

CITY COUNCIL AGENDA



CITY HALL MEETING
ROOM

7:00 p.m.

Monday, January 6, 2014

APPROVAL OF AGENDA

I. **Guests**

- a. Chris Lund, City on a Hill – City Support
- b. Don Hellar & Mike Younger, Evans, Bierly, Hutchison, & Associates – Water Treatment Plant Update and Plans Review

II. **Consent Agenda Approval**

- a. Approval of the December 16, 2013 Meeting Minutes
- b. Payroll Warrants 79301-81302, 37755-37757, & 1212656-1212660 \$36,692.63
- c. Accounts Payable Warrants 37758-37783 \$39,254.66
- d. Accounts Payable Warrants 37784-37xxx \$00,000.00

III. **Officer Reports**

- a. City Attorney
- b. City Superintendent
- c. City Clerk

IV. **Old Business**

- a. Employee Appreciation Day – Friday, August 29, 2014
- b. Code Enforcement
- c. Pulling Water Meter & Gas Company Notification

V. **New Business and/or Items to be Removed from Consent Agenda**

- a. BCBS Annual Renewal

ADJOURNMENT

Reminders: Customer appreciation day Wednesday, January 15, 2014. Snacks and refreshments supplied by Governing Body.

Enclosures: Draft Meeting Minutes, December Payroll and Deduction Warrant Register, Accounts Payable Warrant Register, Code Enforcement, BCBS Annual Renewal, December Payroll and Overtime Report, Budget Authority Report.

City of Leoti Governing Body met in regular session Monday, December 16, 2013, 7:00 p.m., at the City Hall Meeting Room.

Council President Cheryl Green and Councilors Tony Hernandez, Amanda Baker, Kelma Burch, and Roger Porter were present. Also in attendance were Chris Lund, Wichita County Economic Development Director Simone Cahoj, Code Enforcement Officer Adam Marcotte, City Superintendent Rick Harp, and City Clerk Kasper Lechtenberg.

President Green called the meeting to order at 7:00 p.m.

Baker moved, Porter seconded, to approve the agenda with the addition of item 2d) accounts payable Warrants 37753-37754, & 1212650. Motion carried unanimously.

Wichita County Economic Development Director Simone Cahoj presented Council with an update including recent grant applications and fundraising efforts. Simone left the meeting. Chris Lund presented Council with benefits City on a Hill provides to the City and surrounding County. He asked for reconsideration in the previously denied 2014 City Budget funding request and indicated that the show of support was more important than the dollar amount. Chris left the meeting.

Porter moved, Baker seconded, to approve the consent agenda items a through d: a) approval of the December 2, 2013 meeting minutes; b) approval of the December 11, 2013 meeting minutes; c) accounts payable Warrants 37726-37751 in the amount of thirty-two thousand, five hundred eighty-four dollars and sixty-four cents; d) accounts payable Warrants 37752-37753 & 1212650 in the amount of two thousand, five hundred fifteen dollars and eighty-one cents. Motion carried unanimously.

Baker moved, Burch seconded, to approve the Cereal Malt Beverage License for the Beer Barn. Motion carried unanimously.

Baker moved, Porter seconded, to approve the ball parks draft bid packet and release for bidding.

After discussion, it was the consensus of Council not to rebate or re-address the matter of Bev Ochs and to decline phoning at her request. Council asked that a letter be written to her explaining the same.

Porter moved, Baker seconded, to recess into executive session for a period of ten minutes, with the Council, City Attorney, City Superintendent, and City Clerk, for the purpose of discussing nonelected personnel matters. Regular meeting resumed at 8:25 p.m. President Green declared that no action had been taken.

Green moved, Baker seconded, to recess into executive session until 8:30 p.m. with the Council, City Attorney, City Superintendent, City Clerk, for the purposes of discussing nonelected personnel matters. Regular meeting resumed at 8:30 p.m. President Green declared that no action had been taken.

Baker moved, Porter seconded, to give a three percent pay increase to Arlan Gorden, a five percent pay increase to Joe Guerra, and a two-dollar per hour increase in pay to Kasper Lechtenberg. Motion carried unanimously.

Porter moved, Baker seconded, to adjourn at 8:32 p.m. Motion carried unanimously.

Cheryl Green, Council President

Kasper Lechtenberg, City Clerk

CHECK NO	DATE	EMP NO	PAY TO THE ORDER OF	CHECK AMOUNT	CLEARED	VOIDED	MANUAL
1			WESTERN STATE BANK				
79301	12/30/2013	135	AMANDA M BAKER				
79401	12/30/2013	100	Terry C. Bloedorn				
79501	12/30/2013	137	KELMA K BURCH				
79601	12/30/2013	105	Lori D. Christensen				
79701	12/30/2013	140	REID E DAVIS				
79801	12/30/2013	63	Janna K. DeLissa				
79901	12/30/2013	132	ARLAN D GORDEN				
80001	12/30/2013	121	CHERYL GREEN				
80101	12/30/2013	133	JOE M GUERRA				
80201	12/30/2013	119	BRANDEE HAHN				
80301	12/30/2013	112	Richard W Harp				
80401	12/30/2013	32	Antonio M. Hernandez				
80501	12/30/2013	134	CINDY S HESSLINK				
80601	12/30/2013	20	Charles F. Hughes				
80701	12/30/2013	107	Christopher J Landis				
80801	12/30/2013	110	Kasper Lechtenberg				
80901	12/30/2013	125	ADAM MARCOTTE				
81001	12/30/2013	117	CENDY MORCILLO				
81101	12/30/2013	55	Roger Porter				
81201	12/30/2013	139	MONIQUE R SALINAS				
81301	12/30/2013	127	GEORGE K STALEY				
81302	12/30/2013	127	GEORGE K STALEY				
			BANK TOTAL	18937.30			
			REPORT TOTAL	18937.30			

ACCOUNTS PAYABLE CHECK REGISTER

BANK NO	BANK NAME	CHECK NO	DATE	VENDOR NO	VENDOR NAME	CHECK AMOUNT	CLEARED	VOIDED	MANUAL
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1 Western State Bank

37758	1/06/2014	3	Auto Parts Sales			925.11			
37759	1/06/2014	6	High Plains Energy, LLC			3,297.00			
37760	1/06/2014	17	Visa			1,073.45			
37761	1/06/2014	18	Midwest Energy Inc			612.17			
37762	1/06/2014	41	Wheatland Electric			9,089.63			
37763	1/06/2014	43	Wichita County Clerk			14,793.49			
37764	1/06/2014	61	Wichita County Park Board			1,250.00			
37765	1/06/2014	77	Heather Leimkuhler			140.00			
37766	1/06/2014	81	HD Supply Waterworks			3,310.21			
37767	1/06/2014	131	Moore Medical Corp			109.68			
37768	1/06/2014	155	Weis Fire & Safety Equip			817.00			
37769	1/06/2014	156	Kansas Mayors Association			50.00			
37770	1/06/2014	192	KS Assoc f/Court Mng			50.00			
37771	1/06/2014	217	Office Solutions			304.19			
37772	1/06/2014	265	KT Tire & Service, Inc			13.50			
37773	1/06/2014	367	VERIZON WIRELESS			136.63			
37774	1/06/2014	381	DOUGLAS CROTTY			1,700.00			
37775	1/06/2014	394	ELIZABETH M GOULD			475.00			
37776	1/06/2014	439	ARAMARK UNIFORM SERVICES			.00	**CLEARED**	**VOIDED**	
37777	1/06/2014	439	ARAMARK UNIFORM SERVICES			501.84			
37778	1/06/2014	478	BOUND TREE MEDICAL, LLC			157.75			
37779	1/06/2014	573	VERIZON WIRELESS			50.46			
37780	1/06/2014	586	KARA AYERS			20.00			
37781	1/06/2014	604	Data Technologies, Inc			94.77			
37782	1/06/2014	633	Terry Bloedorn			70.06			
37783	1/06/2014	706	Berry Tractor & Equipment			212.72			

BANK TOTAL	39,254.66
OUTSTANDING	39,254.66
CLEARED	.00
VOIDED	.00

FUND	TOTAL	OUTSTANDING	CLEARED	VOIDED
10 GENERAL FUND	23,835.05	23,835.05	.00	.00
60 STORMWATER UTILITY FUND	30.60	30.60	.00	.00
61 WATER UTILITY FUND	7,730.04	7,730.04	.00	.00
62 SANITATION FUND	1,051.03	1,051.03	.00	.00
63 SEWAGE FUND	1,564.45	1,564.45	.00	.00
72 LANDFILL FUND	5,043.49	5,043.49	.00	.00

REPORT TOTAL	39,254.66
OUTSTANDING	39,254.66
CLEARED	.00
VOIDED	.00

CHECK NO	DATE	VENDOR#	PAY TO THE ORDER OF	CHECK AMOUNT	CLEARED	VOIDED	MANUAL

		1	Western State Bank				
37755	12/30/2013	41	Wheatland Electric	146.61			
37756	12/30/2013	264	Kansas Payment Center	324.00			
37757	12/30/2013	494	SECURITY BENEFIT	2650.00			
ELECTRONIC VENDOR PAYMENTS							

1212656	12/30/2013	8	Western State Bank	5698.15			
1212657	12/30/2013	250	Blue Cross & Blue Shield	4632.31			
1212658	12/30/2013	253	Lincoln National Life Ins	80.60			
1212659	12/30/2013	256	KPERS	3648.49			
1212660	12/30/2013	313	Kansas Dept of Revenue	575.17			
			REPORT TOTAL	17755.33			

Code Enforcement

1. Responsible for upholding all ordinances for the City of Leoti
 - a. Suggest and prepare changes needed to ordinances.
 - b. Prepare resolutions for property abatements.
 - c. Issue NTA's for non-compliance.
 - d. Complete abatements as necessary (ordered by resolution, Mowing, and etc.)
2. Maintain case files, work with City Attorney and be prepared to appear in court.
3. Set hours
 - a. Mon, Wed, Fri 8-12, 1-5
 - b. Tues, Thurs 8-11, 2-7
4. Responsible for mowing
 - a. City Park
 - b. City Hall
 - c. K-96 Ditches
 - d. K-25 Ditches
 - e. South Ditch on H street between 7th and Waters
 - f. South Ditch on F street from 6th street to the Storm Water Pond
 - g. Around well houses and lift stations
 - h. City drainage ponds and sewer ponds
 - i. Area around Baseball Field
 - j. Ditches on Wichita Road South of K-96
5. Maintaining Equipment utilized while completing tasks
6. Acquire Certifications
 - a. KACE – Kansas Code Enforcement – Mandatory(48 hours required)
 - b. NACA – National Animal Control – Mandatory(1 week class)
 - c. Herbicide – Mandatory(2 Certification Test required)
 - d. Class II Water – Optional(Certification Test)
 - e. Small System Wastewater – Optional(Certification Test)
7. Animal Control responsibilities.
 - a. Animal Shelter
 - b. Dog Calls
8. Being able to work at court house to locate legal descriptions and owners of properties in violations of City Ordinances and when requested by City Clerk
9. Return Ordinance complaints in a timely manner.
 - a. Open a case file for each complaint.
 - b. Work all complaints.

Payroll Census Form

For Group Size 10+



Health Stand Alone Dental

Section 1

Group Name LEOTI CITY EMPLOYEES

Group Number 5750202 MPN Number MPN5750202 Employer Tax ID 48-6010592

NAICS on File 921140 If inaccurate, list correct code _____

Effective/Renewal Date 03/01/2014

Representative Name ADRIAN CARO Representative No. 583

Section 2

Did your employer group have an average of 20 or more **full time equivalents** on the payroll for more than 50% of your working days in the preceding calendar year?
If you answered yes, COBRA applies to your group. Yes No

Did your employer group have 20 or more full-time and part-time on the payroll for 20 or more calendar weeks in this year or the prior year? If yes, list year: _____
If you answered yes, MSP (age based aka TEFRA) applies to your group. Yes No

Did your employer group have 100 or more full-time and part-time on the payroll during 50% or more of last year?
If you answered yes, MSP (disability based aka OBRA) applies to your group. Yes No

Are you part of an association or MEWA (Multiple Employer Welfare Arrangement)?
If yes, what is the name of the association? _____ Yes No

Extended coverage code [**For BCBSKS use only**]

Section 3

A. Total number of employees (including owners) within your employer group*? 20
How many total employees did you average per month during the last 12 months*? 20
How many people including owners (excluding temporary and seasonal) are working 30 hours or more each week? 10 (# Under Age 65 _____ # Over Age 65 _____)

B. How many Non-eligible employees are on the payroll? (See Group Administration Manual at www.bcbsks.com) 10
Note: employees not eligible for group coverage include **part-time** (working less than 30 hours each week), **temporary** and **seasonal** employees and those serving a **company imposed waiting period**.

C. Number of Eligible Employees (A minus B)..... 10

D. Number of employees enrolled in Group Elsewhere? 0

E. Number of Adjusted Eligible Employees (C minus D)..... 10

F. Total number of employees enrolled..... 10

G. Number of Employees being added..... _____

H. Quota (70% based on line E)..... 100%
Quota met? Yes No

*Employer group: all affiliated companies/entities (ie., parent company, brother/sister or parent/subsidiary affiliates etc.)

Completion of Side 2 Required

FOR GROUPS 2 – 50 IN SIZE, COMPLETE SECTION 4 (Groups 51+ in size, skip to section 5)

Please list the names of all eligible employees who do not presently participate in your employer group health/dental care program. Note: there are various categories listed in which we need you to indicate why your employee is not participating. If group coverage is not elected as group primary; military, those eligible for Medicare, or Medicaid will be considered Group Coverage Elsewhere (G).

Please check the appropriate column(s) for each employee. If more space is needed attach additional sheets.

Section 4

Employee Names Please DO Not list names of employees planning to enroll or those on the current BCBSKS group bill	Commercial Carrier Name and Place of Employment Name of spouse's/parent's employer or BCBSKS ID# (if applicable) Company Imposed Waiting Period. List hire date for serving	Group Coverage Elsewhere Refused Coverage or Individual Coverage (mark one box only)
		<input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> I
		<input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> I
		<input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> I
		<input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> I
		<input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> I
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Section 5

This listing is true and complete to the best of my knowledge. I acknowledge inaccuracies in this information may result in termination of coverage. It is the responsibility of the Contract Holder/Employer group's Plan Administrator to submit to the Company for enrollment only those employees and dependents who meet the eligibility criteria of the Contract Holder and the Company, and to ensure and verify the continued eligibility status of covered employees and dependents. The company has the right to recover from Insureds and/or Providers any benefit payments made on behalf of ineligible persons.

I understand that Blue Cross and Blue Shield of Kansas (BCBSKS) will rely on this information in accepting this group for coverage, and I will promptly notify them of any changes herein. Should the actual enrollment of my group increase or decrease, I understand BCBSKS reserves the right to re-evaluate and adjust premiums accordingly.

Name KASPER LECHTENBERG Title CITY CLERK
 Your signature required *Kasper Lechtenberg* Date 12-30-2013

Grandfathered
LEOTI CITY EMPLOYEES
Comprehensive Major MedicalSM

Benefits include but are not limited to:

5750202

Effective Date: March 01, 2014

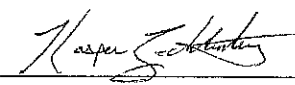
Deductible	\$500 per person (\$1,000 two-or-more persons).
Coinsurance	80/20 -- Plan pays 80%; individual pays 20% up to \$1,000 per person (\$2,000 two-or-more persons) maximum.
Office Visits	\$25 copay per visit (includes eye exams).
Outpatient Prescription Drug Coverage	Copay: \$15 generic, \$30 formulary brand, \$45 non-formulary. Mail order: 2.5 times copay amount.
Outpatient Radiology and Laboratory Services	100% of the allowable charges to a maximum of \$300 per person, then subject to deductible and coinsurance.
Emergency Room Copay	\$100 per incident, then subject to deductible and coinsurance.
Accidental Injuries	Pays 100% up to \$1,000 per person each benefit period, then subject to deductible and coinsurance.
Outpatient Immunizations and Injections	Pays 100% of allowance.
Home Health Care/Hospice	Subject to deductible and coinsurance.
Mental Illness and Substance Use Disorders	Covered.
Lifetime maximum	Unlimited for each covered person.
Eligible dependents	Covered to age 26.

Monthly Premium

<u>Type of Coverage</u>	<u>Health</u>	<u>Dental</u>	<u>Total</u>
Employee	\$423.30	\$26.96	\$450.26
Employee/Child	\$882.36	\$54.08	\$936.44
Employee/Spouse	\$909.16	\$57.96	\$967.12
Family	\$1368.20	\$84.34	\$1452.54

Dental: Yes No

Printed Name: KASPER LECHTENBERG

Signature: 

Title: CITY CLERK

Date: DECEMBER 30, 2013

For Office Use Only	
Effective Date: _____	Completed Date: _____

RX Coverage	
Creditable	<input checked="" type="checkbox"/>
Non Creditable	<input type="checkbox"/>

Blue Choice Provider Network

Maximum benefits are available when you receive services from a Blue Choice provider. Your financial responsibility is based on the provider network you select.

Blue Choice Network Providers

- Deductible, coinsurance or copay amount.

CAP (But Non-Blue Choice) Network Providers

- Additional 20% coinsurance amount.*
- Deductible, coinsurance or copay amount.

Non-Blue Choice & Non-CAP Providers

- Difference between the payment allowance and the provider's charge.
- Additional 20% coinsurance amount.*
- Deductible, coinsurance or copay amount.

*Limited to a combined maximum of \$2,000 per person, \$4,000 two-or-more-persons each benefit period.

Exclusions

Duplicate benefits provided under federal, state or local laws, regulations or programs, except Medicaid; cosmetic or reconstructive surgery (except as stated in the certificate); any keratotomy procedures; charges for personal items; convalescent or custodial/maintenance care or rest cures; blood or payments to donors of blood; any service or supply related to the medical management of obesity; except for eligible preventive services; charges for services by immediate relatives or by members of your household; acupuncture and admissions for acupuncture; services related to temporomandibular joint dysfunction syndrome over the amount specified in the certificate; dental implants; services or supplies related to sex changes, sexual dysfunctions or inadequacies; any medically-aided insemination procedure; services related to the reversal of sterilization procedures; mental illness or substance use disorder services provided by a non-eligible provider; hearing aids; unnecessary services and admissions; services or supplies which are experimental or investigative in nature; services not specifically listed as benefits in the certificate; services covered and payable by any medical expense payment provision of any automobile insurance policy.

This is a brief summary of the coverage available under this program. It is not a legal document. The exact provisions of the benefits and exclusions are contained in the certificate.

Medicare Part D Important Notice



Please note that upon renewal, you will need to notify Centers for Medicare & Medicaid Services (CMS) on the creditability of your drug benefit. Disclosure must also be provided to all Part D eligible individuals covered under, or who apply for, your prescription drug benefit.

This disclosure must be completed no later than 60 days following the beginning of your renewal year. Your group consultant can advise you as to whether your drug benefit is "creditable" (pays at least as much as Medicare Part D) or "non-creditable" (not expected to pay as much as Medicare Part D).

To notify CMS:

Visit the CMS Creditable Coverage Disclosure Web page at <http://www.cms.gov/CreditableCoverage/ArchivesCC/list.asp#TopOfPage>
You'll find a link to the *Disclosure to CMS Form* on the left-hand column of the page

To notify employees:

The CMS Web site includes model disclosure language for creditable and non-creditable coverage that you can use to inform employees. The model language templates can also be found on the left-hand column of the Web page by clicking on *Creditable Coverage Guidelines and Model Disclosure Notices*.

RX Coverage	
Creditable	<input checked="" type="checkbox"/>
Non Creditable	<input type="checkbox"/>



1133 SW Topeka Boulevard
Topeka, Kansas 66629-0001

In Topeka - (785) 291-7000
In Kansas - (800) 432-0216

Web site: www.bcbsks.com

Grandfathered Plan Attestation

Changes that will cause a group to lose their Grandfather status:

Did Employer Significantly Cut or Reduce Benefits? If a group eliminates all (or substantially all) benefits to diagnose or treat a particular condition, they will no longer be Grandfathered. The elimination of benefits for any necessary element to diagnose or treat a condition is considered the elimination of all (or substantially all) benefits to diagnose or treat a particular condition.

Yes No

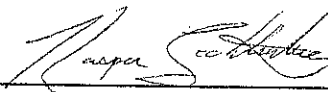
Did Employer Raise Co-Insurance Charges? If a group increases their coinsurance (or another percentage cost-sharing requirement) above the level at which it set on March 23, 2010, they will no longer be Grandfathered. In other words, any increase in an insurer or plan's coinsurance will result in a loss of Grandfathered status.

Did Employer Significantly Raise Deductibles? If a group increases fixed-amount cost-sharing requirements *other* than co-payments, such as a deductible or an out-of-pocket limit, by a total percentage (measured from March 23, 2010) that is more than the sum of medical inflation plus 15 percent, they will no longer be Grandfathered.

Did Employer Significantly Raise Co-Payment Charges? If a group increases co-payments above the level in effect on March 23, 2010 by an amount that exceeds the greater of (a) the sum of medical inflation plus 15%, or (b) \$5 increased by medical inflation, they will no longer be Grandfathered.

Did Employer Significantly Lower Employer Contributions? Many employers pay a portion of their employees' premium for insurance. Grandfathered plans cannot decrease the percent of premiums the employer pays by more than 5 percentage points measured from March 23, 2010 or it will be considered significant and they will lose their Grandfathered status. For example, if employers decrease their own share and increase the workers' share of premium from 15% to 25%, they will lose their Grandfathered status.

NOTE: By signing below, the employer group represents: 1) that all answers provided to the questions above are true; 2) the group will notify Blue Cross and Blue Shield of Kansas of any change in employer contributions at least 30 days prior to the effective date of such change; 3) the group understands that a significant decrease in employer contributions will result in a loss of Grandfathered status as of the effective date of the decrease, and that such a change will require a change to the group's benefit structure to comply with federal law the first of the month following the decrease in contributions; and 4) that should the group lose its Grandfathered status pursuant to 3) above shall be subject to a re-rating process and a potential premium increase concurrent with the change in benefits.

Signature: 

Date: 12.30.2013

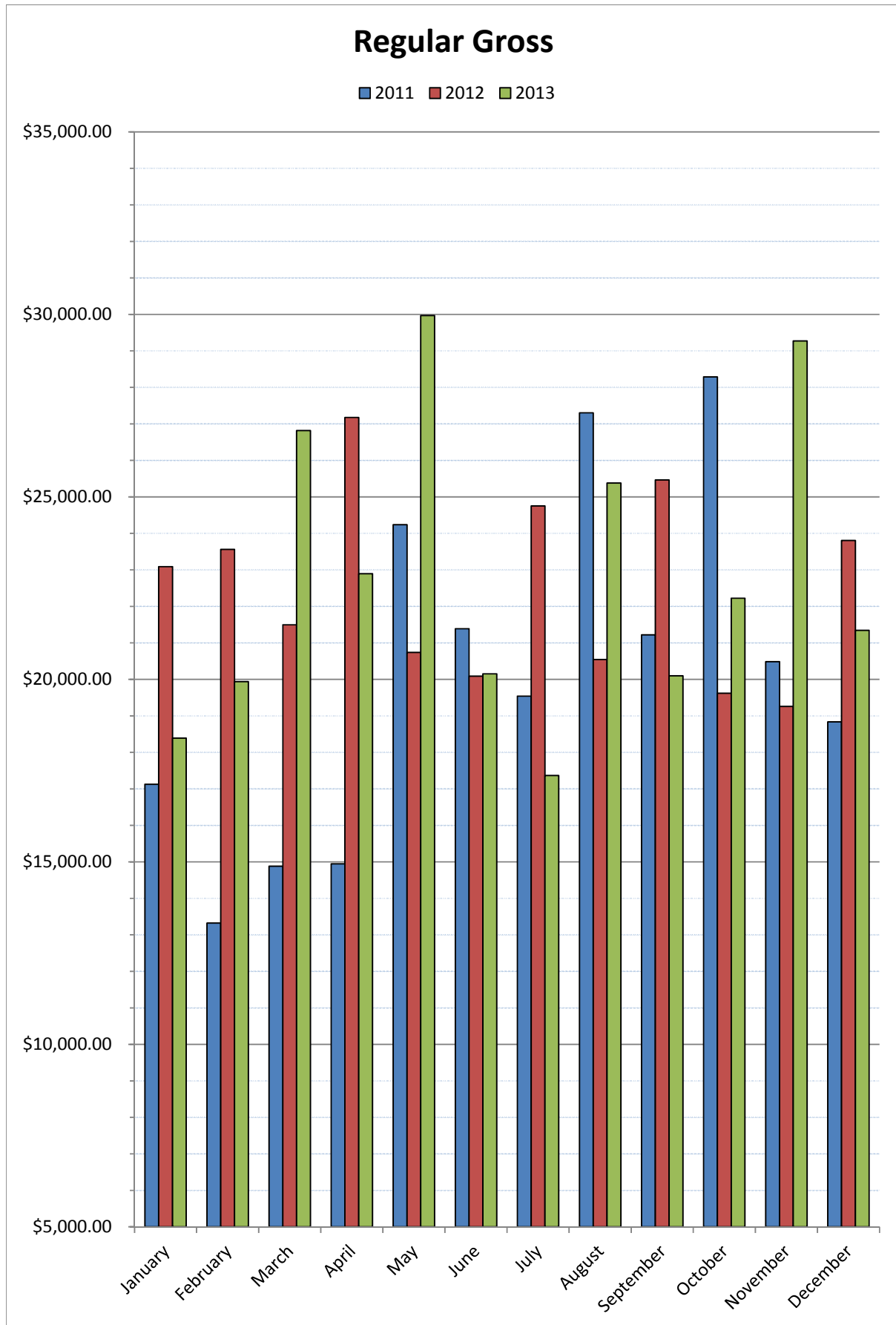
Title: CITY CLERK

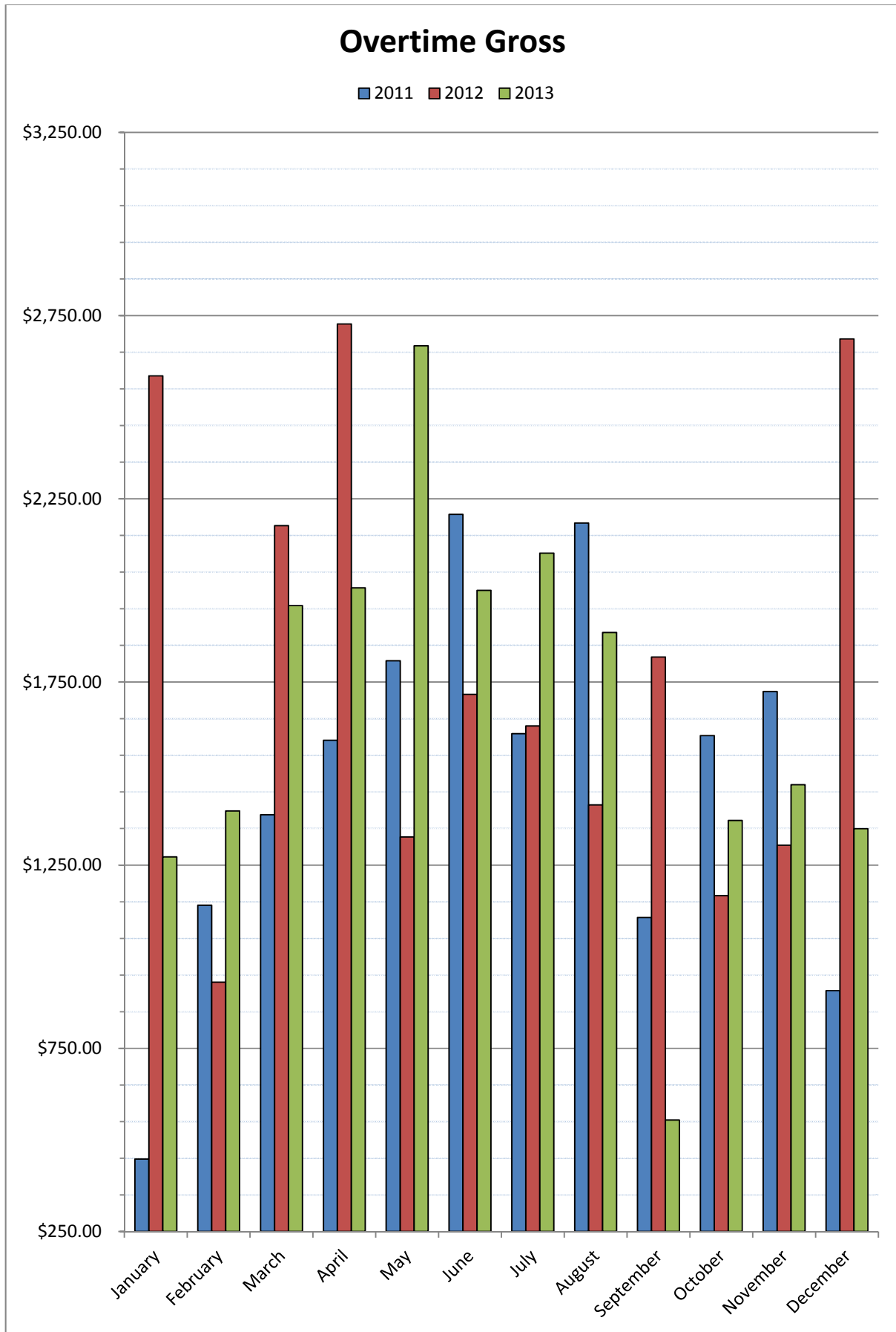
Group Name: Leoti City Employees

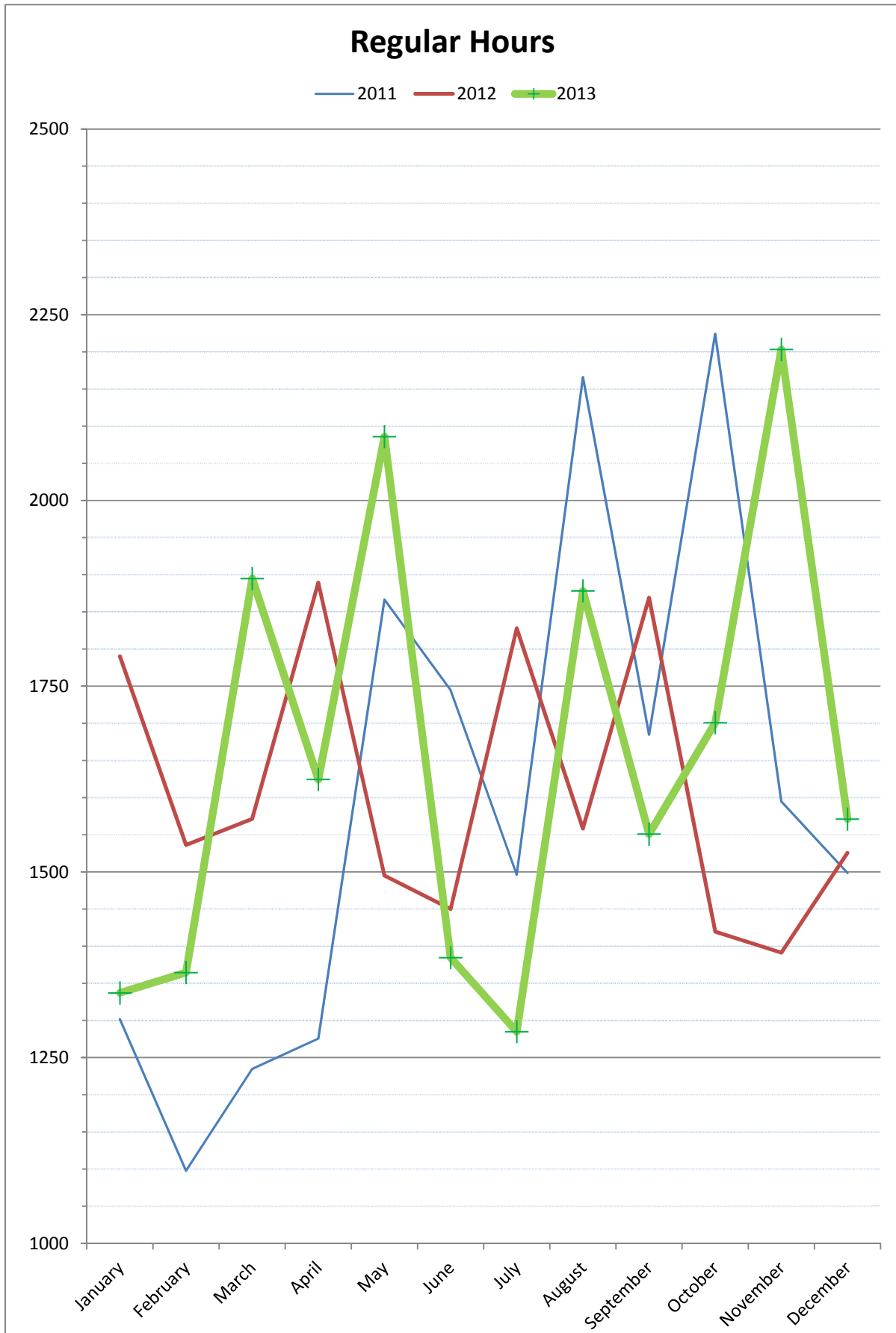
Group Number: 5750202

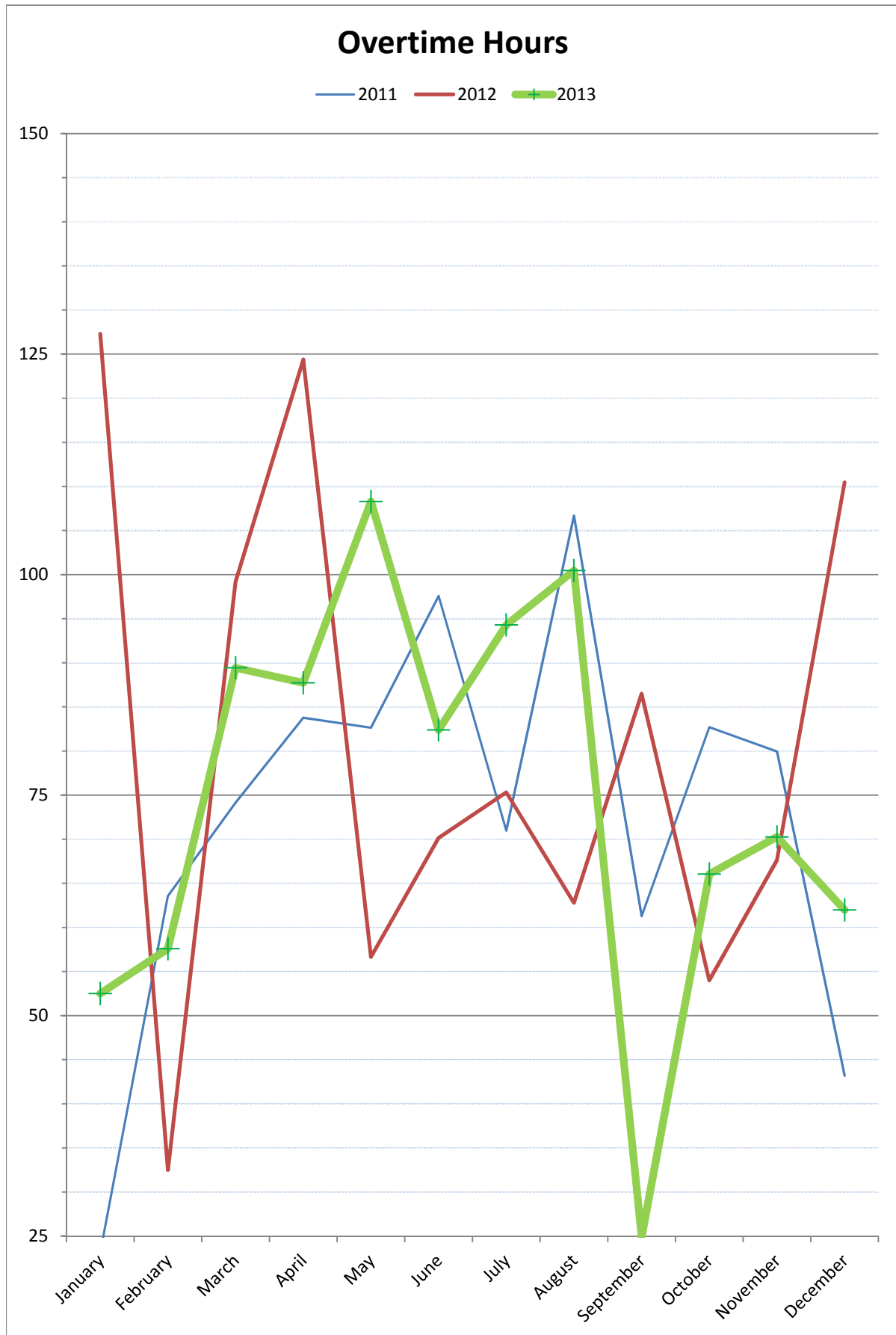
Group Anniversary: March 1, 2014

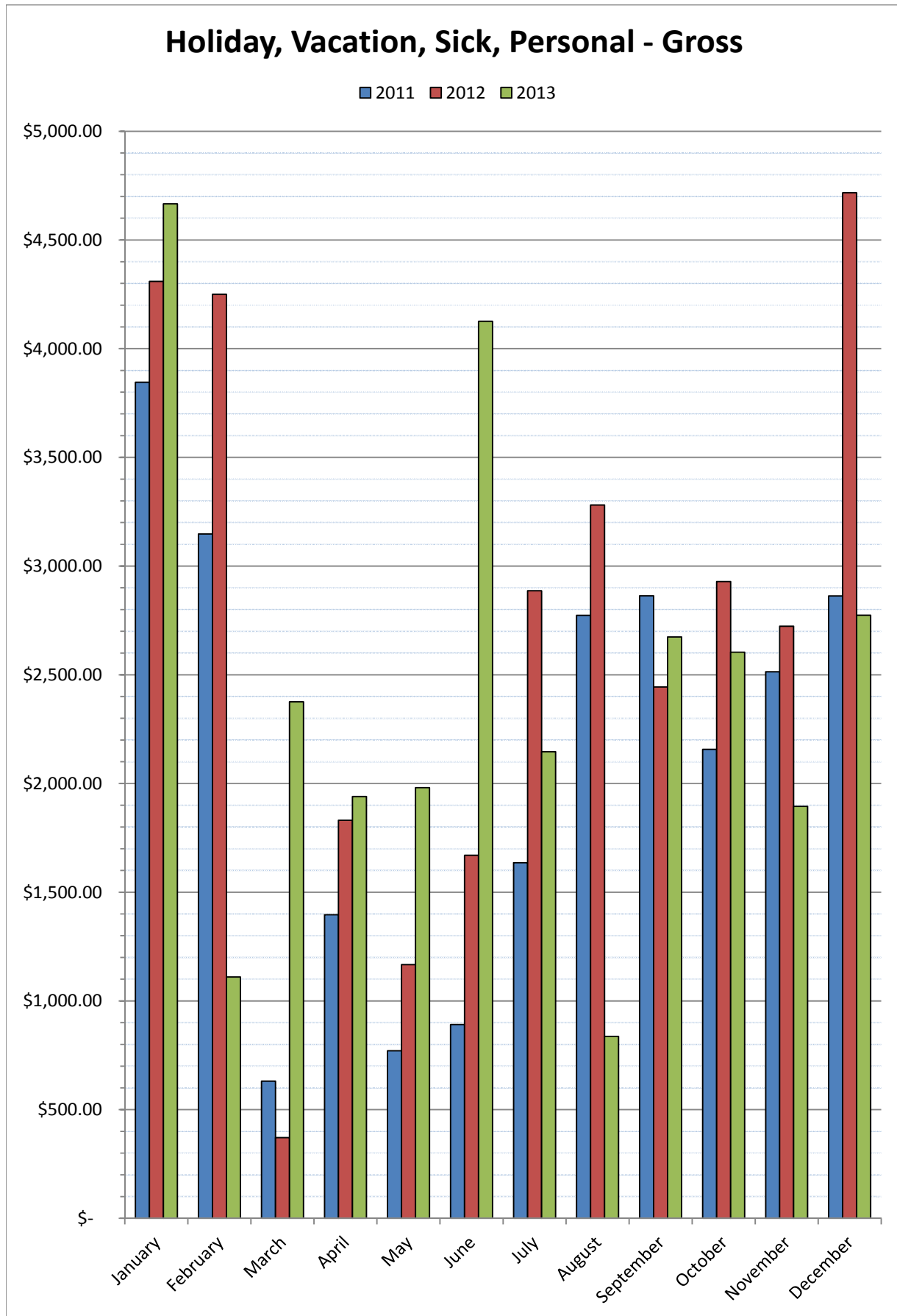
Grandfathered?
Yes <input checked="" type="checkbox"/>
No <input type="checkbox"/>

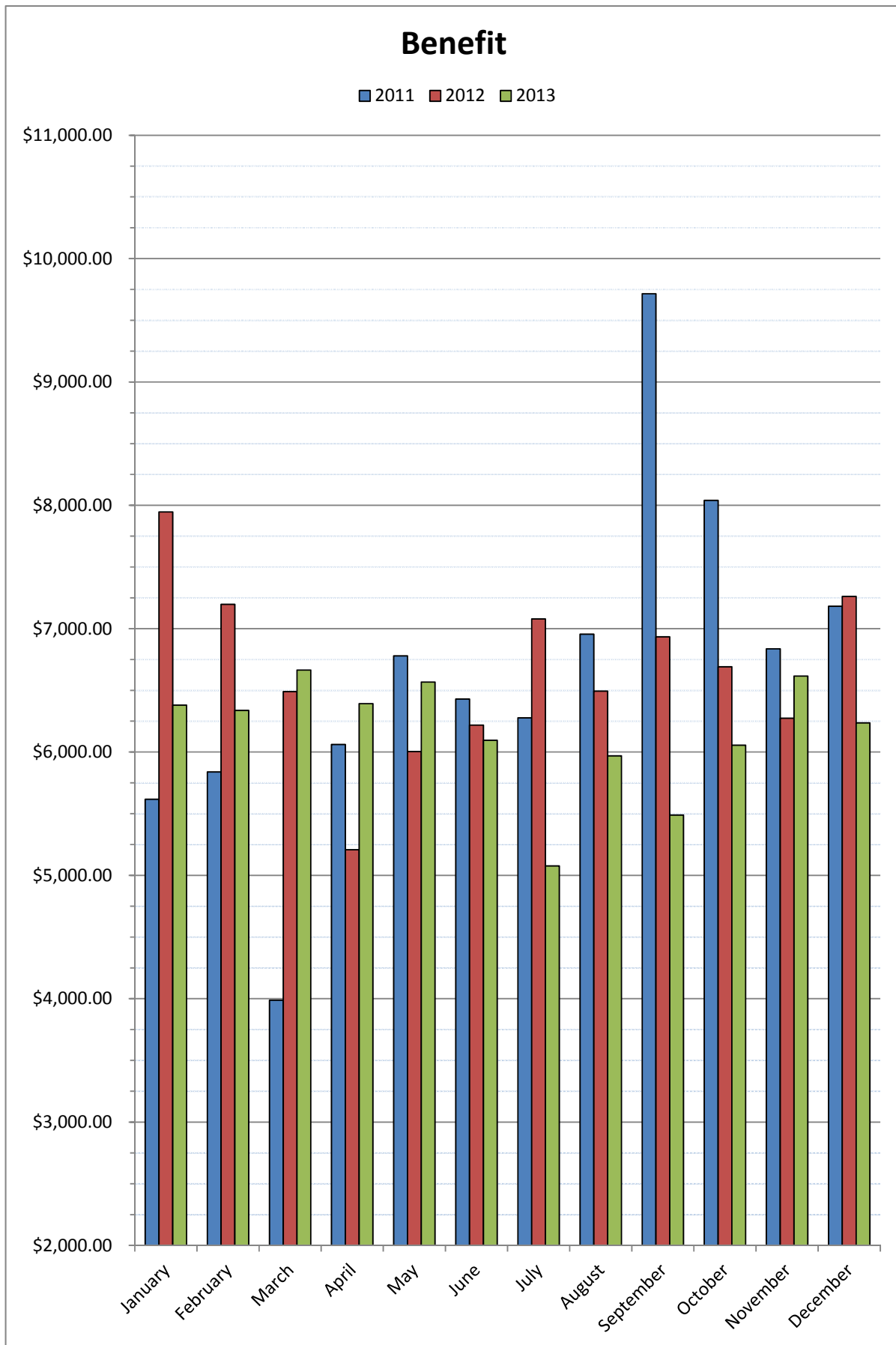


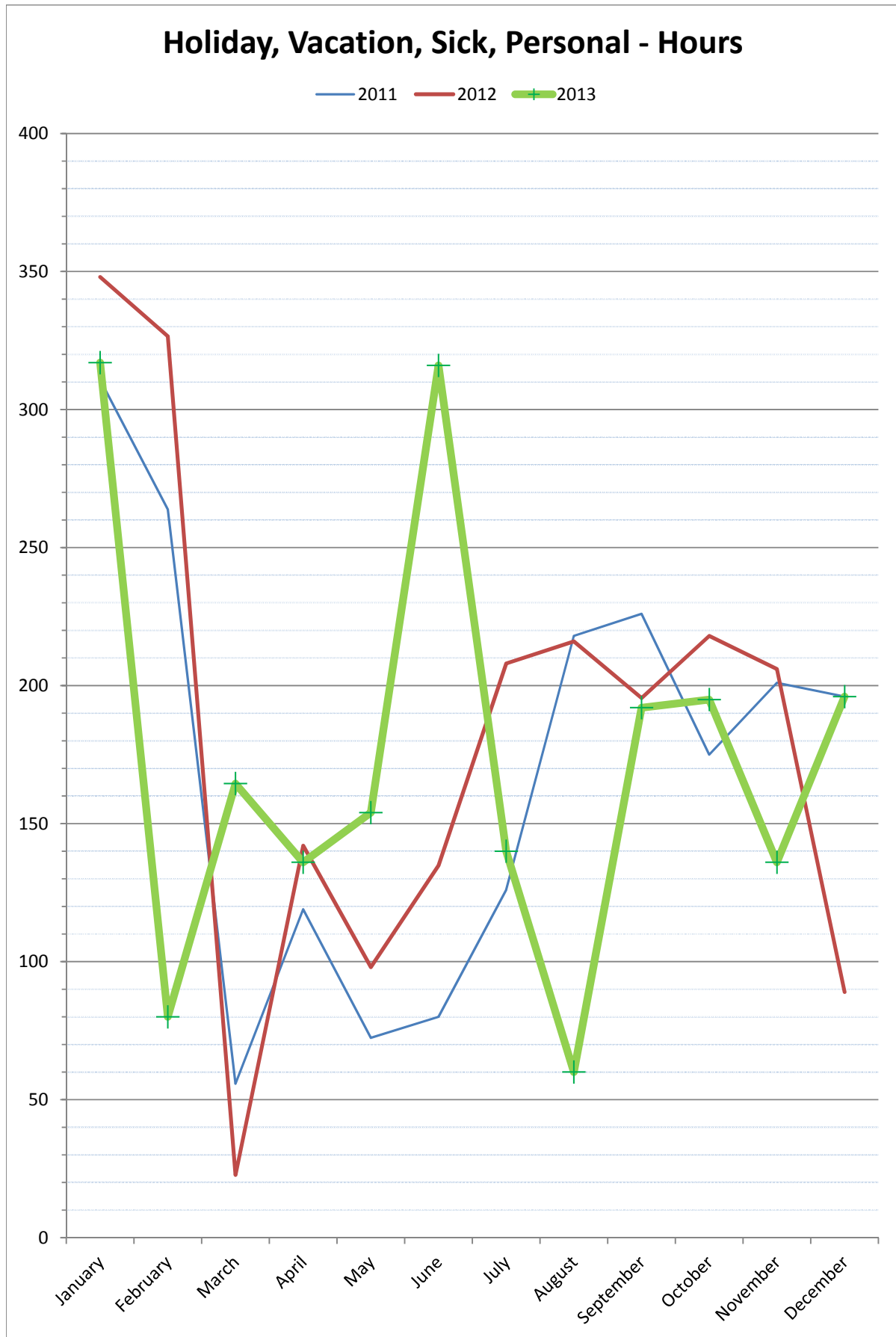


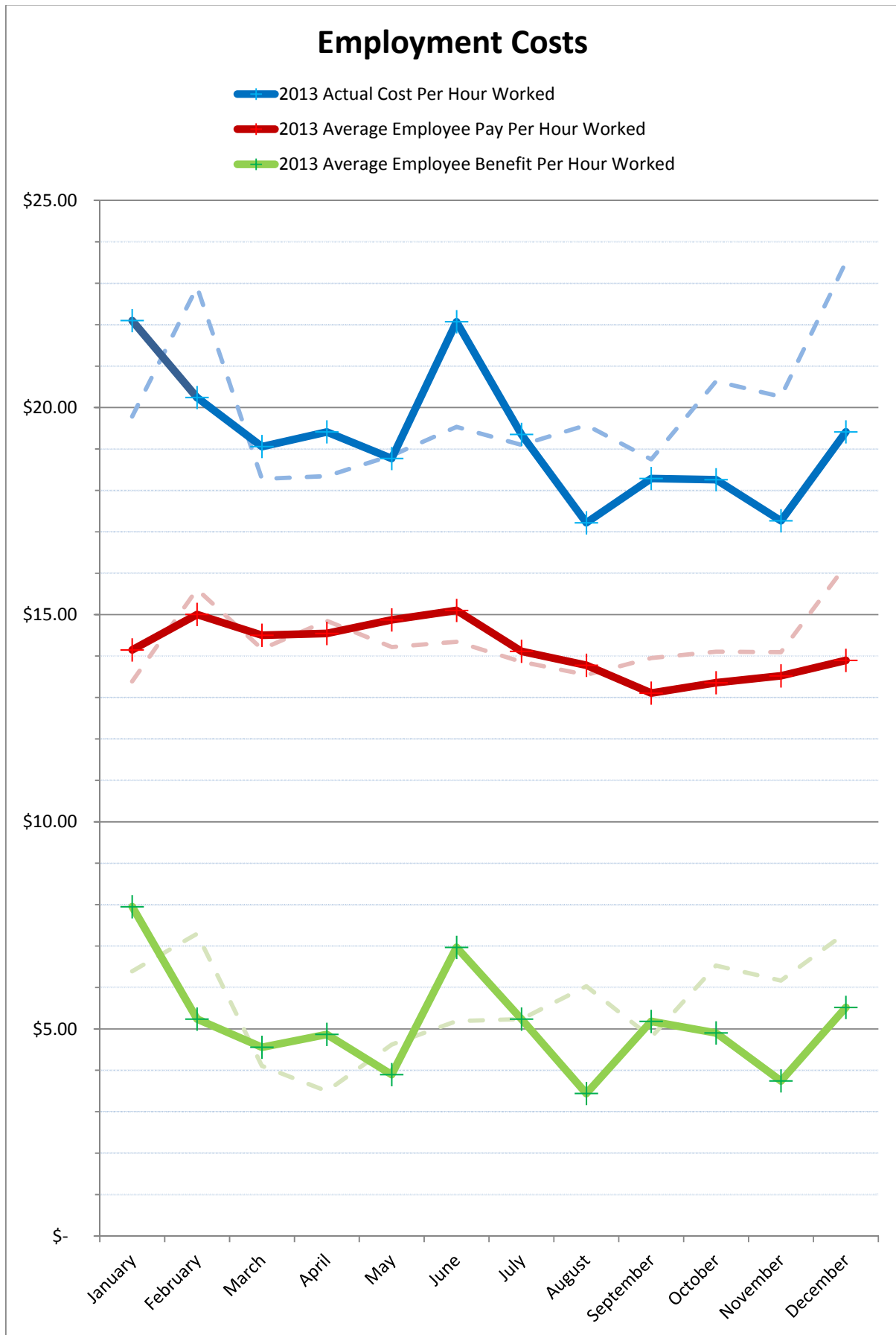












2013 Annual Payroll Report

Regular Hours 20040.01	Regular Gross \$ 277,368.12
Overtime Hours 895.86	Overtime Gross \$ 20,035.62
Total Hours Worked 20935.87	Hours Worked Gross \$ 297,403.74

Holiday Hours 760	Holiday Gross \$ 10,746.00
Vacation Hours 546	Vacation Gross \$ 8,277.00
Sick Hours 606.42	Sick Gross \$ 8,285.71
Personal Hours 286	Personal Gross \$ 4,284.00
HVIP Total Hours 2198.42	HVIP Gross Totals \$ 31,592.71

KPERS CITY	\$ 24,384.31
KPERS D&D	\$ 2,013.97
BCBS CITY	\$ 46,740.07
JEFFERSON PILOT	\$ 740.40
Benefit Gross	\$ 73,878.75

Monthly Compensation	\$ 402,875.20
Employee Cost Per Hour Worked	\$ 19.24
Average Employee Pay Per Hour	\$ 14.21
Average Employee Benefit Per Hour	\$ 5.04

*** Report Does NOT Include Salaried Positions ***

Budgeted Authority Report 2013

Fund Revenues and Expenditures

City of Leoti GENERAL FUNDS Revenues

Fund Name Line Item Account	Account Number	Budgeted 2013 Estimated Receipts	Monthly Receipts Monthly Revenue	Year to date Receipts YTD Revenue	Balance Balance	% Remaining
Unencumbered Cash Bal Jan 1	10-349-00	\$ 175,686.00			\$ -	0%
Ad Valorem Tax	10-410-01	\$ 1.00	\$ -	\$ 399,547.14	\$ (399,546.14)	-39954614%
Delinquent Tax	10-410-02	\$ 1,934.00	\$ -	\$ -	\$ 1,934.00	100%
Motor Vehicle Tax	10-410-03	\$ 84,920.00	\$ -	\$ 92,088.21	\$ (7,168.21)	-8%
Recreation Vehicle Tax	10-410-04	\$ 745.00	\$ -	\$ 654.73	\$ 90.27	12%
16/20M Vehicle Tax	10-410-06	\$ 2,830.00	\$ -	\$ 2,576.21	\$ 253.79	9%
County Fire Contract	10-420-04	\$ 20,000.00	\$ -	\$ 20,000.00	\$ -	0%
Local Retail Sales Tax	10-420-05	\$ 90,000.00	\$ -	\$ 123,223.27	\$ (33,223.27)	-37%
Franchise Tax	10-420-06	\$ 120,000.00	\$ 11,227.05	\$ 132,958.05	\$ (12,958.05)	-11%
Compensating Use Tax	10-420-07	\$ 25,000.00	\$ -	\$ 31,768.78	\$ (6,768.78)	-27%
Cereal Malt Beverage License	10-430-05	\$ 1.00	\$ 155.00	\$ 565.00	\$ (564.00)	-56400%
Billing Licensing Penalty	10-430-06	\$ 1.00	\$ -	\$ 200.00	\$ (199.00)	-19900%
Licenses & Permits	10-430-08	\$ 2,000.00	\$ 560.00	\$ 3,320.00	\$ (1,320.00)	-66%
Fines & Fees	10-450-01 /05	\$ 1,000.00	\$ -	\$ 843.88	\$ 156.12	16%
Court Misc. Revenue	10-450-07	\$ 1.00	\$ -	\$ -	\$ 1.00	100%
Interest	10-460-01	\$ 7,500.00	\$ -	\$ 3,957.53	\$ 3,542.47	47%
Miscellaneous	10-470-01	\$ 7,000.00	\$ 1,128.80	\$ 31,624.07	\$ (24,624.07)	-352%
Reimbursed Expenses	10-470-02	\$ 1.00	\$ -	\$ 950.00	\$ (949.00)	-94900%
Small Tools Income	10-470-04	\$ 1.00	\$ -	\$ -	\$ 1.00	100%
TOTAL GENERAL RECEIPTS		\$ 538,621.00	\$ 13,070.85	\$ 844,276.87	\$ (481,341.87)	-89%

City of Leoti ENTERPRISE FUND Revenues

Fund Name Line Item Account	Account Number	Budgeted 2013 Estimated Receipts	Monthly Receipts Monthly Revenue	Year to date Receipts YTD Revenue	Balance Balance to Collect	% Remaining
Unencumbered cash Jan 1	41-349-00	\$ 55,097.00	\$ -	\$ -	\$ -	0%
Gasoline Tax	41-420-06	\$ 39,920.00	\$ -	\$ 39,188.18	\$ 731.82	2%
Special Highway Totals		\$ 95,017.00	\$ -	\$ 39,188.18	\$ 731.82	1%
Unencumbered cash Jan 1	60-338-00	\$ 24,251.00	\$ -	\$ -	\$ -	0%
Service Billed-ST	60-440-01	\$ 8,800.00	\$ 742.42	\$ 8,875.09	\$ (75.09)	-1%
Penalties-ST	60-440-06	\$ 140.00	\$ 11.05	\$ 128.02	\$ 11.98	9%
Storm Water Totals		\$ 33,191.00	\$ 753.47	\$ 9,003.11	\$ (63.11)	0%
Unencumbered cash Jan 1	61-338-00	\$ 280,698.00	\$ -	\$ -	\$ -	0%
Service Billed-WA	61-440-01	\$ 375,000.00	\$ 37,937.09	\$ 520,967.48	\$ (145,967.48)	-39%
Penalties-WA	61-440-06	\$ 5,000.00	\$ 572.21	\$ 5,938.42	\$ (938.42)	-19%
Water Vend Sales-WA	61-440-19	\$ 2,000.00	\$ 796.65	\$ 7,406.45	\$ (5,406.45)	-270%
Coin Box Sales-WA	61-440-20	\$ 2,000.00	\$ -	\$ 4,645.65	\$ (2,645.65)	-132%
Miscellaneous-WA	61-440-50	\$ 1,000.00	\$ 3,298.00	\$ 9,015.82	\$ (8,015.82)	-802%
Water Connection Fee-WA	61-440-60	\$ 1,000.00	\$ 150.00	\$ 2,625.00	\$ (1,625.00)	-163%
WA Totals		\$ 666,698.00	\$ 42,753.95	\$ 550,598.82	\$ (164,598.82)	-25%
Unencumbered cash Jan 1	62-338-00	\$ 47,428.00	\$ -	\$ -	\$ -	0%
Sanitation Service Billed	62-440-01	\$ 112,000.00	\$ 9,478.69	\$ 113,773.95	\$ (1,773.95)	-2%
Yard Waste Service Billed	62-440-02	\$ 9,000.00	\$ -	\$ 4,795.41	\$ 4,204.59	47%
Penalties-SA	62-440-06	\$ 1,500.00	\$ 128.26	\$ 1,462.91	\$ 37.09	2%
Containers Sold-SA	62-440-22	\$ 3,000.00	\$ 260.00	\$ 6,010.50	\$ (3,010.50)	-100%
SA Totals		\$ 172,928.00	\$ 9,866.95	\$ 126,042.77	\$ (542.77)	0%
Unencumbered cash Jan 1	63-338-00	\$ 115,078.00	\$ -	\$ -	\$ -	0%
Sewage Service Billed-SW	63-440-01	\$ 175,000.00	\$ 15,877.49	\$ 191,974.59	\$ (16,974.59)	-10%
Penalties-SW	63-440-06	\$ 1,500.00	\$ 221.44	\$ 2,081.37	\$ (581.37)	-39%
SW Totals		\$ 291,578.00	\$ 16,098.93	\$ 194,055.96	\$ (17,555.96)	-6%
TOTAL ENTERPRISE RECEIPTS		\$ 1,259,412.00	\$ 69,473.30	\$ 918,888.84	\$ (182,028.84)	-14%

City of Leoti GENERAL FUND Expenditures						
Fund Name Line Item Account	Account Number	Budgeted 2013 Yearly Budget	Monthly Expenditures Expended	Year to date Expenditures YTD Expenditures	Balance Balance	% Remaining (Bal/Budget)
General Fund	10					
Personal Services	10-511-01 /06	\$ 200,000.00	\$ 12,965.11	\$ 151,901.04	\$ 48,098.96	24.05%
Contractual	10-512-00 /10	\$ 125,000.00	\$ 4,884.93	\$ 85,501.40	\$ 39,498.60	31.60%
Commodities	10-513-00 /03	\$ 50,000.00	\$ 4,081.59	\$ 32,805.97	\$ 17,194.03	34.39%
Capital Outlay	10-514-00	\$ 20,000.00	\$ -	\$ -	\$ 20,000.00	100.00%
Law Enforcement Agreement	10-522-01	\$ 87,000.00	\$ 7,250.00	\$ 79,750.00	\$ 7,250.00	8.33%
Airport Appropriation	10-610-01	\$ 1,400.00	\$ -	\$ 1,400.00	\$ -	0.00%
Cemetery Appropriation	10-610-02	\$ 1,400.00	\$ -	\$ 1,400.00	\$ -	0.00%
WCED Appropriation	10-610-03	\$ 30,000.00	\$ 2,500.00	\$ 32,000.00	\$ (2,000.00)	-6.67%
Golf Course Appropriation	10-610-04	\$ 17,500.00	\$ -	\$ 17,500.00	\$ -	0.00%
Park Personal Services	10-561-00	\$ 15,000.00	\$ 1,250.00	\$ 13,750.00	\$ 1,250.00	8.33%
Park Contractual Services	10-562-00	\$ 999.00	\$ -	\$ 260.00	\$ 739.00	73.97%
Park Commodities	10-563-00	\$ 1.00	\$ -	\$ -	\$ 1.00	100.00%
Neighborhood Revitalization	10-711-02	\$ 1,912.00	\$ -	\$ -	\$ 1,912.00	100.00%
Transfer to Equipment Reserve	10-590-05	\$ -	\$ -	\$ -	\$ -	#DIV/0!
General Totals		\$ 550,212.00	\$ 32,931.63	\$ 416,268.41	\$ 133,943.59	24.34%
Fire Department Fund	13					
Personal Services	10-531-00 /04	\$ 8,500.00	\$ 645.90	\$ 7,750.80	\$ 749.20	8.81%
Contractual	10-532-00 /04	\$ 35,000.00	\$ 3,743.61	\$ 32,269.21	\$ 2,730.79	7.80%
Commodities	10-533-00 /03	\$ 38,500.00	\$ 2,987.09	\$ 39,480.02	\$ (980.02)	-2.55%
Capital Outlay FD	10-534-00	\$ 34,000.00	\$ -	\$ -	\$ 34,000.00	100.00%
Fire Totals		\$ 116,000.00	\$ 7,376.60	\$ 79,500.03	\$ 36,499.97	31.47%
General/Street Fund	15					
Personal Services	10-551-00 /05	\$ 62,000.00	\$ 2,032.54	\$ 37,659.37	\$ 24,340.63	39.26%
Contractual	10-552-00	\$ 140,000.00	\$ 8,807.88	\$ 55,364.29	\$ 84,635.71	60.45%
Commodities	10-553-00	\$ 35,000.00	\$ 9,411.77	\$ 45,177.99	\$ (10,177.99)	-29.08%
Street Totals		\$ 237,000.00	\$ 20,252.19	\$ 138,201.65	\$ 98,798.35	41.69%
Municipal Court Fund	17					
Personal Services	10-571-01 /05	\$ 10,300.00	\$ 780.47	\$ 9,365.69	\$ 934.31	9.07%
Contractual Services	10-572-00	\$ 19,999.00	\$ 1,730.00	\$ 20,017.31	\$ (18.31)	-0.09%
Contract Code Enforcement	10-572-01	\$ 1.00	\$ -	\$ 3,406.26	\$ (3,405.26)	-340526.00%
Commodities	10-573-00	\$ 500.00	\$ -	\$ 87.50	\$ 412.50	82.50%
Municipal Court Totals		\$ 30,800.00	\$ 2,510.47	\$ 32,876.76	\$ (2,076.76)	-6.74%
TOTAL GENERAL FUND EXPENDITURES		\$ 934,012.00	\$ 63,070.89	\$ 666,846.85	\$ 267,165.15	28.60%
City of Leoti ENTERPRISE FUNDS Expenditures						
Fund Name Line Item Account	Account Number	Budgeted 2013 Yearly Budget	Monthly Expenses Expended	Year to date Receipts YTD Expenditures	Balance Balance	% Remaining
Special Highway Fund						
Contractual	41-542-00	\$ 47,500.00	\$ -	\$ 95,000.00	\$ (47,500.00)	-100%
Commodities	41-543-00	\$ 47,500.00	\$ -	\$ -	\$ 47,500.00	100%
Special Highway Total		\$ 95,000.00	\$ -	\$ 95,000.00	\$ -	0%
Storm Water Fund						
Contractual	60-582-00	\$ 5,000.00	\$ 30.60	\$ 336.70	\$ 4,663.30	93%
Commodities	60-583-00	\$ 4,000.00	\$ -	\$ -	\$ 4,000.00	100%
Capital Outlay	60-584-00	\$ 18,000.00	\$ -	\$ -	\$ 18,000.00	100%
Storm Water Total		\$ 27,000.00	\$ 30.60	\$ 336.70	\$ 26,663.30	99%
Water Fund						
Personal Services	61-581-00 / 05	\$ 117,000.00	\$ 7,159.76	\$ 101,600.38	\$ 15,399.62	13%
Contractual	61-582-00 /12	\$ 100,000.00	\$ 11,959.49	\$ 102,559.67	\$ (2,559.67)	-3%
Commodities	61-583-00	\$ 45,000.00	\$ 4,609.06	\$ 42,472.59	\$ 2,527.41	6%
Capital Outlay	61-584-00	\$ 50,000.00	\$ -	\$ 18,767.66	\$ 31,232.34	62%
Transfer/T WA Equipment Res	61-590-00	\$ 90,000.00	\$ -	\$ -	\$ 90,000.00	100%
Transfer/T WA Bond & Interest	61-590-09	\$ 46,241.00	\$ -	\$ -	\$ 46,241.00	100%
WA Total		\$ 448,241.00	\$ 23,728.31	\$ 265,400.30	\$ 182,840.70	41%
Sanitation Fund						
Personal Services	62-581-00 / 05	\$ 91,000.00	\$ 8,021.52	\$ 79,672.87	\$ 11,327.13	12%
Contractual	62-582-00	\$ 30,000.00	\$ 8,726.26	\$ 23,764.01	\$ 6,235.99	21%
Commodities	62-583-00	\$ 30,000.00	\$ 3,512.46	\$ 29,234.25	\$ 765.75	3%
Transfer/T Equipment Reserve	62-590-05	\$ 15,000.00	\$ -	\$ -	\$ 15,000.00	100%
SA Total		\$ 166,000.00	\$ 20,260.24	\$ 132,671.13	\$ 33,328.87	20%
Sewer Fund						
Personal Services	63-581-00 / 05	\$ 78,000.00	\$ 5,087.33	\$ 84,938.44	\$ (6,938.44)	-9%
Contractual	63-582-00	\$ 30,000.00	\$ 5,229.19	\$ 25,779.66	\$ 4,220.34	14%
Commodities	63-583-00	\$ 18,000.00	\$ 2,666.95	\$ 22,780.58	\$ (4,780.58)	-27%
Capital Outlay	63-584-00	\$ 125,000.00	\$ -	\$ 7,433.67	\$ 117,566.33	94%
Bond Principal	63-590-01	\$ 8,130.00	\$ -	\$ 20,187.14	\$ (12,057.14)	-148%
Bond Interest	63-590-02	\$ 6,793.00	\$ -	\$ 14,696.33	\$ (7,903.33)	-116%
SW Total		\$ 265,923.00	\$ 12,983.47	\$ 175,815.82	\$ 90,107.18	34%
Total Enterprise Expenses		\$ 1,002,164.00	\$ 57,002.62	\$ 669,223.95	\$ 332,940.05	33%

City of Leoti Budget Authority Report Fire Expenditures DETAIL						
Fund Name Line Item Account	Account Number	Budgeted 2013 Yearly Budget	Monthly Expenses Expended	Year to date Receipts YTD Expenditures	Balance Balance	% Remaining
13 General Fire						
Personal Services-FD	10-531-00	\$ -			\$ -	#DIV/0!
Gross Salary-FD	10-531-01	\$ 7,350.00	\$ 600.00	\$ 7,750.80	\$ (400.80)	-5.45%
FICA Match-FD	10-531-04	\$ 1,150.00	\$ 45.90	\$ 550.80	\$ 599.20	52.10%
Contractual Services-FD	10-532-00	\$ 21,500.00	\$ 2,833.16	\$ 12,218.93	\$ 9,281.07	43.17%
Utilities-FD	10-532-01	\$ 6,500.00	\$ 539.37	\$ 5,933.72	\$ 566.28	8.71%
Phone-FD	10-532-02	\$ 1,500.00	\$ 122.08	\$ 1,202.56	\$ 297.44	19.83%
Insurance-FD	10-532-04	\$ 5,500.00	\$ 199.00	\$ 12,914.00	\$ (7,414.00)	-134.80%
Commodities-FD	10-533-00	\$ 19,500.00	\$ 1,646.56	\$ 26,092.24	\$ (6,592.24)	-33.81%
Fuel-FD	10-533-01	\$ 9,000.00	\$ 228.39	\$ 5,692.52	\$ 3,307.48	36.75%
Parts-FD	10-533-02	\$ 5,000.00	\$ 1,112.14	\$ 4,341.08	\$ 658.92	13.18%
Medical Supplies-FD	10-533-03	\$ 5,000.00	\$ -	\$ 3,354.18	\$ 1,645.82	32.92%
Capital Outlay-FD	10-534-00	\$ 34,000.00	\$ -	\$ -	\$ 34,000.00	100.00%
FD Transfer to Capital Proj.	10-538-05	\$ -	\$ -	\$ -	\$ -	#DIV/0!
FD Transfer to Equipment Res	10-539-05	\$ -	\$ -	\$ -	\$ -	#DIV/0!
13 General Fire Totals		\$ 116,000.00	\$ 7,326.60	\$ 80,050.83	\$ 35,949.17	31%
26 Ambulance & Fire Equipment (Levied)		Yearly Budget	Expended	YTD Expenditures	Balance	
Commodities	26-533-00	\$ -	\$ -	\$ -	\$ -	0%
Capital Outlay	26-534-00	\$ 88,000.00	\$ -	\$ -	\$ 88,000.00	100%
Neighborhood Revitalization Rebate	26-534-01	\$ 107.00	\$ -	\$ -	\$ 107.00	100%
Ambulance & Fire Equipment (Levied)		\$ 88,107.00	\$ -	\$ -	\$ 88,107.00	100%
38 Fire Equipment Reserve		Yearly Budget	Expended	YTD Expenditures	Balance	
Capital Equipment Purchases	38-570-00	\$ -	\$ -	\$ -	\$ -	0%
Fire Equipment Reserve		\$ -	\$ -	\$ -	\$ -	0%
39 General Equipment Reserve		Yearly Budget	Expended	YTD Expenditures	Balance	
Capital Purchases	39-570-00	\$ -	\$ -	\$ -	\$ -	0%
General Equipment Reserve		\$ -	\$ -	\$ -	\$ -	0%
Total Fire Expenses		\$ 204,107.00	\$ 7,326.60	\$ 80,050.83	\$ 124,056.17	61%

City of Leoti FIRE Receipts DETAIL						
Fund Name Line Item Account	Account Number	Budgeted 2013	Monthly Receipts	Year to date Receipts	Balance	% Remaining
26 Ambulance & Fire Equipment (Levied)		Estimated Receipts	Monthly Revenue	YTD Revenue	Balance to Collect	
Ad Valorem Tax	26-410-01	\$ 1.00	\$ -	\$ 22,416.90	\$ (22,415.90)	-2241590%
Delinquent Tax	26-410-02	\$ 108.00	\$ -	\$ -	\$ 108.00	100%
Motor Vehicle Tax	26-410-03	\$ 4,940.00	\$ -	\$ 4,080.45	\$ 859.55	17%
Recreational Vehicle Tax	26-410-04	\$ 43.00	\$ -	\$ 37.84	\$ 5.16	12%
Grant Income	26-410-06	\$ -	\$ -	\$ -	\$ -	
Bond Proceeds	26-410-07	\$ -	\$ -	\$ -	\$ -	
16/20M Vehicle Tax	26-410-08	\$ 165.00	\$ -	\$ 137.07	\$ 27.93	17%
Sale of Assets	26-410-09	\$ -	\$ -	\$ -	\$ -	
Equipment Proceeds	26-410-10	\$ -	\$ -	\$ -	\$ -	
Ambulance & Fire Equipment (Levied)		\$ 5,257.00	\$ -	\$ 26,672.26	\$ (21,415.26)	-407%
26 Ambulance & Fire Equipment (Levied)						
Fund Balance	26-349-00			65,181.76		
38 Fire Equipment Reserve						
Fund Balance	38-349-10			33,987.63		
39 General Equipment Reserve						
Fund Balance General	39-349-10			++		
Fund Balance Gen/Fire	39-349-20			0.00		
Fund Balance Spec Hwy	39-349-41			0.00		