SOLI'S PRINTING INC	160813	09/30/2019	EVIDENCE LABELS	10-515-7018	118.00
REJIS COMMISSION	423632	09/30/2019	LEWEB SUBSCRIPTION SEPT 2	10-515-6060	946.58
MOBILE RADIO COMM INC	6088430	09/30/2019	MESSAGING SERVICE	10-515-6735	62.14
NECCO COFFEE INC	99981	09/30/2019	COFFEE ORER	10-515-6395	31.50
CLAY COUNTY SHERIFF DEPT	INV0000963	09/30/2019	PRISONER HOUSING SEPT 201	10-515-7020	3,237.00
GT DISTRIBUTORS INC	INV0728682	09/30/2019	KEETON'S BODY ARMOR	10-515-7050	816.75
GT DISTRIBUTORS INC	INV0729176	09/30/2019	POLICE ID PATCH	10-515-7050	19.50
GT DISTRIBUTORS INC	INV0729176	09/30/2019	SIX PACK POUCHES	10-515-7050	164.75
GT DISTRIBUTORS INC	INV0729176	09/30/2019	RILEY'S VEST CARRIER	10-515-7050	179.75
USBANK - INSTITUTIONAL T	INV0000952	10/01/2019	P&F PENSION POLICE-ER	10-515-5220	6,273.60
BLUE CROSS BLUE SHIELD OF	INV0000953	10/01/2019	PCA INVOICE	10-515-5310	171.49
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	10-515-5310	356.99

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Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	ER DENTAL	10-515-5310	3,900.94
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	10-515-5310	46,066.38
NECCO COFFEE INC	100670	10/04/2019	COFFEE ORDER	10-515-6395	31.50
OUTDOOR RESTROOMS LLC	279209	10/04/2019	RANGE RESTROOM OCT 2019	10-515-7022	55.00
EQUIFAX INFORMATION SERVI	5552278	10/04/2019	INFORMATION SERVICE OCT 2	10-515-7018	75.00
BLUE CROSS BLUE SHIELD OF	INV0000959	10/07/2019	PCA INVOICE	10-515-5310	137.78
GULF STATES DISTRIBUTORS C	1327762-IN	10/08/2019	9MM 135gr FLEX-LOCK	10-515-7028	205.00
GULF STATES DISTRIBUTORS C	1327762-IN	10/08/2019	12ga 8-PELLET LR	10-515-7028	380.00
GULF STATES DISTRIBUTORS C	1327762-IN	10/08/2019	12ga 1oz RIFLED SLUG	10-515-7028	108.50
GULF STATES DISTRIBUTORS C	1327762-IN	10/08/2019	.223 55gr FMJ	10-515-7028	3,050.00
GULF STATES DISTRIBUTORS C	1327762-IN	10/08/2019	.223 55gr TAP Urban	10-515-7028	2,500.00
COMMENCO INC	453913	10/08/2019	RADIO REPAIR HH R-639	10-515-7130	189.85
MSHP CJ TECH FUND	812HP031017704	10/08/2019	MULES CIJS OCT, NOV, DEC 20	10-515-6060	1,755.00
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANCE	10-515-5300	1,475.41
Department 515 - POLICE Total:					73,870.92

Department: 521 - BUILDINGS & GROUNDS

VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	10-521-6735	86.74
VICTORIA RESSLER - PETTY CA	09/27/2019	09/27/2019	NKC Iron Scrap Piece	10-521-7090	2.00
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	10-521-5310	35.00
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	ER DENTAL	10-521-5310	447.04
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	10-521-5310	5,549.40
SHRED-IT US JV LLC	8128246461	10/07/2019	shredding services for CH, FD,	10-521-6057	44.40
SHRED-IT US JV LLC	8128246516	10/07/2019	shredding services for CH, FD,	10-521-6057	87.85
AIRTRONICS INTERNATIONAL I	1787	10/08/2019	air freshner monthly service (10-521-7110	15.00
SHRED-IT US JV LLC	8128247055	10/08/2019	shredding services for CH, FD,	10-521-6057	24.76
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANCE	10-521-5300	103.24
VERMEER GREAT PLAINS INC	P49177	10/08/2019	wood chipper part	10-521-7140	1,246.09
COMMERCIAL LAWN CARE IN	1849	09/30/2019	SPRAY AND FERTILIZE	10-521-6090	1,794.46
WALKER TOWEL & UNIFORM	2682306	10/09/2019	Bi Weekly mat service at CH t	10-521-7110	53.00
WESTERN DIESEL SERVICES IN	SVI076259	09/27/2019	FD2 ATS controller replaced	10-521-7110	4,652.50
Department 521 - BUILDINGS & GROUNDS Total:					14,141.48

Department: 524 - CONVENTION & TOURISM

Gunter Construction Compan	7	10/02/2019	Armour Road Bike Lanes	24-524-8770	20,636.71
IMPACT RECOVERY SYSTEMS I	19270	10/07/2019	Delineators for Armour Road	24-524-8770	8,361.50
WSP USA INC	881957	10/10/2019	Armour Road Complete Street	24-524-8770	1,002.34
Department 524 - CONVENTION & TOURISM Total:					30,000.55

Department: 525 - PUBLIC WORKS ADMIN

VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	10-525-6735	140.11
VICTORIA RESSLER - PETTY CA	09/27/2019	09/27/2019	Mileage to KCRPC in Olathe	10-525-5426	27.29
VICTORIA RESSLER - PETTY CA	09/27/2019	09/27/2019	Mileage to IPMA & Marc Mee	10-525-5426	18.56
VICTORIA RESSLER - PETTY CA	09/27/2019	09/27/2019	Mileage to IPMA at Plaza	10-525-5426	10.44
VICTORIA RESSLER - PETTY CA	09/27/2019	09/27/2019	Mileage to IPMA Conference -	10-525-5426	5.22
VICTORIA RESSLER - PETTY CA	09/27/2019	09/27/2019	MARC Council Meeting & Tou	10-525-5426	5.22
VICTORIA RESSLER - PETTY CA	09/27/2019	09/27/2019	Lunch at RAPIO Meeting	10-525-5426	8.00
VICTORIA RESSLER - PETTY CA	09/27/2019	09/27/2019	Mileage to Liberty Wellness	10-525-5426	10.70
VICTORIA RESSLER - PETTY CA	09/27/2019	09/27/2019	Water & Snickers for Waterbr	10-525-7090	15.51
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	10-525-5310	21.00
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	ER DENTAL	10-525-5310	181.89
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	10-525-5310	2,383.13
BLUE CROSS BLUE SHIELD OF	INV0000959	10/07/2019	PCA INVOICE	10-525-5310	142.72
DREXEL TECHNOLOGIES, INC	INV3013	10/07/2019	paper and toner for large plo	10-525-7001	535.50
DREXEL TECHNOLOGIES, INC	INV3039	10/07/2019	paper and toner for large plo	10-525-7001	8.50
DREXEL TECHNOLOGIES, INC	INV3927	10/07/2019	paper and toner for large plo	10-525-7001	1,084.50
NKC BREAKFAST CLUB INC	01560	10/08/2019	quarterly dues (\$185)	10-525-6220	185.00
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANCE	10-525-5300	107.68
Department 525 - PUBLIC WORKS ADMIN Total:					4,890.97

Department: 526 - COMMUNITY DEVELOPMENT

VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	10-526-6735	315.61
VICTORIA RESSLER - PETTY CA	09/27/2019	09/27/2019	Stamps for Rhonda	10-526-7001	25.99

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Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
NORTH KANSAS CITY BUS CO	200	09/30/2019	SARA COPELAND	10-526-5426	22.00
IDENTITY MARKETING GROUP	721201	09/30/2019	Encumber - NKC Promo Items	10-526-6347	492.61
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	10-526-5310	34.99
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	ER DENTAL	10-526-5310	475.54
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	10-526-5310	3,606.51
IDENTITY MARKETING GROUP	721149-1	10/04/2019	Promo Items	10-526-6347	868.33
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANCE	10-526-5300	157.23

Department 526 - COMMUNITY DEVELOPMENT Total: 5,998.81

Department: 533 - INTERDEPARTMENTAL

VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	Chris Cooper - New Equip - Ac	10-533-7120	99.99
AT&T	09-19-2019	09/19/2019	09/19-10/18/19 Services Acct	10-533-6730	386.58
AT&T	09/21/2019	09/21/2019	9/21-10/20 Services Acct #81	10-533-6730	194.69
SPIRE MISSOURI INC	09/25/2019	09/25/2019	Service from 8/28-9/25/19 Va	10-533-6720	158.94
KCPL	10/01/2019	09/30/2019	8/31/19-9/30/19 Services 3 a	10-533-6710	443.00
JACKSON COUNTY CIRCUIT CO	Jim's Disposal	10/01/2019	Case #1916-CV11485	10-533-6750	20,384.77
LIFTOFF LLC	4511	10/07/2019	ANNUAL MICROSOFT LICENSI	10-533-6115	24,660.00
JIM'S DISPOSAL SERVICE LLC	50815	10/07/2019	Solid waste service for reside	10-533-6750	20,163.99

Department 533 - INTERDEPARTMENTAL Total: 66,491.96

Department: 535 - GAMING

COMMERCIAL LAWN CARE IN	1806	09/26/2019	Mowing Erie Lot	25-535-6090	30.00
TYLER TECHNOLOGIES INC	025-271146	09/30/2019	ENERGOV BUSINESS LICENSIN	25-535-8760	62.50
MCCLURE ENENGINEERING CO	125778	10/02/2019	Engineering for Walker Road I	25-535-8700	6,777.50
BRIAN CLARK & ASSOCIATES I	17521	10/02/2019	Downtown Streetscape Res N	25-535-8770	10,413.45
OLSSON ASSOCIATES	339851	10/02/2019	ENCUMBER - BURLINGTON E	25-535-8770	1,313.93
OLSSON ASSOCIATES	339879-18	10/02/2019	Work Order 18	25-535-8700	1,031.57
TYLER TECHNOLOGIES INC	025-273059	09/30/2019	ENERGOV BUSINESS LICENSIN	25-535-8760	2,250.00
COMMERCIAL LAWN CARE IN	1806a	10/04/2019	Mowing - Erie Lot	25-535-6090	60.00
OLSSON ASSOCIATES	339879-6	10/04/2019	Work Order 6	25-535-8700	3,046.02
MID-AMERICA CONTRACTORS	13255	10/07/2019	RENOVATION CITY HALL BATH	25-535-8730	14,580.51
C M J Lawn	22290	10/07/2019	One North Lawn services (mo	25-535-8700	1,750.00
C M J Lawn	21420	08/01/2019	One North Lawn services (mo	25-535-8700	1,750.00
C M J Lawn	21431	08/30/2019	One North Lawn services (mo	25-535-8700	290.72
C M J Lawn	21956	09/06/2019	One North Lawn services (mo	25-535-8700	524.15

Department 535 - GAMING Total: 43,880.35

Department: 540 - PARKS & RECREATION

VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	20-540-6735	286.86
SPIRE MISSOURI INC	09/25/2019	09/25/2019	Service from 8/28-9/25/19 Va	20-540-6720	185.36
Joseph Smith	171426	09/30/2019	Umpires for 12 Softball Game	20-540-7090	344.00
Thomas A Przybylski	100219	10/01/2019	Senior Autumn Picnic Entertai	20-540-6630	250.00
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	20-540-5310	40.50
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	ER DENTAL	20-540-5310	316.21
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	20-540-5310	2,582.35
Joseph Smith	171429	10/07/2019	Umpires for 10 Softball games	20-540-7090	272.00
BLUE CROSS BLUE SHIELD OF	INV0000959	10/07/2019	PCA INVOICE	20-540-5310	3.42
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANC	20-540-5300	129.48
EDWARDS CHEMICAL CO	055511	09/25/2019	Chemicals for Dagg Park	20-540-7190	59.00
SOLI'S PRINTING INC	160876	09/26/2019	Encore for October-December	20-540-6630	753.00
ICE MASTERS INC	2332126	10/09/2019	Monthly Ice Machine Rental F	20-540-7110	130.00
Office Essentials Inc	CIV1049380	09/26/2019	Cleaning Supplies	20-540-7190	294.48
Office Essentials Inc	CIV1050316	10/09/2019	Gloves for cleaning	20-540-7190	32.00
Office Essentials Inc	CIV1053605	10/09/2019	Toilet Tissue	20-540-7190	57.30
Office Essentials Inc	CIV1055617	10/09/2019	Wastebasket for Game Room	20-540-7110	86.02

Department 540 - PARKS & RECREATION Total: 5,821.98

Department: 550 - LIBRARY

AT&T	09/19/2019	09/19/2019	09/19-10/18/19 Services Acct	21-550-6730	374.73
VERIZON WIRELESS SVCS LLC	9838651080	09/22/2019	8/23-9/22/19 Services Acct #	21-550-6730	112.85
THE PITNEY BOWES BANK INC	09/24/2019	09/24/2019	Meter #0329850 Rental Acct	21-550-7009	105.00
SIGN-CRAFT INC	4056	09/27/2019	ADULT PROGRAM	21-550-7325	175.00
INGRAM LIBRARY SERVICES	42037468	09/27/2019	BOOKS	21-550-7370	287.66

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Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
INGRAM LIBRARY SERVICES	42055082	09/27/2019	BOOKS	21-550-7370	976.75
INGRAM LIBRARY SERVICES	42102877	09/27/2019	BOOKS	21-550-7370	222.52
INGRAM LIBRARY SERVICES	42167101	09/27/2019	BOOKS	21-550-7370	1,488.92
RECORDED BOOKS LLC	76522777	09/27/2019	AUDIOVISUAL	21-550-7340	204.18
MIDWEST TAPE LLC	97952598	09/27/2019	AUDIOVISUAL	21-550-7340	23.24
MIDWEST TAPE LLC	97984690	09/27/2019	AUDIOVISUAL	21-550-7340	22.49
MIDWEST TAPE LLC	97984691	09/27/2019	AUDIOVISUAL	21-550-7340	11.24
MIDWEST TAPE LLC	97984693	09/27/2019	AUDIOVISUAL	21-550-7340	42.48
MIDWEST TAPE LLC	97984694	09/27/2019	AUDIOVISUAL	21-550-7340	21.74
OVERDRIVE INC	CD02203019178900	09/27/2019	BOOKS	21-550-7370	4,500.00
PATRICIA M IBARRA	P092619	09/27/2019	ADULT PROGRSM	21-550-7325	250.00
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	21-550-5310	42.00
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	ER DENTAL	21-550-5310	389.29
Craig A. Lantz	L101919	10/01/2019	ADULT PROGRAM	21-550-7325	95.00
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	21-550-5310	3,916.43
COPY CARD CONTROL SYSTE	118907	10/08/2019	MAINT AGREEMENT	21-550-6110	57.34
CENTER POINT INC	1728808	10/08/2019	BOOKS	21-550-7370	406.86
NORTH KANSAS CITY BUS CO	227	10/08/2019	DUES	21-550-6220	50.00
SUMNERONE INC	2310923	10/08/2019	MAINT AGREEMENT	21-550-6110	23.29
INGRAM LIBRARY SERVICES	42219202	10/08/2019	BOOKS	21-550-7370	223.50
DE LAGE LANDEN FINANCIAL	65245435	10/08/2019	AERVICES	21-550-6355	97.00
RECORDED BOOKS LLC	76524418	10/08/2019	SERVICES	21-550-6355	1,500.00
RECORDED BOOKS LLC	76524475	10/08/2019	SERVICES	21-550-6355	1,800.00
RECORDED BOOKS LLC	76524682	10/08/2019	SERVICES	21-550-6355	1,500.00
RECORDED BOOKS LLC	76525830	10/08/2019	AUDIOVISUAL	21-550-7340	64.98
RECORDED BOOKS LLC	76525831	10/08/2019	AUDIOVISUAL	21-550-7340	56.90
NORTH KC SECURITY PATROL	96075	10/08/2019	MAINT AGREEMENT	21-550-6110	30.00
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANCE	21-550-5300	135.19
RECORDED BOOKS LLC	75918679cr	10/09/2019	overpayment	21-550-6355	-1,500.00
Department 550 - LIBRARY Total:					17,706.58

Department: 553 - RETIREE HEALTH INSURANCE

BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER RETIREE HEALTH PREM	53-553-5310	979.47
Department 553 - RETIREE HEALTH INSURANCE Total:					979.47

Department: 560 - WATER

VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	60-560-6735	524.59
VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	Justin Serino - New Equip - AC	60-560-7210	22.99
SCHULTE SUPPLY INC	1153419.002	09/24/2019	Valve Box Risers	60-560-7150	211.50
AMERICAN TEXTILE MILLS INC	19198	09/24/2019	Shop towels	60-560-7210	171.20
KANSAS CITY WINWATER WO	255601	09/24/2019	Distribution Repair Parts	60-560-7150	812.00
KANSAS CITY WINWATER WO	255694	09/24/2019	Distribution Repair Parts	60-560-7150	248.00
KANSAS CITY WINWATER WO	255814	09/24/2019	Distribution Repair Parts	60-560-7150	826.00
HAWKINS INC	4579256	09/24/2019	CL2 for water plant	60-560-7005	1,152.00
FORTILINE INC	4729347	09/24/2019	Water line repair valves	60-560-7150	1,426.00
MISSOURI ONE CALL SYSTEM I	9070244	09/24/2019	MO One Call Fees for July and	60-560-6090	160.54
MISSOURI ONE CALL SYSTEM I	9070244	09/24/2019	MO One Call Fees for July and	60-560-6090	163.16
MISSOURI ONE CALL SYSTEM I	9080245	09/24/2019	MO One Call Fees for July and	60-560-6090	160.54
MISSOURI ONE CALL SYSTEM I	9080245	09/24/2019	MO One Call Fees for July and	60-560-6090	157.96
RL YATES ELECTRIC CO INC	9572	09/24/2019	Water Plant Generator Maint	60-560-7110	295.75
KC WATER SERVICE DEPT	W072-20	09/24/2019	Laboratory services bac-t	60-560-6430	140.00
SPIRE MISSOURI INC	09/25/2019	09/25/2019	Service from 8/28-9/25/19 Va	60-560-6720	163.34
KANSAS CITY WINWATER WO	256209	09/26/2019	Fire hydrant extention kit	60-560-7150	330.00
IDENTITY MARKETING GROUP	721080	09/26/2019	Uniform Shirts	60-560-7050	428.35
SUNBELT RENTALS INC	93623605-0001	09/26/2019	Saw Rental	60-560-6090	208.76
KC WATER SERVICE DEPT	10/01/2019	09/30/2019	8/31/19-9/30/19 Services Acc	60-560-6740	332.29
KC WATER SERVICE DEPT	10-01-2019	09/30/2019	8/31/19-9/30/19 Services Acc	60-560-6740	446.42
MISSISSIPPI LIME CO	1455702	09/30/2019	Lime for water plant 3 loads	60-560-7005	5,166.72
MISSISSIPPI LIME CO	1455795	09/30/2019	Lime for water plant 3 loads	60-560-7005	5,150.61
MISSISSIPPI LIME CO	1455867	09/30/2019	Lime for water plant 3 loads	60-560-7005	5,164.71
CRAMER COMPUTER SUPPLIE	32661	09/30/2019	3/pg utility post cards	60-560-7001	580.69
HAWKINS INC	4589015	09/30/2019	CL2 for water plant	60-560-7005	1,152.00

Expense Approval Report

Payment Dates: 100219 - 101619

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
PRAXAIR DISTRIBUTORS INC	91853983	09/30/2019	CO2 for water plant	60-560-7005	3,252.98
TYLER TECHNOLOGIES INC	025-273446	10/09/2019	Utility Billing Online Compone	60-560-6345	40.00
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	60-560-5310	77.00
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	ER DENTAL	60-560-5310	562.29
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	60-560-5310	7,600.85
BLUE CROSS BLUE SHIELD OF	INV0000959	10/07/2019	PCA INVOICE	60-560-5310	28.10
KANSAS CITY WINWATER WO	256612	10/08/2019	Ground probes	60-560-7150	84.00
ROYAL PAPERS INC	K932687	10/08/2019	water dept paper towels and	60-560-7090	157.43
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANCE	60-560-5300	276.11
SCHULTE SUPPLY INC	51153622	10/08/2019	Water Pipe Repair Couplings	60-560-7150	571.32
ROAD RUNNER SAFETY SVCS, I	00002784	09/15/2019	detour signage at swift & buc	60-560-8770	392.50
Department 560 - WATER Total:					38,638.70

Department: 570 - WATER POLLUTION CONTROL

VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	61-570-6735	43.37
AT&T	09.21.2019	09/21/2019	09/21-10/20/19 Services Acct	61-570-6730	194.69
SPIRE MISSOURI INC	09/25/2019	09/25/2019	Service from 8/28-9/25/19 Va	61-570-6720	48.73
JWC ENVIRONMENTAL	99144	09/26/2019	Sewage Channel Monster Gri	61-570-8770	21,734.98
DH PACE COMPANY INC	SVC/768270	09/26/2019	Overhead Bay Door Repairs	61-570-7210	1,352.45
CRAMER COMPUTER SUPPLIE	32661	09/30/2019	3/pg utility post cards	61-570-7001	580.69
TYLER TECHNOLOGIES INC	025-273446	10/09/2019	Utility Billing Online Compone	61-570-6345	40.00
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	61-570-5310	35.00
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	ER DENTAL	61-570-5310	439.00
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	61-570-5310	3,931.69
KCMO WATER SERVICES DEPT	12968	10/07/2019	Monthly charges for kcmo wa	61-570-6745	508,808.00
MIDLAND SCIENTIFIC INC	5974879	10/07/2019	COD Digestion mercury free la	61-570-7060	411.19
MCCLURE ENENGINEERING CO	00000021148	10/08/2019	Pump station efficiency study	61-570-7155	1,457.50
KEYSTONE LABORATORIES INC	1C06853	10/08/2019	Lab analysis and influents	61-570-6430	210.00
KEYSTONE LABORATORIES INC	1C07628	10/08/2019	Lab analysis and influents	61-570-6430	345.00
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANCE	61-570-5300	126.69
KEYSTONE LABORATORIES INC	1C08182	10/09/2019	ROUTINE LAB ANALYSIS	61-570-6430	140.00
KEYSTONE LABORATORIES INC	1C08332	10/09/2019	ROUTINE LAB ANALYSIS	61-570-6430	345.00
Department 570 - WATER POLLUTION CONTROL Total:					540,243.98

Department: 580 - TRANSPORTATION

VERIZON WIRELESS SVCS LLC	9838099438	09/13/2019	8/14-9/13/19 Services Acct #	22-580-6735	443.70
SPIRE MISSOURI INC	09/25/2019	09/25/2019	Service from 8/28-9/25/19 Va	22-580-6720	148.66
KCPL	10/01/2019	09/30/2019	8/31/19-9/30/19 Services 3 a	22-580-6711	28,344.46
KCPL	10/01/2019	09/30/2019	8/31/19-9/30/19 Services 3 a	22-580-6712	5,371.83
MUTUAL OF OMAHA INSURA	INV0000954	10/01/2019	LIFE INSURANCE - ER	22-580-5310	46.56
THE GUARDIAN LIFE INSURAN	INV0000955	10/01/2019	ER DENTAL	22-580-5310	427.97
BLUE CROSS BLUE SHIELD OF	OCTOBER 2019	10/02/2019	ER HEALTH PREM	22-580-5310	5,928.53
JIM'S DISPOSAL SERVICE LLC	50815	10/07/2019	MS roll offs	22-580-6750	384.18
MCCLURE ENENGINEERING CO	125905	10/08/2019	12th & Gentry drainage	22-580-8770	2,670.00
CUSTOM TREE CARE INC	18371	10/08/2019	tree trimming and removals	22-580-7181	3,502.50
CUSTOM TREE CARE INC	18371	10/08/2019	trimming and removals	22-580-7181	1,297.50
MCCONNELL & ASSOCIATES C	1909-012378	10/08/2019	aquaphalt	22-580-7183	1,259.64
CUSTOM LIGHTING SERVICES	76-1032148	10/08/2019	traffic light repairs	22-580-7184	297.27
CUSTOM LIGHTING SERVICES	76-1032149	10/08/2019	traffic light repairs	22-580-7184	58.32
CUSTOM LIGHTING SERVICES	76-1032150	10/08/2019	traffic light repairs	22-580-7184	188.48
CUSTOM LIGHTING SERVICES	76-1032151	10/08/2019	traffic light repairs	22-580-7184	116.64
CIGNA HEALTH & LIFE INS CO	OCTOBER 2019	10/02/2019	LTD INSURANCE	22-580-5300	178.15
FOLEY EQUIPMENT COMPANY	PS400276881	10/08/2019	TIP LONG AND PIN FLEX REPAI	22-580-7120	166.55
BSmithmier LLC	Streetscape 2019	09/30/2019	streetscape grant reimbursem	22-580-8770	124.44
Department 580 - TRANSPORTATION Total:					50,955.38

Grand Total: 1,057,838.33

Report Summary

Fund Summary

Fund	Payment Amount
10 - GENERAL FUND	319,800.44
20 - PARKS & RECREATION	7,634.32
21 - LIBRARY	19,080.54
22 - TRANSPORTATION	53,338.99
24 - CONVENTION & TOURISM	30,000.55
25 - GAMING	43,880.35
53 - HEALTH INSURANCE RESERVE	979.47
60 - WATER FUND	41,447.22
61 - WATER POLLUTION CONTROL	541,676.45
Grand Total:	1,057,838.33

Account Summary

Account Number	Account Name	Payment Amount
10-1106	RETIREE BC/BS RECEIVA	2,999.78
10-2101	MUNICIPAL COURT BON	175.00
10-2243	AFTER TAX HEALTH	3,234.16
10-2245	DENTAL PRETAX	1,627.18
10-2247	PRETAX HEALTH	29,285.52
10-2251	FIRE & POLICE PENSION	7,008.87
10-2255	VISION DEDUCTION	2,318.29
10-2266	DEPENDENT CARE	499.98
10-2267	MEDICAL REIMBURSEM	882.36
10-2430	CLEARING	643.50
10-3020	JUDICIAL EDUCATION RE	350.00
10-4620	AMBULANCE SERVICE BI	1,925.29
10-4635	PLAN REVIEW APPLICATI	350.00
10-4710	MUNICIPAL COURT FINE	50.00
10-505-5300	LONG TERM DISABILITY I	436.34
10-505-5310	HEALTH, DENTAL & LIFE I	10,680.53
10-505-5426	TRAINING/TRAVEL APPO	140.00
10-505-5427	TRAINING & TRAVEL - EL	204.00
10-505-5490	PERSONNEL/BOARDS A	1,169.20
10-505-6050	PUBLIC RELATIONS	250.00
10-505-6735	PAGERS & CELL PHONES	328.70
10-505-7001	OFFICE SUPPLIES	555.55
10-506-5300	LONG TERM DISABILITY I	39.06
10-506-5310	HEALTH, DENTAL & LIFE I	1,043.08
10-506-7001	OFFICE SUPPLIES	286.70
10-510-5220	PENSION EXPENSE	9,391.01
10-510-5300	LONG TERM DISABILITY I	1,445.13
10-510-5310	HEALTH, DENTAL & LIFE I	48,167.04
10-510-5426	TRAINING/TRAVEL APPO	5,603.05
10-510-6220	DUES & MEMBERSHIPS	1,495.00
10-510-6735	PAGERS & CELL PHONES	43.37
10-510-7001	OFFICE SUPPLIES	474.78
10-510-7011	FIRST AID SUPPLIES	3,871.07
10-510-7013	FIRE PREVENTION	890.00
10-510-7014	QUARTERS MAINTENAN	931.35
10-510-7050	UNIFORMS	3,139.32
10-510-7125	SOFTWARE MAINT & SE	11,694.09
10-510-7140	VEHICLE MAINTENANCE	778.00
10-515-5220	PENSION EXPENSE	6,273.60
10-515-5300	LONG TERM DISABILITY I	1,475.41
10-515-5310	HEALTH, DENTAL & LIFE I	50,633.58
10-515-5426	TRAINING/TRAVEL APPO	278.40
10-515-6060	COMPUTER OPERATION	3,221.71
10-515-6395	OTHER SERVICES	63.00

Account Summary

Account Number	Account Name	Payment Amount
10-515-6735	PAGERS & CELL PHONES	620.11
10-515-7018	INVESTIGATIVE OPERATI	233.01
10-515-7020	DETENTION SUPPLIES	3,403.00
10-515-7022	RANGE SUPPLIES	55.00
10-515-7028	TACTICAL/AMMUNITION	6,243.50
10-515-7050	UNIFORMS	1,180.75
10-515-7130	RADIO MAINTENANCE	189.85
10-521-5300	LONG TERM DISABILITY I	103.24
10-521-5310	HEALTH, DENTAL & LIFE I	6,031.44
10-521-6057	RECYCLING SERVICES	157.01
10-521-6090	PROFESSIONAL SERVICE	1,794.46
10-521-6735	PAGERS & CELL PHONES	86.74
10-521-7090	OTHER SUPPLIES	2.00
10-521-7110	BUILDING MAINTENANC	4,720.50
10-521-7140	VEHICLE MAINTENANCE	1,246.09
10-525-5300	LONG TERM DISABILITY I	107.68
10-525-5310	HEALTH, DENTAL & LIFE I	2,728.74
10-525-5426	TRAINING/TRAVEL APPO	85.43
10-525-6220	DUES & MEMBERSHIPS	185.00
10-525-6735	PAGERS & CELL PHONES	140.11
10-525-7001	OFFICE SUPPLIES	1,628.50
10-525-7090	OTHER SUPPLIES	15.51
10-526-5300	LONG TERM DISABILITY I	157.23
10-526-5310	HEALTH, DENTAL & LIFE I	4,117.04
10-526-5426	TRAINING/TRAVEL APPO	22.00
10-526-6347	ADVERTISING	1,360.94
10-526-6735	PAGERS & CELL PHONES	315.61
10-526-7001	OFFICE SUPPLIES	25.99
10-533-6115	SOFTWARE MAINT & SE	24,660.00
10-533-6710	ELECTRICITY	443.00
10-533-6720	GAS	158.94
10-533-6730	TELEPHONE	581.27
10-533-6750	TRASH COLLECTION	40,548.76
10-533-7120	MINOR EQUIPMENT	99.99
20-2243	AFTER TAX HEALTH	36.50
20-2245	DENTAL PRETAX	51.52
20-2247	PRETAX HEALTH	692.64
20-2255	VISION DEDUCTION	31.68
20-2267	MEDICAL REIMBURSEM	95.00
20-4660	SPACE RENTALS	200.00
20-4661	FACILITY USE FEES	600.00
20-4663	PROGRAM FEES	105.00
20-540-5300	LONG TERM DISABILITY I	129.48
20-540-5310	HEALTH, DENTAL & LIFE I	2,942.48
20-540-6630	SENIOR TRIPS	1,003.00
20-540-6720	GAS	185.36
20-540-6735	PAGERS & CELL PHONES	286.86
20-540-7090	OTHER SUPPLIES	616.00
20-540-7110	BUILDING MAINTENANC	216.02
20-540-7190	OTHER MAINTENANCE	442.78
21-2243	AFTER TAX HEALTH	0.50
21-2245	DENTAL PRETAX	63.40
21-2247	PRETAX HEALTH	1,120.28
21-2255	VISION DEDUCTION	67.05
21-2267	MEDICAL REIMBURSEM	122.73
21-550-5300	LONG TERM DISABILITY I	135.19
21-550-5310	HEALTH, DENTAL & LIFE I	4,347.72
21-550-6110	MAINTENANCE AGREEM	110.63

Account Summary

Account Number	Account Name	Payment Amount
21-550-6220	DUES & MEMBERSHIPS	50.00
21-550-6355	OTHER SERVICES	3,397.00
21-550-6730	TELEPHONE	487.58
21-550-7009	POSTAGE & METER EXPE	105.00
21-550-7325	ADULT PROGRAMMING	520.00
21-550-7340	AUDIOVISUAL	447.25
21-550-7370	BOOKS	8,106.21
22-2243	AFTER TAX HEALTH	403.10
22-2245	DENTAL PRETAX	69.72
22-2247	PRETAX HEALTH	1,764.10
22-2255	VISION DEDUCTION	108.23
22-2267	MEDICAL REIMBURSEM	38.46
22-580-5300	LONG TERM DISABILITY I	178.15
22-580-5310	HEALTH, DENTAL & LIFE I	6,403.06
22-580-6711	STREET LIGHTS	28,344.46
22-580-6712	LEASED TRAFFIC SIGNAL	5,371.83
22-580-6720	GAS	148.66
22-580-6735	PAGERS & CELL PHONES	443.70
22-580-6750	LANDFILL FEES	384.18
22-580-7120	EQUIPMENT MAINTENA	166.55
22-580-7181	TREE MAINTENANCE	4,800.00
22-580-7183	STREET REPAIR MATERIA	1,259.64
22-580-7184	TRAFFIC SIGNAL/STREET	660.71
22-580-8770	INFRASTRUCTURE	2,794.44
24-524-8770	INFRASTRUCTURE	30,000.55
25-535-6090	PROFESSIONAL SERVICE	90.00
25-535-8700	LAND ACQUISITION	15,169.96
25-535-8730	BUILDING IMPROVEME	14,580.51
25-535-8760	INFORMATION TECHNOL	2,312.50
25-535-8770	INFRASTRUCTURE	11,727.38
53-553-5310	HEALTH, DENTAL & LIFE I	979.47
60-2243	AFTER TAX HEALTH	62.90
60-2245	DENTAL PRETAX	91.62
60-2247	PRETAX HEALTH	2,347.72
60-2255	VISION DEDUCTION	156.28
60-2267	MEDICAL REIMBURSEM	150.00
60-560-5300	LONG TERM DISABILITY I	276.11
60-560-5310	HEALTH, DENTAL & LIFE I	8,268.24
60-560-6090	PROFESSIONAL SERVICE	850.96
60-560-6345	BANK FEES	40.00
60-560-6430	LABORATORY FEES	140.00
60-560-6720	GAS	163.34
60-560-6735	PAGERS & CELL PHONES	524.59
60-560-6740	NKC UTILITY FEES	778.71
60-560-7001	OFFICE SUPPLIES	580.69
60-560-7005	CHEMICALS	21,039.02
60-560-7050	UNIFORMS	428.35
60-560-7090	OTHER SUPPLIES	157.43
60-560-7110	PLANT MAINTENANCE	295.75
60-560-7150	DISTRIBUTION MAINTEN	4,508.82
60-560-7210	MINOR EQUIPMENT	194.19
60-560-8770	INFRASTRUCTURE	392.50
61-2243	AFTER TAX HEALTH	105.20
61-2245	DENTAL PRETAX	71.50
61-2247	PRETAX HEALTH	1,157.04
61-2255	VISION DEDUCTION	98.73
61-570-5300	LONG TERM DISABILITY I	126.69
61-570-5310	HEALTH, DENTAL & LIFE I	4,405.69

Account Summary

Account Number	Account Name	Payment Amount
61-570-6345	BANK FEES	40.00
61-570-6430	LABORATORY FEES	1,040.00
61-570-6720	GAS	48.73
61-570-6730	TELEPHONE	194.69
61-570-6735	PAGERS & CELL PHONES	43.37
61-570-6745	SEWAGE CHARGE KCMO	508,808.00
61-570-7001	OFFICE SUPPLIES	580.69
61-570-7060	LABORATORY SUPPLIES	411.19
61-570-7155	LIFT STATION MAINTENA	1,457.50
61-570-7210	MINOR EQUIPMENT	1,352.45
61-570-8770	INFRASTRUCTURE	21,734.98
	Grand Total:	1,057,838.33

Project Account Summary

Project Account Key	Payment Amount
None	959,125.51
1903	2,670.00
2121	124.44
2301	14,580.51
2612	21,734.98
5841	30,000.55
5891	392.50
6001	1,313.93
6611	10,413.45
7651	15,169.96
9391	2,312.50
	Grand Total:
	1,057,838.33

Upcoming City Items of Note

Dates Below Are Subject to Change

Items in red are Parks & Recreation Events

Items in blue are special City Council meetings

October 12, 2019, 1:30 p.m.	Howl-O-Ween, Waggin' Trail Park
October 18, 2019, 6:00 p.m.	Employee Banquet
October 19, 2019, 10:00 a.m.	Veterans Celebration, Memorial Park
October 26, 2019, 11:00 a.m.	Spooktacular, Macken Park
November 21, 2019, 7:00 p.m.	Fire Dept. Recognition Ceremony, Fire Station #1
November 22, 2019, 10:00 a.m.	Mistletoe Market – Parks and Recreation Center
November 22, 2019, 6:00 p.m.	Mayor's Tree Lighting, City Hall
November 23, 2019, 10:00 a.m.	Mistletoe Market – Parks and Recreation Center
November 24, 2019, 10:00 a.m.	Mistletoe Market – Parks and Recreation Center

MEMORANDUM



TO: Mayor and City Council
FROM: Eric Berlin, City Administrator
DATE: October 15, 2019
RE: YMCA August 2019 Financial Report

Highlights of the monthly report for this month include:

Income:

- Total income for the month was \$220,273.

Expense:

- Total expense for the month was \$298,630.
- The line item labeled "Intra-YMCA Expense Allocation" is where the monthly management fee paid to the YMCA of Greater Kansas City is allocated.

Surplus/Deficit:

- For the month, the facility experienced a deficit of \$78,357.

Surplus/(Deficit):

	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
January	\$ 15,976	\$110,377	\$ 92,283	\$116,559
February	\$ 99,484	\$ 3,672	(\$ 3,454)	(\$ 22,308)
March	\$ 3,721	(\$88,612)	(\$ 76,565)	(\$ 45,442)
April	(\$53,135)	(\$ 473)	\$ 15,771	\$ 31,053
May	(\$ 7,849)	(\$16,587)	(\$ 3,794)	\$ 28,119
June	(\$27,054)	(\$14,919)	(\$ 13,162)	\$ 27,992
July	(\$41,872)	(\$18,669)	\$ 4,911	\$ 5,878
August	(\$61,290)	(\$36,437)	(\$ 63,620)	(\$ 78,357)
September	(\$70,852)	(\$74,133)	\$ 3,007	
October	(\$ 1,734)	(\$20,267)	\$ 27,940	
November	(\$36,115)	(\$ 5,821)	\$ 5,015	
December	(\$28,977)	(\$ 59,652)	(\$ 32,282)	
Total	(\$217,139)	(\$221,521)	(\$43,282)	\$63,494

YMCA of Greater Kansas City
Monthly I/S Rolled up

as of August 2019

	Aug	Aug	\$ Var	Aug	YTD	YTD	\$ Var	YTD
YMCA of Greater Kansas City	2019	2019	Actual	2018	Aug	Aug	YTD Act	Aug
As of August	Actual	Budget	to Budget	Actual	Actual	Budget	to Budget	Actual
401 Contributions	1,692	12,409	(10,717)	4,651	56,048	49,472	6,576	53,820
410 Government Fees & Grants						454	(454)	454
411 Membership Dues Income	201,881	196,918	4,963	198,133	1,561,973	1,584,986	(23,013)	1,560,080
413 Program Service Fee	11,001	11,802	(801)	12,256	228,117	231,856	(3,739)	212,708
414 Facilities Rental	5,699	6,750	(1,051)	6,002	63,513	57,050	6,463	58,809
Revenue	220,273	227,879	(7,606)	221,042	1,909,652	1,923,818	(14,166)	1,885,871
521 Salaries and Wages	151,171	147,932	(3,239)	147,963	820,369	899,780	79,411	902,168
522 Employee Benefits	13,187	13,351	165	13,412	87,846	94,724	6,878	89,286
523 Payroll Taxes	18,431	17,974	(457)	18,384	103,174	109,323	6,150	111,439
524 Contract Services	5,200	4,747	(453)	4,997	38,365	37,922	(443)	37,788
525 Supplies	11,547	11,536	(10)	11,905	91,642	91,010	(631)	84,491
526 Telecommunications	1,668	1,810	142	1,557	13,342	14,121	779	14,938
527 Postage and Shipping	363	358	(5)	18	2,224	1,882	(342)	1,600
528 Occupancy	72,655	69,355	(3,300)	66,608	488,682	530,631	41,948	509,693
529 Equipment Cost	608	2,154	1,547	2,706	14,664	14,724	60	14,481
531 Promotion and Publications	2,337	2,809	472	1,289	27,989	23,596	(4,393)	19,870
532 Travel and Transportation	1,800	752	(1,048)	677	5,596	4,333	(1,263)	3,194
533 Conferences and Meetings	2,931	847	(2,084)	1,348	7,672	6,756	(915)	7,234
535 Membership Dues Expense	1,636	1,746	110	1,746	14,909	14,923	14	14,920
539 Miscellaneous Expense		15	15	(7)	611	120	(491)	(39)
548 Intra-YMCA Expense Allocation	12,662	12,661	(1)	12,059	101,292	101,290	(2)	96,469
553 Capital	2,435	2,435			27,781	27,781		25,968
Expense	298,630	290,483	(8,147)	284,661	1,846,158	1,972,917	126,759	1,933,500
YMCA of Greater Kansas City	(78,357)	(62,604)	(15,753)	(63,620)	63,494	(49,099)	112,593	(47,629)