



## MORTON COLLEGE

### COMMUNITY COLLEGE DISTRICT NO. 527 COOK COUNTY, ILLINOIS Agenda for the Regular Meeting Wednesday, October 28, 2020

Agenda for the Regular Meeting of the Morton College Board of Trustees of Illinois Community College District No. 527, Cook County, to be held at 11:00 AM on Wednesday, October 28, 2020, in the form of a teleconference call, 3801 S. Central Avenue, Cicero, IL 60804.

Notice: The Illinois General Assembly recently passed certain amendments to the Government Emergency Administration Act during its recently concluded special session, which will allow local governments and public bodies to hold meetings without having a quorum physically present during a declared public health disaster, such as the current COVID-19 pandemic. On May 29, 2020, Governor Pritzker issued Executive Order 2020-38, a new Disaster Declaration covering all counties in Illinois, which satisfies this requirement. Due to this Executive Order and the newly passed amendments, the October 28, 2020, Regular Meeting will be held electronically via telephone conference. An in-person meeting would not be practical or prudent because of the disaster. Board members and members of the public may dial the following call-in number to attend.

Dial-In Number: 866-678-6823  
Conference Passcode: 6273476

#### 1. Call to Order

#### 2. Pledge of Allegiance

#### 3. Roll Call

#### 4. Citizen Comments

Persons attending the teleconference meeting are expected to follow the guidelines outlined in Board Policy 1.6.7, Conduct of Meeting. In lieu of attendance, public comment may also be emailed to [trustees@morton.edu](mailto:trustees@morton.edu) at least one (1) hour before the meeting, and any public comments received will be read into the record. Please be sure to include your name, town/affiliation, and the item you wish to address.

#### 5. Recognition

5.1. Innovative Bridge and Transition Grant fy21, Michael Rose, Associate Dean for Strategic Initiatives, Adult and CTE.

5.2. Nomination for the Skyway Hall of Fame, James O'Connell.

#### 6. Reports

6.1. ICCTA - ACCT

6.2. Student Member, Andy Avalos

#### 7. President's Report

7.1. Strategic Plan

- 7.2. Strategic Enrollment Plan
- 7.3. Institutional Advancement
- 7.4. Capital Improvements
- 7.5. Higher Learning Commission (HLC)
- 7.6. Finance Review

#### 8. Consent Agenda

Approval of the Consent Agenda-Items may be removed from the consent agenda on the request of any one member. Items not removed may be adopted by general consent without debate. Removed items may be taken up either immediately after the consent agenda or placed later on the agenda at the discretion of the Board.

- 8.1. Approval of the Minutes of the Special Annual Budget Public Hearing and Regular Board Meeting held on September 23, Special Meeting held on October 6th, and Special Meeting held on October 21, 2020.
- 8.2. Approval and Ratification of Accounts Payable and Payroll for the month of September 2020, in the amount of \$4,704,920.00, and Budget Transfers in the amount of \$0, as submitted.
- 8.3. Approval of the Monthly Budget Report for fiscal year to date ending in September 2020 to be received approved as submitted.
- 8.4. Approval of the Treasurer's Report for September to be received and filed for audit, as submitted.
- 8.5. Approval of the Differential Pay Report for Faculty for Fall 2020, in the amount of \$30,389.41, as submitted, pending additional class cancellations and/or additions.
- 8.6. Approval of the change order with Lo Destro Construction Company for the theater upgrade project, in the amount of \$57,043.35, as submitted.
- 8.7. Approval of the institutional membership with The American Library Association, ALA, in the amount of \$870.00, for fy21, as submitted.
- 8.8. Approval of the renewal of the institutional membership with the International Nursing Association for Clinical Simulation & Learning, INACSL, in the amount of \$532.00, as submitted.
- 8.9. Approval of the institutional membership with the Association of Community College Trustees, ACCT, in the amount of \$4,573.00, for fy21, as submitted.
- 8.10. Approval of the institutional membership with The National Council for State Authorization Reciprocity Agreement, NCSARA, in the amount of \$4,000.00, for fy21, as submitted.
- 8.11. Approval of the PTA Program 2021 annual accreditation fee payment to the Commission on Accreditation in Physical Therapy Education, in the amount of \$4,500.00, as submitted.
- 8.12. Approval of the payment to The Higher Learning Commission (HLC), for the Legal Assistant/Paralegal Certificate, in the amount of \$975.00, as submitted.
- 8.13. Approval of the payment to American Physical Therapy Association dues for Jennifer Reft, PT, DPT, MS, in the amount of \$505.00, as submitted.
- 8.14. Approval of the changes in Curriculum, as submitted.
- 8.15. Approval of the employment status of two Tenured and ten Non-Tenured instructors for Academic Year 2021-2022, as submitted.

8.16. Approval of the resolution adopting a Clinical Agreement between Morton College and Sinai Health System.

8.17. Approval of the resolution adopting an Affiliation Agreement between Morton College and the Town of Cicero Health Department.

8.18. Approval of the second reading and approval of Board Policy 1.4.7, Board Member Development, and Evaluation.

8.19. Approval of the second reading and approval of the revised Board Policy 4.1, Employment.

8.20. Approval of the first reading of the revised Board Policy 2.3, Duties of the President of the College.

8.21. Approval of the fy22 Capital Resource Allocation Management Program (RAMP) requests, as submitted.

8.22. Approval of the purchase of Athletic Training Room supplies and equipment from Henry Schein Inc., in the amount of \$26,061.65, as submitted.

8.23. Approval of a new Whole Life Insurance benefit for Morton College eligible employees.

8.24. Approval of Part-Time Employment

8.24.1. Peter LoGalbo, Campus Police Officer, effective September 22, 2020.

8.24.2. Antonio Munos IV, Campus Police Officer, effective September 22, 2020.

8.24.3. Patrick Spoerry, Campus Policy Officer, effective September 24, 2020.

8.24.4. Joseph Marigliano, Campus Police Officer, effective September 24, 2020.

8.24.5. Danielle Heinz, Campus Police Officer, effective September 28, 2020

8.24.6. Angelica Alvarado, Service Aide OAR, effective September 28, 2020.

8.24.7. Anitha Akpan, Adjunct Faculty for Associate Degree Nursing Program, effective October 26, 2020.

8.24.8. Charleen Yeager, Adjunct Faculty for Associate Degree Nursing Program, effective October 26, 2020.

8.24.9. Ariana Sandoval, Adjunct Faculty for Associate Degree Nursing Program, effective October 26, 2020.

8.24.10. Rose Vazquez, Adjunct Faculty for Associate Degree Nursing Program, effective October 26, 2020.

8.24.11. William McCracken, Adjunct Faculty for Associate Degree Nursing Program, effective October 26, 2020.

8.24.12. Jennifer Kubelka, Adjunct Faculty for Associate Degree Nursing Program, effective October 26, 2020.

8.24.13. Rey Bernando, Adjunct Faculty Mental Health, effective October 26, 2020.

8.24.14. Michelle Sosa, Adjunct Faculty PTA Pediatric, effective November 2, 2020.

8.24.15. Michael Posey, Adjunct Faculty Bussiness, effective October 28, 2020.

8.24.16. Perla Macareno, Student Aide Financial Aid, effective October 14, 2020.

8.24.17. Isabel Montesino, Student Aide Financial Aid, effective October 14, 2020.

8.24.18. Julia Higareda, Student Aide Multimedia/Digital Media, effective October 7, 2020.

8.24.19. Ivan Tejada, Student Aide Fitness Center, effective November 2, 2020.

8.24.20. Jacob Turner, Student Aide Fitness Center, effective November 2, 2020.

8.24.21. Gerardo Hernandez, Student Aide Fitness Center, effective November 2, 2020.

8.24.22. Montserrat Tovar, Student Aide Fitness Center, effective November 2, 2020.

8.24.23. Kylie DeEmo, Student Aide Note Taker, effective November 2, 2020.

#### 8.25. Approval of Terminations

8.25.1. Brenda Garcia-Searle, Academic Advisor, effective October 28, 2020.

### 9. Adjournment



# Student Report to the Board

October 2020

<b>Date</b>	<b>Event</b>	<b>Organization</b>
<b>October 9th</b>	<b>Latin Heritage Painting Gallery</b>	<b>CommUNITY</b>
A Latin heritage painting session for alumni and other guests. Guests were able to express themselves through art. Music, refreshments & snacks were provided.		
<b>October 14th</b>	<b>SGA Open Forum</b>	<b>SGA</b>
We held our first student-led open forum for SGA to get feedback from students and learn about their experiences during the covid pandemic. Attendance wasn't high this time, but we received a lot of feedback from those who showed & social media. More forums will be held in the future.		
<b>October 19<sup>th</sup>- 23rd</b>	<b>National Transfer Student Week &amp; PICU Expo</b>	<b>SAO, MC</b>
For national transfer student week students and parents eagerly took the opportunity to explore a virtual college fair meeting with Private Illinois Colleges & Universities, and a transfer representative. Also learning about transfer agreements, and chat with a rep.		
<b>Oct 20th</b>	<b>PAC Meeting</b>	<b>SGA, SAO, President</b>
First President's Advisory Console meeting was a success. Through a productive discussion we were able to formulate possible solutions to the feedback received from the SGA Open Forum and the other representatives present through Zoom.		
<b>October 22nd</b>	<b>Virtual Tour: Day of the Dead</b>	<b>SAO, CommUNITY</b>
A live gallery presentation was held highlighting artwork and ofrendas from the exhibit.		
<b>Oct 29th</b>	<b>Halloween GooseChase</b>	<b>SAO</b>
An online Goosechase will be held to allow students to complete the scavenger hunt from the comfort and safety of their home. An event very popular with students, we're excited to see how students adapt to complete this spooky month's challenges.		
<b>Oct 30th</b>	<b>Movie Night: Hocus Pocus</b>	<b>SAO, MC</b>
Get ready for this month's movie night showing the cult classic Hocus Pocus. Attendance has been increasing exponentially since the first one--we expect this one to be just as packed or even more.		



# MORTON COLLEGE

## COMMUNITY COLLEGE DISTRICT NO. 527

COOK COUNTY, ILLINOIS

Minutes for the Special Meeting

Wednesday, October 21, 2020

A Special Meeting of the Board of Trustees of Morton College was held Wednesday, October 21, 2020, beginning at 11:00 AM in the form of a teleconference call.

1. Call to Order

The Special Meeting of the Board of Trustees of Illinois Community College District No. 527 was called to order by Board Chair Frances F. Reitz, at 11:01 AM on Thursday, October 6, 2020, in the form of a teleconference call.

2. Pledge of Allegiance

3. Roll Call

**Present:**

Fran Reitz, Chair  
Anthony Martinucci, Vice Chair (by phone)  
Jose Collazo, Secretary (by phone)  
Susan Banks, Trustee (by phone)  
Joseph Belcaster, Trustee (by phone)  
Susan Grazzini, Trustee (by phone at 11:05 AM)  
Student Member, Andy Avalos

**Also Present:**

Dr. Stanley Fields, President  
Michael Del Galdo, Attorney, Del Galdo Law Group, LL (by phone)

4. Citizen Comments

Trustee Reitz thanked the Board members for their work and patience in the process of appointing a new member since the process has not been smooth. She expressed

that the Board's responsibility was to be transparent and honest in order to serve the community.

5. Motion to Appoint an Individual to Fill the Vacancy for the position of Member of the Board of Trustees for Morton Community College District No. 527.

Trustee Martinucci made a motion to nominate Oscar Montiel for the position of Member of the Board of Trustees for Morton College.

Trustee Belcaster seconded the motion.

Ayes: Student Member Avalos, Trustees, Banks, Belcaster, Collazo, Grazzini, Martinucci, Reitz.

Nays: None

Motion carried

Trustee Reitz congratulated and welcomed Oscar Montiel to the College Board of Trustees.

6. Adjournment

Trustee Martinucci made a motion to adjourn the Special Meeting of the Board at 11:07 A.M.

Trustee Belcaster seconded the motion.

Ayes: Student Member Avalos, Trustees, Banks, Belcaster, Collazo, Grazzini, Martinucci, Reitz

Nays: None

Motion carried



# MORTON COLLEGE

## COMMUNITY COLLEGE DISTRICT NO. 527

COOK COUNTY, ILLINOIS

Minutes for the Special Meeting

Thursday, October 6, 2020

A Special Meeting of the Board of Trustees of Morton College was held Thursday, October 6, 2020, beginning at 1:00 PM in the form of a teleconference call.

1. Call to Order

The Special Meeting of the Board of Trustees of Illinois Community College District No. 527 was called to order by Board Chair Frances F. Reitz, at 11:05 AM on Thursday, October 6, 2020, in the form of a teleconference call.

2. Pledge of Allegiance

3. Roll Call

**Present:**

Fran Reitz, Chair  
Anthony Martinucci, Vice Chair  
Jose Collazo, Secretary (by phone)  
Susan Banks, Trustee (by phone)  
Joseph Belcaster, Trustee (by phone)  
Susan Grazzini, Trustee (by phone)  
Student Member, Andy Avalos (by phone)

**Also Present:**

Dr. Stanley Fields, President  
Michael Del Galdo, Attorney, Del Galdo Law Group, LL (by phone)

4. Citizen Comments

Trustee Reitz commented before reading the motion that she emailed the Administration to repost the position.

She also stated that several people in the community had shown interest in this position. Trustee Reitz expressed that in transparency and honesty to people interested, the seat needed to be reposted to allow a better applicant pool.

5. Motion to Appoint an Individual to Fill the Vacancy for the position of Member of the Board of Trustees for Morton Community College District No. 527.

Trustee Martinucci made a motion to nominate Oscar Montiel for the position of Member of the Board of Trustees for Morton College.

Trustee Belcaster seconded the motion.

Ayes: Trustees, Martinucci, Collazo, Belcaster

Nays: Trustee Reitz, Banks, Grazzini

Motion failed.

Trustee Reitz stated that she wanted to direct the administration as Chair of the Board to repost this position for a 5-day period and after all letters of interest and resumes are submitted, to distribute them to the Board members, and call a special meeting next week.

6. Adjournment

Trustee Martinucci made a motion to adjourne the Special Meeting of the Board at 11:09 A.M.

Trustee Belcaster seconded the motion.

Ayes: Student Member Avalos, Trustees, Banks, Belcaster, Collazo, Grazzini, Martinucci, Reitz

Nays: None

Motion carried



# MORTON COLLEGE

COMMUNITY COLLEGE DISTRICT NO. 527

COOK COUNTY, ILLINOIS

Minutes for the Regular Meeting

Wednesday, September 23, 2020

A Regular Meeting of the Board of Trustees of Morton College was held at the conclusion of the Annual Budget Public Hearing, Wednesday, September 23, 2020, in the form of a teleconference call.

1. Call to Order

The Regular Meeting of the Board of Trustees of Illinois Community College District No. 527 was called to order by Board Chair Frances F. Reitz at 11:06 A.M. on Wednesday, September 23, 2020, in the form of a teleconference call.

2. Pledge of Allegiance

Blanca Jara, Executive Director of Institutional Advancement led the Pledge of Allegiance.

3. Roll Call

**Present:**

Student Member, Andy Avalos  
Frances F. Reitz, Trustee  
Anthony Martinucci, Trustee (by phone)  
Jose Collazo, Trustee (by phone)  
Joseph Belcaster, Trustee (by phone)  
Susan Banks, Trustee (by phone)  
Susan Grazzini, Trustee

**Also Present:**

Dr. Stanley Fields, President  
Michael Del Galdo, Attorney, Del Galdo Law Group, LLC. (by phone)

4. Motion to Declare a Vacancy in the position of Member of the Board of Trustees for Morton Community College District 527.

Trustee Martinucci made a motion to declare a vacancy in the position of Member of the Board of Trustees for Morton Community College.

Trustee Belcaster seconded the motion.

Ayes: Student Member Avalos, Trustees, Banks, Belcaster, Collazo, Grazzini, Martinucci, Reitz.

Nays: None.

Motion carried.

5. Citizen Comments

Ronald Lullo stated his name and address, 20858 S. 78th Avenue. Mr. Lullo was advised by attorney Michael Del Galdo not to comment on personnel matters. As former Director of Human Resources Department, he was well aware that this was not appropriate to discuss in public or with the Board members.

Ronald Lullo responded that he understood and was still the current Human Resources Director for 90 days.

He commented that his employment contract for two years was approved by the Board last month. Mr. Lullo stated that he received a 90-day notice from Dr. Fields, not for cause but because Dr. Fields and Mr. Lullo were having disagreements. Mr. Lullo reminded the Chair and the Board members to hold Dr. Fields accountable as their employee. He also asked the Board members to look at the meeting's consent agenda, ask questions, and table items if they are not sure about the consent agenda and to not let Dr. Fields intimidate and bully them. Ronald Lullo stated to the Board members that there was more to come.

6. Recognition

6.1. Doctoral Dissertation with Distinction Award, Toula Kelikian, Nursing Faculty.

Dr. Keith McLaughlin recognized the Nursing Faculty member, Toula Kelikian, for her outstanding doctoral dissertation. He commented that each year Saybrook University chooses one excellent doctoral dissertation from each of their schools to be awarded the Dissertation with Distinction Award. The college of Mind-Body Medicine Specialization: Integrative Mental Health Dissertation entitled: Dr. Kelikians' dissertation, "A Case Study Evaluation of a Coaching Intervention on Academic Success with At-Risk Diverse Nursing Students" the 2020 award.

7. Reports

7.1. ICCTA – ACCT

NONE

7.2. Student Member, Andy Avalos

Andy Avalos reported on the following events that took place at Morton College: Morton College hosted the curbside Census-Drive-In, on September 2nd, where students registered families. On September 9<sup>th</sup>, the SGA hosted its first zoom meeting. A few clubs and organizations participated. Andy also mentioned that the College Fair for students will take place on September 24<sup>th</sup>. Different universities will visit to inform students about possible transfers and will provide them more information about their campus academic programs.

## 8. President's Report

### 8.1. Strategic Plan

Dr. Keith McLaughlin reported that in response to the pandemic, Faculty had to rapidly transition to online instruction. He also commented that the Academic Deans worked closely with Faculty to continually improve and support the online instruction.

### 8.2. Strategic Enrollment Plan

Marisol Velazquez commented on the challenges our College Community is facing, such as loss of income because of COVID-19. Marisol also shared information on a new enrollment strategy for the Spring semester 2021, starting on January 14, 2021. The new enrollment strategy is called the “Balance Forgiveness Grant Initiative.” The Forgiveness Grant Initiative will remove financial barriers to support students to get closer to completing a degree, providing funding to pay for outstanding balances from Fall 2020 or Summer 2020.

The Forgiveness Grant Initiative will allow the students to enroll for Spring 2021.

### 8.3. Institutional Advancement

Blanca Jara, Executive Director of Institutional Advancement, introduced Irina Cline, Director of Community and Continuing Education.

Irina highlighted selected programs offered in the Summer and Fall of 2020. In the Summer term, STEAMers Camp for ages 6-12 and Youth Leadership Program launched in a virtual format at no cost. On September 1, CCE coordinated the Census Drive-Thru event, partnering with Census Bureau and Family Focus. During the event, MC students, staff, faculty, and community members received Census questionnaire assistance and received an MC goody bag. Morton College also participated in the Cicero Census Caravan on Thursday mornings throughout September. She also commented that CCE piloted a new Commercial Driver's License program that begins on October 5. The program has received an overwhelming interest from students and the community

### 8.4. Finance Review



Mireya Perez, presented on the Annual Budget Fiscal Year 2021. She informed the Board that she was presenting a balanced budget for fy21.

## 9. Consent Agenda

9.1. Approval of the Consent Agenda-Items may be removed from the consent agenda on the request of any one member. Items not removed may be adopted by general consent without debate. Removed items may be taken up either immediately after the consent agenda or placed later on the agenda at the discretion of the Board.

Trustee Belcaster made a motion to establish the Consent Agenda, which includes Agenda items 9.1 to 9.26.2, as listed below. Trustee Martinucci seconded the motion.

Ayes: Student Member Avalos, Trustees, Banks, Belcaster, Collazo, Grazzini, Martinucci, Reitz.

Nays: None

Motion carried

President, Dr. Fields, requested to table item, 9.9. Approval of the revised Board Policy, 4.1, Employment, as presented at the August 26, 2020, Board Meeting

Trustee Martinucci approved the items in the Consent Agenda, which includes agenda items 9.1 through 9.8 and 9.10 through 9.26.2.

Trustee Belcaster seconded the motion.

Ayes: Student Member Avalos, Trustees, Aguilar, Belcaster, Collazo, Grazzini, Martinucci, Reitz.

Nays: None,

Motion Carried

9.2. Approval of the Minutes of the Regular Meeting held on August 26, 2020.

9.3. Approval and Ratification of Accounts Payable and Payroll in the amount of \$3,779,962.00 and Budget Transfers in the amount of \$0 for the month of August 2020, as submitted.

9.4. Approval of the Monthly Budget Report for fiscal year to date ending in August 2020, to be received and approved, as submitted.

9.5. Approval of the Treasurer's Report for August 2020 to be received and filed for audit, as submitted.

9.6. Approval of the Resolution adopting the Annual Budget for fiscal year 2021, beginning July 1, 2020, and ending June 30, 2021, of Illinois Community College District No. 527, as submitted.

- 9.7. Approval of the Overload Employment Report for Fall Semester 2020, in the amount of \$271,012.25, as submitted, pending additional class cancellations and/or additions.
- 9.8. Approval of the Adjunct Faculty Assignment/Employment Report for Fall Semester 2020, for the amount of \$461,706.69, as submitted, pending additional class cancellations and/or additions.
- 9.9. Approval of the revised Board Policy 4.1, Employment, as presented at the August 26, 2020, Regular Board Meeting.
- 9.10. Approval of the proposed Board Policy 8.3.0, Alumni Tuition Waiver, as presented at the August 26, 2020, Regular Board Meeting.
- 9.11. Approval of the first reading of Board Policy 1.4.7, Board Member Development, and Evaluation.
- 9.12. Approval of the Agreement between Gottlieb Community Health Services Corporation d/b/a MacNeal Hospital and Morton Community College District 527.
- 9.13. Approval of the institutional membership in the National Junior College Athletic Association (NJCAA) dues and Coaches Association fees, in the amount of \$3,998.23 for fy 2021, as submitted.
- 9.14. Approval of the continued membership with the League for Innovation through June 30, 2021, in the amount of \$3,105.00, as submitted.
- 9.15. Approval of the institutional membership with the American Association of Community Colleges (AACC) for fy21, in the amount of \$6,461.00, as submitted.
- 9.16. Approval of the BoardBook subscription to TASB, Inc. with a fee of \$4,000.00 for the period of 9/1/2020 to 8/31/2021, as submitted.
- 9.17. Approval of the membership with EVER-FI Training platform for mandatory and non-mandatory training, along with a COVID-19 module for this year. This is a three-year contract (non-evergreen renewal), renewing annually, starting October 25, 2020, for 12 months of 36.
- 9.18. Approval of the disposal of obsolete vehicle, Ford Chevrolet, Triton V8 2001 Van (Vin#1FBSS31L52HA22016).
- 9.19. Approval of the ratification of the purchase of 102 laptops from Amazon business, as part of the previously approved action item to purchased laptops at the August board meeting.
- 9.20. Approval of the application services Agreement and general terms with Spektrix Inc. and Morton College for the purchase of the ticketing systems for the Jedlicka Theater.
- 9.21. Approval of the PTA Affiliation Agreement between Loretto Hospital and Morton College Community College 527.
- 9.22. Approval of the revised salary for Prairie Markussen, English Faculty, hired at the May 27th Board Meeting, \$56,344.00, effective August 17, 2020.
- 9.23. Approval of the revised salary of Joseph Florio, Director of Campus Operations and Facilities, \$117,186.00, effective July 1, 2020.
- 9.24. New Job Description
- 9.24.1. Student Success Coach

9.25. Approval of Revised Job Descriptions

9.25.1. Part-Time Fitness Center Specialist, Athletic Department

9.25.2. Executive Director of Institutional Advancement

9.25.3. Chief Financial Officer/Treasurer

9.25.4. Executive Assistant to the Provost/Clerk of the Board

9.25.5. Associate Dean Student Services

9.25.6. Director of Business Services

9.25.7. Senior Payroll Coordinator

9.26. Approval of Resignation

9.26.1. Cynthia Arteaga, SDL Service Aid, effective September 10, 2020.

9.26.2. Esbeidy Saldana, OAR Service Aid, effective September 8, 2020.

Trustee Reitz made a motion to table item, 9.9. as listed below.

9.9. Approval of the revised Board Policy 4.1, Employment, as presented at the August 26, 2020, Regular Board Meeting

Trustee Grazzini seconded the motion.

Ayes: Student Member Avalos, Trustees, Banks, Belcaster, Collazo, Grazzini, Martinucci, Reitz.

Nays: None

Motion carried.

10. Motion to Appoint an Individual to Fill the Vacancy for the position of Member of the Board of Trustees for Morton Community College District 527.

Trustee Reitz commented that she did not see any resumes or letters of interest until before the Board meeting. She stated how difficult it was for her to read the provided documentation and handle the meeting at the same time.

Trustee Martinucci asked Dr. Fields if there were only two candidates interested in the vacant position. Dr. Fields confirmed.

Trustee Martinucci nominated candidate Oscar Montiel, a long-time Cicero resident who has run the Cicero Boys Club as a Director for many years. Trustee Martinucci commented that Mr. Montiel was his choice of the two candidates. He also asked Dr. Fields if this was the same process that the Board had to follow previously to appoint an individual. Dr. Fields answered, "yes." Trustee Martinucci confirmed his nomination, and stated that Mr. Montiel was a fine young man who would be great addition for the Board. Trustee Belcaster seconded the motion.

Trustee Reitz stated that before they went into roll call, she wanted to ask Sue Banks if she had received copies of the resumes previously. Sue Banks answered, “no.”

Ayes: Student Member Avalos, Trustee Belcaster, Collazo, Martinucci

Nays: Trustees, Banks, Grazzini, Reitz

Trustee Reitz stated that, unfortunately, looking at his resume briefly, he seemed like a wonderful guy, but he needed to be appoint correctly. She had to say no this time. Trustee Banks stated that she had to say no until she sees something.

Trusted Reitz suggested distributing copies of the interested candidates' resumes to the Board members and calling a special meeting to review the candidate's information for next week.

Trustee Belcaster seconded.

Ayes: Student Member Avalos, Trustees, Belcaster, Collazo.

Nays: Trustees, Banks, Grazzini, Reitz.

Motion failed.

#### 11. Adjournment

Trustee Grazzini made a motion to adjourn the Regular Board Meeting.

Trustee Martinucci seconded the motion.

Ayes: Student Member Avalos, Trustees, Banks, Belcaster, Collazo, Grazzini, Martinucci, Reitz.

Nays: None

Motion carried.

The meeting was adjourned at 11:41 A.M.



# MORTON COLLEGE

## COMMUNITY COLLEGE DISTRICT NO. 527

### COOK COUNTY, ILLINOIS

#### Minutes for the Public Hearing - Annual Budget for fy21 (July 1, 2020 - June 30, 2021)

Wednesday, September 23, 2020

A Public Hearing of the Annual Budget for fy21 was held Wednesday, September 23, 2020, beginning at 11:00 AM in the form of a teleconference call.

#### 1. Call to Order

The Public Hearing of the Annual Budget for fy21 of Morton College District No. 527 was called to order by Board Chair Frances F. Reitz, at 11:05 AM on Wednesday, September 23, 2020, in the form of a teleconference call.

#### 2. Roll Call

##### **Present:**

Fran Reitz, Chair  
Anthony Martinucci, Vice Chair  
Jose Collazo, Secretary (by phone)  
Susan Banks, Trustee (by phone)  
Joseph Belcaster, Trustee (by phone)  
Susan Grazzini, Trustee (by phone)  
Student Member, Andy Avalos

##### **Also Present:**

Dr. Stanley Fields, President  
Michael Del Galdo, Attorney, Del Galdo Law (by phone)

#### 3. Public Hearing of Annual Budget for fy21, of the Illinois Community College District No.527, as submitted.

Trustee Reitz stated that a notice of this public hearing, as well as the availability of the tentative Budget for public inspection, were published in the Berwyn Suburban Life on July 7 and August 20, 2020, which was 30 days from this public hearing. A Certificate of Publication from Berwyn Suburban Life was submitted. Also, Trustee Reitz stated that the tentative Budget was available for public inspection at the College since July 1, 2020.

4. Public Comment Regarding the fy21 (July 1, 2020 - June 30, 2021), of the Illinois Community College District No.527.

NONE

5. Adjournment

The meeting was adjourned at 11:06 AM

**From:** [Mireya Perez](#)  
**To:** [Stan Fields](#)  
**Cc:** [Maria Sanchez Anderson](#); [Ana L Valdez](#)  
**Subject:** FW: Action Item 8.1 for 10/28/2020 Board Meeting  
**Date:** Thursday, October 15, 2020 12:15:55 PM  
**Attachments:** [Board AS Totals 9.30.20.pdf](#)  
[Check Register 9.30.20.pdf](#)  
[Over 10k Sep 2020.pdf](#)

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Approved.

*Thanks,*

*Mireya Perez, CPA  
Chief Financial Officer/ Treasurer  
Morton College  
3801 South Central Ave  
Cicero, IL 60804  
Phone (708) 656-8000 ext 2289  
Fax (708) 656-3194*

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**From:** Suzanna Raigoza <[Suzanna.Raigoza@morton.edu](mailto:Suzanna.Raigoza@morton.edu)>  
**Sent:** Thursday, October 15, 2020 12:03 PM  
**To:** Mireya Perez <[mireya.perez@morton.edu](mailto:mireya.perez@morton.edu)>  
**Subject:** Action Item 8.1 for 10/28/2020 Board Meeting

**Propose Action:** THAT THE BOARD APPROVE AND RATIFY ACCOUNTS PAYABLE AND PAYROLL FOR THE MONTH OF SEPTEMBER 2020 IN THE AMOUNT OF \$4,704,920 AND BUDGET TRANSFERS IN THE AMOUNT OF \$0 AS SUBMITTED.

**Rationale:** [Required by Chapter 110, ACT 805, Section 3-27 of the Illinois Compiled Statues]

**Attachments:** Resolution, Accounts Payable and Payroll Records

Thank you,

Suzanna Raigoza  
Senior Accountant  
Morton College  
3801 S Central Ave  
Cicero, IL 60804  
P: 708-656-8000 ext 2305  
F: 708-656-3194

BE IT HEREBY RESOLVED THAT accounts payable and payrolls for the month of September 2020, be approved and/or ratified in the amount of \$4,704,920 as listed on the attached sheet and supported by vouchers, invoices, purchase orders, and payroll registers, made available and referred to as necessary, and summarized as follows:

Current Funds (01),

Cash Disbursements -		
Monthly	09/30/2020	1,074,692
Payroll	09/15/2020	950,479
Payroll	09/30/2020	916,149
Student Refunds	09/30/2020	<u>495,771</u>
		2,410,569

O&M Restricted Fund (03)

Cash Disbursements -		
Monthly	09/30/2020	<u>1,267,829</u>
TOTAL ALL FUNDS		<u><u>\$3,779,962</u></u>

AND BE IT FURTHER RESOLVED THAT budget transfers in the amount of \$0 be approved as outlined on the attached Journal No. 0 entry dates attached hereto.

AND BE IT FURTHER RESOLVED THAT the treasurer of Morton College is hereby authorized and directed to make payments as listed and/or summarized above.

PASSED this 28th day of October by the Board of Trustees, Morton College, Community College District no. 527, Cicero, Illinois.



Bank Code: 01 General Checking  
GL Account No: 01-0000-00000-110000000

Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
0092811	09/04/20	Recon	0202517	Mr. Diego U. Aleman Sant	V0134680	08/31/20		200.00		200.00
								200.00		200.00
0092812	09/04/20	Recon	0000873	Mr. John J. Baffa	V0134683	09/01/20		700.00		700.00
								700.00		700.00
0092813	09/04/20	Outst	0197382	Big Guys Sausage Stand I	V0134586	08/27/20		429.00		429.00
								429.00		429.00
0092814	09/04/20	Recon	0200455	Ms. Lauren Caruso	V0134511	08/25/20		32.85		32.85
								32.85		32.85
0092815	09/04/20	Recon	0180284	CASH	V0127971	03/09/20		60.00		60.00
								60.00		60.00
0092816	09/04/20	Recon	0159466	Ms. Isabel Cervantes	V0134893	09/03/20		309.92		309.92
								309.92		309.92
0092817	09/04/20	Recon	0094966	Mr. Antonio J. Clemente	V0134894	09/03/20		375.00		375.00
								375.00		375.00
0092818	09/04/20	Recon	0199668	Johendry J. Colmenares	V0130325	05/26/20		300.00		300.00
								300.00		300.00
0092819	09/04/20	Recon	0195628	Lola Falbo	V0134523	08/26/20		190.00		190.00
								190.00		190.00
0092820	09/04/20	Recon	0193664	Mr. Joseph Florio	V0134571	08/27/20		174.50		174.50
								174.50		174.50
0092821	09/04/20	Recon	0001235	HACU	V0134924	09/03/20		340.00		340.00
								340.00		340.00
0092822	09/04/20	Recon	0001639	Higher Ed Jobs.Com	V0134600	08/27/20		2,765.00		2,765.00
								2,765.00		2,765.00
0092823	09/04/20	Recon	0159729	Dana M. Kraft	V0134548	08/27/20		9.34		9.34
								9.34		9.34

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Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
0092824	09/04/20	Recon	0194045	Mr. Ronald A. Lullo	V0134849	09/02/20		50.61		50.61
								50.61		50.61
0092825	09/04/20	Recon	0001133	Pitney Bowes Inc	V0134681	09/01/20		30.93		30.93
								30.93		30.93
0092826	09/04/20	Recon	0001909	Reliance Standard Life I	V0134584	08/27/20		7,550.98		7,550.98
								7,550.98		7,550.98
0092827	09/04/20	Recon	0199767	The Tides Center	V0134543	08/26/20		3,350.00		3,350.00
								3,350.00		3,350.00
0092828	09/04/20	Recon	0001820	United States Postal Ser	V0134545	08/27/20		2,500.00		2,500.00
								2,500.00		2,500.00
0092829	09/04/20	Recon	0055604	Ana L. Valdez	V0134613	08/28/20		499.99		499.99
								499.99		499.99
0092921	09/08/20	Outst	0001430	The Higher Learning Comm	V0135911	09/08/20	P0009383	2,750.00		2,750.00
					V0135912	09/08/20	P0009343	975.00		975.00
					V0135913	09/08/20	P0009342	5,902.40		5,902.40
								9,627.40		9,627.40
0093371	09/11/20	Void	0000995	Bureau Water/Sewer Town						
0093372	09/11/20	Recon	0199086	Mr. Joseph Feulner	V0134546	08/27/20		106.10		106.10
								106.10		106.10
0093373	09/11/20	Recon	0007939	Mr. Armando Perez	V0133970	08/12/20		14.00		14.00
								14.00		14.00
0093374	09/11/20	Recon	0000907	Mr. Luis E. Sanchez	V0134377	08/19/20		95.64		95.64
								95.64		95.64
0093375	09/11/20	Recon	0172945	Ms. Perla A. Santoyo	V0134861	09/02/20		21.60		21.60
								21.60		21.60
0093376	09/11/20	Recon	0122566	Meredith A. Watkins	V0135953	09/10/20		170.00		170.00

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ACCOUNTS PAYABLE CHECK REGISTER  
Period 09/01/2020 - 09/30/2020

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Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
								170.00		170.00
0093377	09/11/20	Void	0000995	Bureau Water/Sewer Town						
0093378	09/15/20	Recon	0001375	AXA Equitable Equi-Vest	V0136112	09/15/20		2,106.00		2,106.00
								2,106.00		2,106.00
0093379	09/15/20	Recon	0177469	Bright Start College Sav	V0136113	09/15/20		100.00		100.00
								100.00		100.00
0093380	09/15/20	Outst	0001422	CCCTU-Cope Fund	V0136114	09/15/20		132.00		132.00
								132.00		132.00
0093381	09/15/20	Outst	0001374	College & University Cre	V0136116	09/15/20		200.00		200.00
								200.00		200.00
0093382	09/15/20	Recon	0001371	Colonial Life & Accident	V0136117	09/15/20		12.00		12.00
								12.00		12.00
0093383	09/15/20	Outst	0160763	Illinois Education Assoc	V0136119	09/15/20		1,760.80		1,760.80
								1,760.80		1,760.80
0093384	09/15/20	Recon	0191845	Metropolitan Alliance of	V0136120	09/15/20		258.00		258.00
								258.00		258.00
0093385	09/15/20	Outst	0101061	Morton College Faculty	V0136115	09/15/20		87.57		87.57
								87.57		87.57
0093386	09/15/20	Outst	0001372	Morton College Teachers	V0136121	09/15/20		2,914.76		2,914.76
								2,914.76		2,914.76
0093387	09/15/20	Outst	0001372	Morton College Teachers	V0136122	09/15/20		1,728.36		1,728.36
								1,728.36		1,728.36
0093388	09/15/20	Recon	0001513	SEIU Local 73 Cope	V0136123	09/15/20		9.00		9.00
								9.00		9.00
0093389	09/15/20	Recon	0001373	Service Employees Intl U	V0136124	09/15/20		457.81		457.81
								457.81		457.81

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ACCOUNTS PAYABLE CHECK REGISTER  
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Bank Code: 01 General Checking  
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Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
0093390	09/15/20	Recon	0001563	State Disbursement Unit	V0136125 V0136126	09/15/20 09/15/20		50.00 61.73		50.00 61.73
								111.73		111.73
0093391	09/15/20	Recon	0001161	State Univ Retirement Sy	V0136127	09/15/20		84,029.11		84,029.11
								84,029.11		84,029.11
0093392	09/15/20	Recon	0001370	TIAA-CREF	V0136118 V0136128	09/15/20 09/15/20		750.00 2,857.15		750.00 2,857.15
								3,607.15		3,607.15
0093393	09/15/20	Recon	0001376	VALIC	V0136129	09/15/20		2,443.15		2,443.15
								2,443.15		2,443.15
0093394	09/15/20	Recon	0179876	Voya Retirement Insuranc	V0136130	09/15/20		1,259.29		1,259.29
								1,259.29		1,259.29
0093395	09/15/20	Recon	0190089	3OE Solutions	V0136037	09/14/20	B0003492	4,333.00		4,333.00
								4,333.00		4,333.00
0093396	09/15/20	Recon	0013221	4IMPRINT	V0136029 V0136059	09/11/20 09/14/20	B0003589 P0009232	997.37 585.80		997.37 585.80
								1,583.17		1,583.17
0093397	09/15/20	Recon	0166304	A.W.E.S.O.M.E. Pest Serv	V0136089	09/14/20	B0003443	240.00		240.00
								240.00		240.00
0093398	09/15/20	Outst	0002355	ACEN	V0136134	09/15/20	P0009377	2,875.00		2,875.00
								2,875.00		2,875.00
0093399	09/15/20	Recon	0000962	Airgas USA, LLC	V0136038	09/14/20	B0003575	110.24		110.24
								110.24		110.24
0093400	09/15/20	Recon	0002105	Alfred G Ronan Ltd	V0136073	09/14/20	B0003560	2,000.00		2,000.00
								2,000.00		2,000.00
0093401	09/15/20	Recon	0175113	Algor Plumbing	V0136026	09/11/20	B0003484	54.78		54.78
								54.78		54.78

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ACCOUNTS PAYABLE CHECK REGISTER  
Period 09/01/2020 - 09/30/2020

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Bank Code: 01 General Checking  
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Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
0093402	09/15/20	Recon	0188188	Amazon Capital Services	V0136000	09/11/20	B0003568	459.28		459.28
					V0136001	09/11/20	B0003562	85.03		85.03
					V0136055	09/14/20	P0009371	948.84		948.84
					V0136056	09/14/20	B0003519	61.99		61.99
					V0136060	09/14/20	P0009353	56.35		56.35
					V0136062	09/14/20	B0003583	1,318.05		1,318.05
					V0136063	09/14/20	B0003568	381.04		381.04
					V0136066	09/14/20	B0003562	280.25		280.25
					V0136070	09/14/20	P0009274	195.86		195.86
					V0136091	09/14/20	B0003487	111.89		111.89
					V0136135	09/15/20	P0009280	777.50		777.50
								4,676.08		4,676.08
0093403	09/15/20	Recon	0206012	Anthony Tahlier Photogra	V0136147	09/15/20	P0009358	4,250.00		4,250.00
								4,250.00		4,250.00
0093404	09/15/20	Recon	0000977	Apple, Inc.	V0136094	09/14/20	P0009294	49.00		49.00
								49.00		49.00
0093405	09/15/20	Recon	0198820	Asure Software	V0136047	09/14/20	B0003584	94.50		94.50
								94.50		94.50
0093406	09/15/20	Recon	0000973	AT&T	V0136028	09/11/20	B0003430	1,237.79		1,237.79
								1,237.79		1,237.79
0093407	09/15/20	Recon	0001953	AT&T Mobility	V0133191	06/30/20		141.82		141.82
					V0135991	09/11/20	B0003468	142.74		142.74
								284.56		284.56
0093408	09/15/20	Recon	0154311	Bannerville USA	V0136146	09/15/20	P0009370	8,650.00		8,650.00
								8,650.00		8,650.00
0093409	09/15/20	Recon	0166207	BSA	V0136083	09/14/20	B0003470	1,343.90		1,343.90
					V0136085	09/14/20	B0003470	300.00		300.00
								1,643.90		1,643.90
0093410	09/15/20	Recon	0001923	CARLI	V0136036	09/14/20	P0009397	11,787.00		11,787.00
								11,787.00		11,787.00
0093411	09/15/20	Recon	0001593	CDW-Government, Inc	V0136052	09/14/20	P0009245	561.44		561.44

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ACCOUNTS PAYABLE CHECK REGISTER  
Period 09/01/2020 - 09/30/2020

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Bank Code: 01 General Checking  
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Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
					V0136140	09/15/20	P0009313	1,664.21		1,664.21
								2,225.65		2,225.65
0093412	09/15/20	Recon	0001556	Ceramic Supply Chicago	V0136093	09/14/20	P0009231	646.00		646.00
								646.00		646.00
0093413	09/15/20	Recon	0001713	Cicero Landscape Inc.	V0136088	09/14/20	B0003450	850.00		850.00
								850.00		850.00
0093414	09/15/20	Recon	0002173	Cintas Fire Protection	V0136074	09/14/20	B0003595	488.73		488.73
								488.73		488.73
0093415	09/15/20	Recon	0201853	Club Automation, LLC	V0136076	09/14/20	B0003597	772.00		772.00
								772.00		772.00
0093416	09/15/20	Recon	0001752	Comcast	V0136022	09/11/20	B0003489	141.89		141.89
								141.89		141.89
0093417	09/15/20	Recon	0001013	ComEd	V0136133	09/15/20	B0003460	14,633.82		14,633.82
								14,633.82		14,633.82
0093418	09/15/20	Outst	0001676	Del Galdo Law Group, LLC	V0136023	09/11/20	B0003528	21,280.00		21,280.00
								21,280.00		21,280.00
0093419	09/15/20	Recon	0000989	Dick Blick	V0136042	09/14/20	B0003538	39.37		39.37
					V0136067	09/14/20	B0003540	2.97		2.97
					V0136068	09/14/20	B0003539	2.97		2.97
								45.31		45.31
0093420	09/15/20	Recon	0169533	Digital Pix Composites	V0136139	09/15/20	P0009278	455.00		455.00
								455.00		455.00
0093421	09/15/20	Recon	0205812	Electude USA LLC	V0136058	09/14/20	P0009376	4,700.00		4,700.00
								4,700.00		4,700.00
0093422	09/15/20	Recon	0001536	Elsevier	V0136092	09/14/20	P0009150	323.11		323.11
								323.11		323.11

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ACCOUNTS PAYABLE CHECK REGISTER  
Period 09/01/2020 - 09/30/2020

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Bank Code: 01 General Checking  
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Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
0093423	09/15/20	Recon	0169651	Essential Education	V0136053	09/14/20	P0009324	1,416.67		1,416.67
								1,416.67		1,416.67
0093424	09/15/20	Recon	0205973	Fastenal Company	V0136054	09/14/20	P0009308	632.72		632.72
								632.72		632.72
0093425	09/15/20	Recon	0196370	FHEG Morton College Book	V0135970	09/10/20		75,816.75		75,816.75
					V0136002	09/11/20	B0003496	280.20		280.20
					V0136003	09/11/20	B0003504	111.50		111.50
					V0136004	09/11/20	B0003531	174.40		174.40
					V0136005	09/11/20	B0003552	237.75		237.75
					V0136006	09/11/20	B0003564	58.19		58.19
					V0136007	09/11/20	B0003570	100.00		100.00
								76,778.79		76,778.79
0093426	09/15/20	Recon	0157592	First Communications	V0136079	09/14/20	B0003433	999.98		999.98
								999.98		999.98
0093427	09/15/20	Recon	0196233	First Watch, Inc.	V0136103	09/14/20	P0009392	780.00		780.00
					V0136104	09/14/20	P0009392	570.00		570.00
					V0136105	09/14/20	P0009392	1,140.00		1,140.00
								2,490.00		2,490.00
0093428	09/15/20	Recon	0001034	Flinn Scientific Inc	V0136080	09/14/20	P0009166	238.50		238.50
					V0136138	09/15/20	P0009357	172.52		172.52
								411.02		411.02
0093429	09/15/20	Outst	0001960	Freestyle Photo Supplies	V0136098	09/14/20	P0009230	129.90		129.90
								129.90		129.90
0093430	09/15/20	Recon	0205065	GradUp, LLC	V0136144	09/15/20	P0009365	5,500.00		5,500.00
								5,500.00		5,500.00
0093431	09/15/20	Outst	0011159	Heartland Cmty Coll	V0136149	09/15/20	P0009402	200.00		200.00
								200.00		200.00
0093432	09/15/20	Recon	0001381	Home Depot/GECF	V0136078	09/14/20	B0003594	145.12		145.12
								145.12		145.12
0093433	09/15/20	Recon	0190886	IASA	V0136061	09/14/20	P0009344	2,326.40		2,326.40

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ACCOUNTS PAYABLE CHECK REGISTER  
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Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
								2,326.40		2,326.40
0093434	09/15/20	Outst	0002727	Illinois Skyway Collegia	V0136051	09/14/20	P0009387	2,050.00		2,050.00
					V0136137	09/15/20	P0009351	1,900.00		1,900.00
								3,950.00		3,950.00
0093435	09/15/20	Recon	0001647	Iron Mountain	V0136040	09/14/20	B0003465	499.42		499.42
								499.42		499.42
0093436	09/15/20	Recon	0001848	Jack Phelan Chevrolet	V0136041	09/14/20	B0003587	39.25		39.25
								39.25		39.25
0093437	09/15/20	Recon	0193931	Johnson Controls Inc	V0136075	09/14/20	B0003596	2,670.00		2,670.00
								2,670.00		2,670.00
0093438	09/15/20	Recon	0001890	Konica Minolta Bus Solut	V0136132	09/15/20	B0003440	9.35		9.35
								9.35		9.35
0093439	09/15/20	Recon	0001890	Konica Minolta Bus Solut	V0136048	09/14/20	B0003586	1,641.00		1,641.00
					V0136049	09/14/20	B0003586	163.00		163.00
								1,804.00		1,804.00
0093440	09/15/20	Recon	0002233	Konica Minolta Premier F	V0136018	09/11/20	B0003441	140.00		140.00
								140.00		140.00
0093441	09/15/20	Recon	0002233	Konica Minolta Premier F	V0136019	09/11/20	B0003441	451.00		451.00
								451.00		451.00
0093442	09/15/20	Recon	0002233	Konica Minolta Premier F	V0136020	09/11/20	B0003441	125.17		125.17
								125.17		125.17
0093443	09/15/20	Recon	0002233	Konica Minolta Premier F	V0136021	09/11/20	B0003441	2,897.00		2,897.00
								2,897.00		2,897.00
0093444	09/15/20	Void	0204562	Lo Destro Construction C			B0003441			
0093445	09/15/20	Outst	0206027	Marguerite Gardens Inc.	V0136145	09/15/20	P0009369	920.00		920.00
								920.00		920.00



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Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
0093446	09/15/20	Recon	0001299	McMaster-Carr	V0136141	09/15/20	P0009381	1,150.51		1,150.51
								1,150.51		1,150.51
0093447	09/15/20	Recon	0001289	Menards	V0135997	09/11/20	B0003463	121.62		121.62
					V0135998	09/11/20	B0003463	172.10		172.10
					V0136031	09/11/20	B0003463	71.92		71.92
					V0136039	09/14/20	B0003463	80.72		80.72
								446.36		446.36
0093448	09/15/20	Recon	0194501	Michael Kautz Carpets &	V0136027	09/11/20	B0003590	865.00		865.00
					V0136142	09/15/20	P0009379	5,315.00		5,315.00
					V0136143	09/15/20	P0009379	2,500.00		2,500.00
					V0136148	09/15/20	P0009363	9,260.00		9,260.00
								17,940.00		17,940.00
0093449	09/15/20	Recon	0001093	MIDCO Inc	V0136081	09/14/20	B0003436	95.00		95.00
					V0136082	09/14/20	B0003436	40.00		40.00
					V0136087	09/14/20	B0003436	95.00		95.00
								230.00		230.00
0093450	09/15/20	Outst	0166258	Mountain Measurement, In	V0136136	09/15/20	P0009364	425.00		425.00
								425.00		425.00
0093451	09/15/20	Recon	0001159	Napa Chicago/South Harle	V0136090	09/14/20	B0003494	15.02		15.02
								15.02		15.02
0093452	09/15/20	Recon	0199908	Occupational Health Cent	V0136008	09/11/20	B0003472	157.00		157.00
					V0136010	09/11/20	B0003472	698.50		698.50
					V0136024	09/11/20	B0003472	471.00		471.00
								1,326.50		1,326.50
0093453	09/15/20	Recon	0002411	Republic Services #551	V0135999	09/11/20	B0003432	2,197.87		2,197.87
								2,197.87		2,197.87
0093454	09/15/20	Outst	0200565	RJA Architects, Ltd.	V0136099	09/14/20	P0009337	150.00		150.00
					V0136100	09/14/20	P0009337	450.00		450.00
					V0136101	09/14/20	P0009337	300.00		300.00
					V0136102	09/14/20	P0009337	750.00		750.00
								1,650.00		1,650.00
0093455	09/15/20	Recon	0205979	Schooloutlet.Com	V0136064	09/14/20	P0009314	10,942.85		10,942.85

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								10,942.85		10,942.85
0093456	09/15/20	Recon	0001967	Shaw Media	V0135992	09/11/20	B0003534	1,598.00		1,598.00
					V0136032	09/11/20	B0003497	63.10		63.10
								1,661.10		1,661.10
0093457	09/15/20	Recon	0182899	Sherwin Williams	V0135996	09/11/20	B0003453	7.63		7.63
								7.63		7.63
0093458	09/15/20	Recon	0204124	Sievert Electric Service	V0136077	09/14/20	B0003598	26,064.00		26,064.00
								26,064.00		26,064.00
0093459	09/15/20	Recon	0001156	Smithereen Exterminating	V0136030	09/11/20	B0003437	170.00		170.00
								170.00		170.00
0093460	09/15/20	Recon	0157227	Staples Advantage	V0136072	09/14/20	B0003593	91.16		91.16
					V0136095	09/14/20	P0009279	40.39		40.39
					V0136096	09/14/20	P0009279	39.90		39.90
					V0136097	09/14/20	P0009279	96.18		96.18
					V0136107	09/14/20	P0009279	833.80		833.80
								1,101.43		1,101.43
0093461	09/15/20	Recon	0002889	Suburban Door Check & Lo	V0136084	09/14/20	B0003469	47.80		47.80
					V0136086	09/14/20	B0003469	283.00		283.00
								330.80		330.80
0093462	09/15/20	Outst	0001454	Superior Awards	V0136025	09/11/20	P0009354	187.00		187.00
								187.00		187.00
0093463	09/15/20	Recon	0155715	Technology Management Re	V0136011	09/11/20	B0003442	1,141.05		1,141.05
								1,141.05		1,141.05
0093464	09/15/20	Recon	0167490	Tripoli Painting	V0136050	09/14/20	B0003585	850.00		850.00
								850.00		850.00
0093465	09/15/20	Recon	0177074	Turnitin, LLC	V0136043	09/14/20	P0009164	12,087.00		12,087.00
								12,087.00		12,087.00
0093466	09/15/20	Recon	0036650	Richard Waszak	V0136150	09/15/20	P0009396	1,400.00		1,400.00
								1,400.00		1,400.00

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0093467	09/15/20	Recon	0001406	Wex Bank	V0136017	09/11/20	B0003439	1,063.15		1,063.15
								1,063.15		1,063.15
0093468	09/15/20	Recon	0177607	YBP Library Services	V0136044	09/14/20	B0003582	194.00		194.00
								194.00		194.00
0093469	09/16/20	Outst	0188213	First Midwest Bank	V0136193	09/16/20	P0009386	3,998.23		3,998.23
					V0136195	09/16/20	B0003535	47.29		47.29
					V0136196	09/16/20	P0009249	71.36		71.36
					V0136197	09/16/20	P0009312	750.00		750.00
					V0136198	09/16/20	B0003530	807.00		807.00
					V0136199	09/16/20	P0009229	229.00		229.00
					V0136200	09/16/20	B0003550	2,232.00		2,232.00
					V0136201	09/16/20	P0009373	105.19		105.19
					V0136202	09/16/20	P0009368	418.99		418.99
					V0136204	09/16/20	P0009368	4,316.59		4,316.59
					V0136205	09/16/20	P0009243	1,675.28		1,675.28
					V0136207	09/16/20	P0009375	1,116.36		1,116.36
					V0136208	09/16/20	P0009405	910.00		910.00
					V0136209	09/16/20	P0009271	2,829.75		2,829.75
					V0136210	09/16/20	P0009374	45.00		45.00
					V0136211	09/16/20	P0009366	20.00		20.00
					V0136212	09/16/20	B0003580	1,200.00		1,200.00
					V0136213	09/16/20	B0003571	37.53		37.53
					V0136214	09/16/20	P0009391	1.00		1.00
					V0136215	09/16/20	P0009372	51.50		51.50
					V0136216	09/16/20	P0009404	350.00		350.00
					V0136217	09/16/20	B0003536	26.70		26.70
					V0136218	09/16/20	P0009367	335.18		335.18
					V0136219	09/16/20	B0003551	19.99		19.99
								20,755.96		20,755.96
0093470	09/16/20	Recon	0205565	The Graphic Edge, LLC	V0136166	09/16/20	B0003602	157.96		157.96
					V0136170	09/16/20	B0003602	143.28		143.28
					V0136172	09/16/20	B0003602	93.18		93.18
					V0136174	09/16/20	B0003526	441.72		441.72
					V0136175	09/16/20	B0003603	1,933.10		1,933.10
					V0136176	09/16/20	B0003602	125.83		125.83
					V0136177	09/16/20	B0003579	41.50		41.50
					V0136178	09/16/20	B0003579	232.15		232.15
					V0136180	09/16/20	B0003553	29.98		29.98
					V0136181	09/16/20	B0003604	1,176.89		1,176.89
					V0136182	09/16/20	B0003604	1,572.68		1,572.68
					V0136183	09/16/20	B0003604	2,588.19		2,588.19
					V0136184	09/16/20	B0003579	728.32		728.32
					V0136185	09/16/20	B0003579	709.40		709.40

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					V0136186	09/16/20	B0003579	667.90		667.90
					V0136187	09/16/20	B0003579	1,203.05		1,203.05
					V0136188	09/16/20	B0003579	612.50		612.50
					V0136190	09/16/20	B0003553	1,244.30		1,244.30
								13,701.93		13,701.93
0093471	09/16/20	Recon	0206220	Matrix Entertainment	V0136165	09/16/20	P0009403	3,000.00		3,000.00
								3,000.00		3,000.00
0093472	09/16/20	Outst	0200518	Support Warehouse LTD	V0136191	09/16/20	P0009218	17,644.93		17,644.93
					V0136192	09/16/20	P0009135	1,226.00		1,226.00
								18,870.93		18,870.93
0093473	09/18/20	Recon	0156097	ACI Payments, Inc.	V0136226	09/17/20		8,097.19		8,097.19
								8,097.19		8,097.19
0093474	09/18/20	Outst	0000749	Ms Jennifer L. Angelilli	V0135994	09/11/20		66.15		66.15
								66.15		66.15
0093475	09/18/20	Recon	0000781	Ms. Sandra Barajas	V0135995	09/11/20		215.05		215.05
								215.05		215.05
0093476	09/18/20	Recon	0205799	Christopher Buechner	V0135917	09/08/20		2,250.00		2,250.00
								2,250.00		2,250.00
0093477	09/18/20	Recon	0205799	Christopher Buechner	V0136108	09/14/20		220.00		220.00
								220.00		220.00
0093478	09/18/20	Outst	0205769	Dwayne Cruz	V0135926	09/09/20		2,500.00		2,500.00
								2,500.00		2,500.00
0093479	09/18/20	Recon	0205401	Glen Heffernan	V0135985	09/10/20		4,250.00		4,250.00
								4,250.00		4,250.00
0093480	09/18/20	Recon	0001067	ISAC	V0135971	09/10/20		82,160.00		82,160.00
								82,160.00		82,160.00
0093481	09/18/20	Recon	0001067	ISAC	V0136194	09/16/20		45.00		45.00
								45.00		45.00

Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
0093482	09/18/20	Recon	0185779	Ashley S. Lee	V0134926	09/03/20		152.96		152.96
								152.96		152.96
0093483	09/18/20	Outst	0194045	Mr. Ronald A. Lullo	V0135990	09/11/20		32.38		32.38
								32.38		32.38
0093484	09/18/20	Outst	0002467	Jered D. Montgomery	V0136153	09/15/20		49.02		49.02
								49.02		49.02
0093485	09/18/20	Outst	0200664	Paul A. Netzel	V0136233	09/17/20		290.00		290.00
								290.00		290.00
0093486	09/18/20	Recon	0200664	Paul A. Netzel	V0136158	09/15/20		560.00		560.00
								560.00		560.00
0093487	09/18/20	Recon	0200084	Naomi Rodriguez Cardenas	V0136033	09/11/20		500.00		500.00
								500.00		500.00
0093488	09/18/20	Recon	0003089	Mr. Bradley J. Sleeth	V0135972	09/10/20		2,000.00		2,000.00
								2,000.00		2,000.00
0093489	09/18/20	Outst	0003089	Mr. Bradley J. Sleeth	V0136151	09/15/20		20.00		20.00
								20.00		20.00
0093490	09/18/20	Outst	0003089	Mr. Bradley J. Sleeth	V0136157	09/15/20		20.00		20.00
								20.00		20.00
0093491	09/18/20	Outst	0003089	Mr. Bradley J. Sleeth	V0136160	09/15/20		20.00		20.00
								20.00		20.00
0093492	09/18/20	Outst	0003089	Mr. Bradley J. Sleeth	V0136161	09/15/20		20.00		20.00
								20.00		20.00
0093493	09/18/20	Recon	0205744	Thaddeus M. Slowik, III	V0135921	09/08/20		2,400.00		2,400.00
								2,400.00		2,400.00
0093494	09/18/20	Outst	0205744	Thaddeus M. Slowik, III	V0136234	09/17/20		350.00		350.00

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								350.00		350.00
0093495	09/18/20	Recon	0170839	Ms Cynthia D. Young	V0134868	09/02/20		187.48		187.48
								187.48		187.48
0093514	09/25/20	Outst	0000724	Dr. Brian R. Gilligan	V0136280	09/23/20		149.66		149.66
								149.66		149.66
0093515	09/25/20	Outst	0205893	Ms. Mary Beth Hutches	V0136225	09/17/20		38.57		38.57
								38.57		38.57
0093516	09/25/20	Outst	0007969	ILASFAA	V0136251	09/22/20		50.00		50.00
								50.00		50.00
0093517	09/25/20	Outst	0193357	Elizabeth J. Perez	V0136262	09/22/20		25.09		25.09
								25.09		25.09
0093518	09/25/20	Outst	0003168	Mr. Michael P. Reynard	V0136273	09/23/20		100.00		100.00
								100.00		100.00
0093519	09/25/20	Outst	0122566	Meredith A. Watkins	V0136156	09/15/20		43.50		43.50
								43.50		43.50
0093520	09/25/20	Outst	0191249	Mr. Michael Westlove	V0136272	09/23/20		75.00		75.00
								75.00		75.00
0093521	09/25/20	Outst	0170839	Ms Cynthia D. Young	V0136159	09/15/20		102.26		102.26
								102.26		102.26
0093525	09/30/20	Outst	0001375	AXA Equitable Equi-Vest	V0136530	09/30/20		2,106.00		2,106.00
								2,106.00		2,106.00
0093526	09/30/20	Outst	0177469	Bright Start College Sav	V0136531	09/30/20		100.00		100.00
								100.00		100.00
0093527	09/30/20	Outst	0001422	CCCTU-Cope Fund	V0136532	09/30/20		132.00		132.00
								132.00		132.00

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0093528	09/30/20	Outst	0001374	College & University Cre	V0136534	09/30/20		200.00		200.00
								200.00		200.00
0093529	09/30/20	Outst	0001371	Colonial Life & Accident	V0136535	09/30/20		12.00		12.00
								12.00		12.00
0093530	09/30/20	Outst	0160763	Illinois Education Assoc	V0136537	09/30/20		1,799.30		1,799.30
								1,799.30		1,799.30
0093531	09/30/20	Outst	0191845	Metropolitan Alliance of	V0136538	09/30/20		269.00		269.00
								269.00		269.00
0093532	09/30/20	Outst	0101061	Morton College Faculty	V0136533	09/30/20		91.74		91.74
								91.74		91.74
0093533	09/30/20	Outst	0001372	Morton College Teachers	V0136540	09/30/20		1,728.42		1,728.42
								1,728.42		1,728.42
0093534	09/30/20	Outst	0001372	Morton College Teachers	V0136539	09/30/20		3,026.39		3,026.39
								3,026.39		3,026.39
0093535	09/30/20	Outst	0001513	SEIU Local 73 Cope	V0136541	09/30/20		9.00		9.00
								9.00		9.00
0093536	09/30/20	Outst	0001373	Service Employees Intl U	V0136542	09/30/20		457.81		457.81
								457.81		457.81
0093537	09/30/20	Outst	0001563	State Disbursement Unit	V0136543	09/30/20		100.00		100.00
					V0136544	09/30/20		130.00		130.00
								230.00		230.00
0093538	09/30/20	Outst	0001161	State Univ Retirement Sy	V0136545	09/30/20		80,855.69		80,855.69
								80,855.69		80,855.69
0093539	09/30/20	Outst	0001370	TIAA-CREF	V0136536	09/30/20		750.00		750.00
					V0136546	09/30/20		2,857.14		2,857.14
								3,607.14		3,607.14

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0093540	09/30/20	Outst	0001376	VALIC	V0136547	09/30/20		2,443.55		2,443.55
								2,443.55		2,443.55
0093541	09/30/20	Outst	0179876	Voya Retirement Insuranc	V0136548	09/30/20		1,259.28		1,259.28
								1,259.28		1,259.28
0093542	09/30/20	Outst	0168159	ACS	V0136418	09/25/20	P0009388	780.00		780.00
								780.00		780.00
0093543	09/30/20	Outst	0175113	Algor Plumbing	V0136432	09/25/20	B0003484	4.95		4.95
					V0136433	09/25/20	B0003484	346.00		346.00
					V0136434	09/25/20	B0003484	373.28		373.28
					V0136435	09/25/20	B0003484	36.48		36.48
								760.71		760.71
0093544	09/30/20	Outst	0002490	All About Education	V0136610	09/30/20	P0009440	420.00		420.00
								420.00		420.00
0093545	09/30/20	Outst	0190802	All-Types Elevators Inc	V0136437	09/25/20	B0003454	422.00		422.00
								422.00		422.00
0093546	09/30/20	Outst	0188188	Amazon Capital Services	V0136440	09/25/20	B0003568	241.58		241.58
					V0136447	09/25/20	B0003568	84.56		84.56
					V0136458	09/25/20	B0003605	32.65		32.65
					V0136475	09/28/20	B0003605	37.94		37.94
					V0136492	09/28/20	B0003556	345.07		345.07
					V0136529	09/29/20	B0003555	73.92		73.92
					V0136549	09/29/20	B0003605	164.98		164.98
					V0136550	09/29/20	B0003568	283.00		283.00
					V0136551	09/29/20	B0003519	29.98		29.98
					V0136552	09/29/20	B0003605	113.84		113.84
					V0136563	09/29/20	B0003519	40.99		40.99
					V0136565	09/29/20	B0003605	76.78		76.78
					V0136566	09/29/20	B0003605	51.90		51.90
					V0136568	09/29/20	B0003556	386.78		386.78
					V0136569	09/29/20	B0003611	436.16		436.16
					V0136590	09/30/20	B0003605	132.41		132.41
					V0136593	09/30/20	B0003568	1,321.69		1,321.69
								3,854.23		3,854.23
0093547	09/30/20	Outst	0206012	Anthony Tahlier Photogra	V0136411	09/25/20	P0009439	4,250.00		4,250.00
								4,250.00		4,250.00



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Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
0093548	09/30/20	Outst	0000977	Apple, Inc.	V0136525	09/29/20	B0003617	2,985.00		2,985.00
								2,985.00		2,985.00
0093549	09/30/20	Outst	0001401	AZ Commercial	V0136438	09/25/20	B0003449	18.99		18.99
								18.99		18.99
0093550	09/30/20	Outst	0000985	Berwyn Ace Hardware	V0136487	09/28/20	B0003476	8.58		8.58
								8.58		8.58
0093551	09/30/20	Outst	0001818	Blackboard, Inc.	V0136612	09/30/20	P0009432	57,132.00		57,132.00
								57,132.00		57,132.00
0093552	09/30/20	Outst	0194510	Blades of Glory Inc	V0136524	09/29/20	B0003485	2,650.00		2,650.00
								2,650.00		2,650.00
0093553	09/30/20	Outst	0204088	Boller Construction Comp	V0136431	09/25/20	B0003591	216,718.85		216,718.85
					V0136619	09/30/20	B0003591	37,337.01		37,337.01
					V0136620	09/30/20	B0003591	185,099.50		185,099.50
								439,155.36		439,155.36
0093554	09/30/20	Outst	0166207	BSA	V0136485	09/28/20	B0003470	489.30		489.30
								489.30		489.30
0093555	09/30/20	Outst	0001206	BSN Sports	V0136623	09/30/20	P0009438	252.00		252.00
								252.00		252.00
0093556	09/30/20	Outst	0001593	CDW-Government, Inc	V0136415	09/25/20	P0009290	966.57		966.57
					V0136416	09/25/20	P0009262	966.57		966.57
					V0136594	09/30/20	P0009213	819.80		819.80
					V0136595	09/30/20	P0009332	171,810.00		171,810.00
					V0136603	09/30/20	P0009322	426.72		426.72
					V0136611	09/30/20	P0009215	1,052.25		1,052.25
								176,041.91		176,041.91
0093557	09/30/20	Outst	0001752	Comcast	V0136448	09/25/20	B0003467	44.09		44.09
					V0136449	09/25/20	B0003466	6.30		6.30
					V0136481	09/28/20	B0003466	183.35		183.35
								233.74		233.74
0093558	09/30/20	Outst	0001469	Diamond Graphics	V0136578	09/29/20	B0003503	210.00		210.00

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					V0136579	09/29/20	B0003503	450.00		450.00
					V0136580	09/29/20	B0003503	568.00		568.00
					V0136581	09/29/20	B0003503	510.00		510.00
					V0136582	09/29/20	B0003503	400.00		400.00
					V0136583	09/29/20	B0003503	650.00		650.00
					V0136586	09/30/20	B0003503	285.00		285.00
					V0136587	09/30/20	B0003503	510.00		510.00
					V0136588	09/30/20	B0003503	580.00		580.00
								4,163.00		4,163.00
0093559	09/30/20	Outst	0000989	Dick Blick	V0136454	09/25/20	B0003542	2.21		2.21
					V0136455	09/25/20	B0003537	5.43		5.43
					V0136456	09/25/20	B0003542	2.72		2.72
					V0136459	09/25/20	B0003540	6.23		6.23
					V0136460	09/25/20	B0003544	6.23		6.23
					V0136461	09/25/20	B0003544	6.23		6.23
					V0136462	09/25/20	B0003543	23.43		23.43
					V0136463	09/25/20	B0003543	23.43		23.43
					V0136464	09/25/20	B0003539	33.63		33.63
					V0136465	09/25/20	B0003544	15.63		15.63
					V0136466	09/25/20	B0003545	15.63		15.63
					V0136474	09/28/20	B0003548	11.45		11.45
					V0136491	09/28/20	B0003540	6.23		6.23
					V0136498	09/28/20	B0003545	15.63		15.63
					V0136499	09/28/20	B0003543	6.23		6.23
					V0136500	09/28/20	B0003542	6.23		6.23
					V0136501	09/28/20	B0003537	0.91		0.91
					V0136503	09/28/20	B0003537	0.91		0.91
					V0136504	09/28/20	B0003537	0.91		0.91
					V0136505	09/28/20	B0003540	6.23		6.23
					V0136506	09/28/20	B0003537	0.91		0.91
					V0136508	09/28/20	B0003537	0.91		0.91
					V0136510	09/28/20	B0003537	0.91		0.91
					V0136511	09/28/20	B0003547	9.40		9.40
					V0136512	09/28/20	B0003546	9.40		9.40
					V0136513	09/28/20	B0003537	0.91		0.91
					V0136558	09/29/20		30.86-		-30.86
					V0136559	09/29/20		34.29-		-34.29
					V0136564	09/29/20	B0003538	17.92		17.92
					V0136570	09/29/20	B0003538	26.93		26.93
					V0136592	09/30/20	B0003538	17.92		17.92
								215.59		215.59
0093560	09/30/20	Outst	0182724	Dyopath LLC	V0136560	09/29/20	B0003445	7,750.00		7,750.00
								7,750.00		7,750.00
0093561	09/30/20	Outst	0001508	EBSCO	V0136420	09/25/20	P0009359	28,455.45		28,455.45

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0093571	09/30/20	Outst	0167693	Klinger Educational Prod	V0136618	09/30/20	P0009248	565.00		565.00
								565.00		565.00
0093572	09/30/20	Outst	0001890	Konica Minolta Bus Solut	V0136428	09/25/20	B0003440	1,340.26		1,340.26
					V0136561	09/29/20	B0003440	18.74		18.74
								1,359.00		1,359.00
0093573	09/30/20	Outst	0002233	Konica Minolta Premier F	V0136451	09/25/20	B0003441	777.63		777.63
								777.63		777.63
0093574	09/30/20	Outst	0002233	Konica Minolta Premier F	V0136452	09/25/20	B0003441	179.40		179.40
								179.40		179.40
0093575	09/30/20	Outst	0002233	Konica Minolta Premier F	V0136453	09/25/20	B0003441	197.00		197.00
								197.00		197.00
0093576	09/30/20	Outst	0001559	Krueger International In	V0136625	09/30/20	P0009286	4,688.32		4,688.32
					V0136627	09/30/20	P0009286	12,507.80		12,507.80
								17,196.12		17,196.12
0093577	09/30/20	Outst	0188162	Lake County Press	V0136601	09/30/20	P0009410	1,746.00		1,746.00
								1,746.00		1,746.00
0093578	09/30/20	Outst	0205148	Lembke & Sons, Inc.	V0136424	09/25/20	B0003627	179.82		179.82
					V0136425	09/25/20	B0003627	299.70		299.70
					V0136426	09/25/20	B0003627	29.36		29.36
					V0136427	09/25/20	B0003627	5.97		5.97
								514.85		514.85
0093579	09/30/20	Outst	0204562	Lo Destro Construction C	V0136131	09/15/20	B0003505	387,879.92		387,879.92
					V0136621	09/30/20	B0003572	413,079.84		413,079.84
								800,959.76		800,959.76
0093580	09/30/20	Outst	0002157	Medical Equipment Affili	V0136417	09/25/20	P0009419	250.00		250.00
								250.00		250.00
0093581	09/30/20	Outst	0001289	Menards	V0136476	09/28/20	B0003463	60.11		60.11
					V0136477	09/28/20	B0003463	172.98		172.98
					V0136478	09/28/20	B0003463	170.13		170.13
					V0136556	09/29/20	B0003463	90.01		90.01

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								493.23		493.23
0093582	09/30/20	Outst	0001093	MIDCO Inc	V0136436	09/25/20	B0003436	95.00		95.00
					V0136490	09/28/20	B0003436	95.00		95.00
								190.00		190.00
0093583	09/30/20	Outst	0001638	Municipal Research Servi	V0136430	09/25/20	B0003623	1,450.00		1,450.00
								1,450.00		1,450.00
0093584	09/30/20	Outst	0001871	NACE	V0136615	09/30/20	P0009406	29.00		29.00
								29.00		29.00
0093585	09/30/20	Outst	0170512	Neon Entertainment	V0136410	09/25/20	P0009444	135.00		135.00
								135.00		135.00
0093586	09/30/20	Outst	0195905	Oak Hill Publishing Comp	V0136604	09/30/20	P0009393	805.00		805.00
								805.00		805.00
0093587	09/30/20	Outst	0199908	Occupational Health Cent	V0136457	09/25/20	B0003472	942.00		942.00
								942.00		942.00
0093588	09/30/20	Outst	0002406	Paisans Pizza	V0136613	09/30/20	P0009407	350.00		350.00
					V0136614	09/30/20	P0009407	350.00		350.00
					V0136624	09/30/20	P0009430	16.00		16.00
								716.00		716.00
0093589	09/30/20	Outst	0205866	Party People Entertainme	V0136605	09/30/20	P0009352	3,800.00		3,800.00
								3,800.00		3,800.00
0093590	09/30/20	Outst	0199341	RSES	V0136609	09/30/20	P0009436	250.00		250.00
								250.00		250.00
0093591	09/30/20	Outst	0169797	Russo's Power Equipment,	V0136486	09/28/20	B0003630	114.59		114.59
					V0136509	09/28/20	B0003626	581.10		581.10
								695.69		695.69
0093592	09/30/20	Outst	0200235	SHPE	V0136607	09/30/20	P0009428	1,400.00		1,400.00
								1,400.00		1,400.00

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0093593	09/30/20	Outst	0153701	Sievert Electric Service	V0136423	09/25/20	B0003624	1,162.19		1,162.19
								1,162.19		1,162.19
0093594	09/30/20	Outst	0158956	Sound Incorporated	V0136596	09/30/20	P0009424	477.00		477.00
					V0136597	09/30/20	P0009424	296.00		296.00
					V0136598	09/30/20	P0009423	625.00		625.00
					V0136599	09/30/20	P0009423	518.00		518.00
					V0136600	09/30/20	P0009423	551.00		551.00
								2,467.00		2,467.00
0093595	09/30/20	Outst	0002889	Suburban Door Check & Lo	V0136439	09/25/20	B0003469	153.00		153.00
								153.00		153.00
0093596	09/30/20	Outst	0193721	TimeClock Plus	V0136483	09/28/20	B0003513	142.50		142.50
								142.50		142.50
0093597	09/30/20	Outst	0001474	Timekeeping Systems, Inc	V0136412	09/25/20	P0009417	1,065.00		1,065.00
								1,065.00		1,065.00
0093598	09/30/20	Outst	0206497	Trashcans Warehouse	V0136482	09/28/20	B0003629	1,039.68		1,039.68
								1,039.68		1,039.68
0093599	09/30/20	Outst	0167490	Tripoli Painting	V0136422	09/25/20	B0003625	11,500.00		11,500.00
								11,500.00		11,500.00
0093600	09/30/20	Outst	0001710	UPS Freight	V0136608	09/30/20	P0009431	4.05		4.05
								4.05		4.05
0093601	09/30/20	Outst	0000974	Verizon Wireless	V0136555	09/29/20	B0003431	28.53		28.53
								28.53		28.53
0093602	09/30/20	Outst	0036650	Richard Waszak	V0136526	09/29/20	P0009452	1,207.50		1,207.50
								1,207.50		1,207.50
0093603	09/30/20	Outst	0001824	Waukegan Roofing Co., In	V0136421	09/25/20	B0003618	612.62		612.62
								612.62		612.62
0093604	09/30/20	Outst	0166312	Wells Fargo Equiptment F	V0136450	09/25/20	B0003444	1,248.00		1,248.00
								1,248.00		1,248.00

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0093605	09/30/20	Outst	0201761	Zoom Video Communication	V0136616	09/30/20	P0009408	90.00		90.00
								90.00		90.00
E0006590	09/03/20	Outst	0190883	Ms. Sally Delgado	V0134508	08/25/20		367.54		367.54
					V0134509	08/25/20		33.00		33.00
								400.54		400.54
E0006591	09/03/20	Outst	0000735	Mr. Steven A. Duhon	V0134547	08/27/20		94.72		94.72
								94.72		94.72
E0006592	09/03/20	Outst	0079155	Dr. Stanley S. Fields	V0134572	08/27/20		228.58		228.58
					V0134870	09/02/20		91.92		91.92
								320.50		320.50
E0006593	09/03/20	Outst	0200575	Juan M. Garcia, JR	V0134619	08/28/20		850.00		850.00
								850.00		850.00
E0006594	09/03/20	Outst	0200664	Paul A. Netzel	V0134612	08/27/20		95.00		95.00
								95.00		95.00
E0006595	09/03/20	Outst	0181767	Ms Maria Sanchez Anderso	V0134574	08/27/20		161.55		161.55
					V0134869	09/02/20		86.50		86.50
								248.05		248.05
E0006596	09/03/20	Outst	0201801	Michael R. Traversa	V0134542	08/26/20		1,054.00		1,054.00
								1,054.00		1,054.00
E0006597	09/03/20	Outst	0166301	Ms Wendy Vega-Huezo	V0134848	09/02/20		33.88		33.88
								33.88		33.88
E0006598	09/03/20	Outst	0000808	Ms. Marisol Velazquez	V0134662	08/31/20		221.86		221.86
								221.86		221.86
E0007135	09/10/20	Outst	0190883	Ms. Sally Delgado	V0134864	09/02/20		3.67		3.67
					V0134865	09/02/20		4.16		4.16
					V0134866	09/02/20		7.15		7.15
					V0134867	09/02/20		26.82		26.82
								41.80		41.80

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E0007136	09/10/20	Outst	0201847	Dr. Alison Gehrke	V0135910	09/08/20		170.00		170.00
								170.00		170.00
E0007137	09/10/20	Outst	0107686	Mrs. Blanca E. Jara	V0134862	09/02/20		46.50		46.50
					V0134863	09/02/20		154.00		154.00
								200.50		200.50
E0007138	09/10/20	Outst	0016602	Alma L. Loera	V0134831	09/02/20		500.00		500.00
								500.00		500.00
E0007139	09/10/20	Outst	0183627	Agime Memed	V0135914	09/08/20		42.00		42.00
								42.00		42.00
E0007140	09/14/20	Outst	0122174	Derek W. Dominick	V0136045	09/14/20	P0009390	1,400.00		1,400.00
								1,400.00		1,400.00
E0007141	09/14/20	Outst	0199309	Jason Nichols Enterprise	V0136046	09/14/20	P0009395	5,000.00		5,000.00
								5,000.00		5,000.00
E0007152	09/17/20	Outst	0200047	Mr. Carissa Davis	V0134925	09/03/20		323.75		323.75
								323.75		323.75
E0007153	09/17/20	Outst	0190883	Ms. Sally Delgado	V0136152	09/15/20		133.77		133.77
					V0136155	09/15/20		65.52		65.52
								199.29		199.29
E0007154	09/17/20	Outst	0000828	Ms. Edith M. Fabiyi	V0136179	09/16/20		719.88		719.88
								719.88		719.88
E0007155	09/17/20	Outst	0000931	Mr. Juan M. Franco	V0135930	09/09/20		2,500.00		2,500.00
								2,500.00		2,500.00
E0007156	09/17/20	Outst	0200664	Paul A. Netzel	V0135980	09/10/20		2,400.00		2,400.00
								2,400.00		2,400.00
E0007157	09/17/20	Outst	0199309	Jason Nichols Enterprise	V0136013	09/11/20		4,250.00		4,250.00
								4,250.00		4,250.00



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E0007158	09/17/20	Outst	0181817	Sylvia A. Richmond	V0135975	09/10/20		141.00		141.00
								141.00		141.00
E0007159	09/17/20	Outst	0156404	Mr. Jesus Rodriguez Jr	V0136012	09/11/20		425.00		425.00
								425.00		425.00
E0007160	09/17/20	Outst	0201530	Matthew E. Saey	V0135934	09/09/20		1,000.00		1,000.00
								1,000.00		1,000.00
E0007161	09/17/20	Outst	0002709	Mr. Derek C. Shouba	V0136154	09/15/20		72.00		72.00
								72.00		72.00
E0007162	09/17/20	Outst	0201801	Michael R. Traversa	V0135989	09/11/20		1,364.00		1,364.00
								1,364.00		1,364.00
E0007163	09/17/20	Outst	0200701	Mr. John W. Treiber	V0135946	09/09/20		219.51		219.51
								219.51		219.51
E0007164	09/17/20	Outst	0200288	Mr. Thomas J. Welsh, Jr.	V0135976	09/10/20		2,250.00		2,250.00
								2,250.00		2,250.00
E0007165	09/24/20	Outst	0190883	Ms. Sally Delgado	V0136110	09/15/20		14.61		14.61
					V0136111	09/15/20		59.43		59.43
					V0136236	09/18/20		341.91		341.91
					V0136237	09/18/20		107.64		107.64
					V0136257	09/22/20		89.79		89.79
					V0136259	09/22/20		15.11		15.11
					V0136260	09/22/20		30.75		30.75
								659.24		659.24
E0007166	09/24/20	Outst	0002709	Mr. Derek C. Shouba	V0136232	09/17/20		230.00		230.00
								230.00		230.00
E0007167	09/24/20	Outst	0000842	Ms Marlene Soto	V0136238	09/18/20		275.00		275.00
								275.00		275.00
E0007168	09/24/20	Outst	0158266	Mr. Christopher J. Wido	V0136244	09/22/20		45.29		45.29
								45.29		45.29

13 Oct 2020  
11:39

ACCOUNTS PAYABLE CHECK REGISTER  
Period 09/01/2020 - 09/30/2020

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Bank Code: 01 General Checking  
GL Account No: 01-0000-00000-110000000

Check Number	Check Date	Check Status	Vendor ID	Payee Name	Voucher ID	Voucher Date	PO/BPO Number	Voucher Amount	Cash Disc Amount	Check Amount
E0007210	09/29/20	Outst	0122174	Derek W. Dominick	V0136527	09/29/20	P0009451	1,470.00		1,470.00
								1,470.00		1,470.00
E0007211	09/29/20	Outst	0206263	Grubhub Holdings Inc	V0136528	09/29/20	P0009448	2,000.00		2,000.00
								2,000.00		2,000.00
								=====	=====	=====
								2,342,521.29		2,342,521.29

13 Oct 2020  
11:39

CHECK REGISTER SUMMARY REPORT  
Period 09/01/2020 - 09/30/2020

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Bank Code	Account Number	Description	Debit	Credit
-----	-----	-----	-----	-----
01 General Checking	01-0000-00000-230000000	General : Accounts Payable	2,342,521.29	0.00
	01-0000-00000-110000000	General : Cash	0.00	2,342,521.29
			-----	-----
			2,342,521.29	2,342,521.29

**Morton College  
Over 10K Report  
September 2020**

Vendor Name	Check Date	Check Number	Board Approved Date	Amount	Item Description Line 1
Blackboard, Inc.	9/30/2020	0093551	8/28/2019	\$57,132.00	Learning Core SAAS PLUS
Bolter Construction Company Inc.	9/30/2020	0093553	10/23/2019	\$439,155.36	Stair Handrails Renovation
CARLI	9/15/2020	0093410	5/27/2020	\$11,787.00	CARLI Membership
CDW-Government, Inc	9/15/2020	0093411	EXEMPT	\$2,225.65	Cisco extended
CDW-Government, Inc	9/30/2020	0093556	8/26/2020	\$176,041.91	Various Laptops CARES Grant
ComEd	9/15/2020	0093417	EXEMPT	\$14,633.82	Light Services
Del Galdo Law Group, LLC	9/15/2020	0093418	EXEMPT	\$21,280.00	Attorney Fees
EBSCO	9/30/2020	0093561	5/27/2020	\$28,455.45	JRNL Subscripitions FY 21
FHEG Morton College Bookstore	9/15/2020	0093425	8/26/2020	\$76,778.79	3rd Party Scholarships
First Midwest Bank	9/16/2020	0093469	EXEMPT	\$20,755.96	BVD Trial
Freepoint Energy Solutions, LLC.	9/30/2020	0093564	10/23/2019	\$30,990.81	Energy Services
ISAC Finance & Accounting - J10	9/18/2020	0093480	EXEMPT	\$82,160.00	MAP Funds Not Claimed
Krueger International Inc	9/30/2020	0093576	EXEMPT	\$17,196.12	Bldg E rennovation Furnit
Lo Destro Construction Company	9/30/2020	0093579	2/26/2020	\$387,879.92	Building E Renovations
Lo Destro Construction Company	9/30/2020	0093579	5/27/2020	\$413,079.84	App 3 Theater Upgrades
Michael Kautz Carpets & Flooring	9/15/2020	0093448	EXEMPT	\$17,940.00	Carpet Installation
Schooloutlet.Com	9/15/2020	0093455	EXEMPT	\$10,942.85	NPS Science lab Table
Sievert Electric Service & Sales Co Inc	9/15/2020	0093458		\$26,064.00	Electric & Cabling for 8 r
State Univ Retirement Systems	9/15/2020	0093391	EXEMPT	\$84,029.11	Payroll Deductions
State Univ Retirement Systems	9/30/2020	0093538	EXEMPT	\$80,855.69	Payroll Deductions
Support Warehouse LTD	9/16/2020	0093472	EXEMPT	\$18,870.93	Annual License renewal
The Graphic Edge	9/16/2020	0093470	7/22/2020	\$13,701.93	8" in printed number
The Graphic Edge	9/30/2020	0093568	7/22/2020	\$20,761.80	3D embroidery
Tripoli Painting	9/15/2020	0093464	EXEMPT	\$850.00	Gym Ceiling
Tripoli Painting	9/30/2020	0093599	EXEMPT	\$11,500.00	Building D
Turnitin, LLC	9/15/2020	0093465	EXEMPT	\$12,087.00	FBS Campus Fee
			<b>Total Paid</b>	<b>2,077,155.94</b>	

**From:** [Mireya Perez](#)  
**To:** [Stan Fields](#)  
**Cc:** [Maria Sanchez Anderson](#); [Ana L Valdez](#)  
**Subject:** Board Action - Monthly Budget Report September 30, 2020  
**Date:** Friday, October 16, 2020 5:44:35 PM  
**Attachments:** [MC - SEPT 20 BUDGET REPORT.pdf](#)

---

Proposed Action: THAT THE MONTHLY BUDGET REPORT FOR FISCAL YEAR TO DATE ENDING SEPTEMBER 2020 BE RECEIVED AND APPROVED AS SUBMITTED.

Rationale: [Please refer to attached Monthly Budget Report.]

Attachments: Monthly Budget Report

*Thanks,*

*Mireya Perez  
Chief Financial Officer/ Treasurer  
Morton College  
3801 South Central Ave  
Cicero, IL 60804  
Phone (708) 656-8000 ext 2289  
Fax (708) 656-3194*

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**Morton Community College**  
**FY21 Budget Report**  
**For 3 Month Ending September 30, 2020**



**Morton Community College  
Budget Report Summary  
September 30, 2020**

**25%**

<u>Funds</u>	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<u>Education Fund</u>				
Revenue	\$ 8,879,792	\$ 26,219,442	33.9%	\$ 17,339,650
Expenditures	(5,285,314)	(26,218,756)	20.2%	(20,933,442)
Net	\$ 3,594,478	\$ 686		\$ (3,593,792)
<u>Operations &amp; Maintenance Fund</u>				
Revenue	\$ 1,136,482	\$ 3,610,960	31.5%	\$ 2,474,478
Expenditures	(597,063)	(3,609,557)	16.5%	(3,012,494)
Net	\$ 539,419	\$ 1,403		\$ (538,016)
<u>Restricted Purpose Fund</u>				
Revenue	\$ 2,632,581	\$ 19,209,994	13.7%	\$ 16,577,413
Expenditures	(3,663,164)	(19,209,994)	19.1%	(15,546,830)
Net	\$ (1,030,583)	\$ -		\$ 1,030,583
<u>Audit Fund</u>				
Revenue	\$ 17,973	\$ 71,567	25.1%	\$ 53,594
Expenditures	(21,260)	(81,600)	26.1%	(60,340)
Net	\$ (3,287)	\$ (10,033)		\$ (6,746)
<u>Liability, Protection &amp; Settlement Fund</u>				
Revenue	\$ 200,948	\$ 801,734	25.1%	\$ 600,786
Expenditures	(509,380)	(2,336,280)	21.8%	(1,826,900)
Net	\$ (308,432)	\$ (1,534,546)		\$ (1,226,114)
<u>General Bond Obligation Fund</u>				
Revenue	\$ 233,432	\$ 651,529	35.8%	\$ 418,097
Expenditures	-	(645,950)	0.0%	(645,950)
Net	\$ 233,432	\$ 5,579		\$ (227,853)
<u>Operations &amp; Maintenance (Restricted) Fund</u>				
Revenue	\$ 268	\$ 10,483,910	0.0%	\$ 10,483,642
Expenditures	(2,426,755)	(10,483,910)	23.1%	(8,057,155)
Net	\$ (2,426,487)	\$ -		\$ 2,426,487
<u>All Funds</u>				
Revenue	\$ 13,101,476	\$ 61,049,136	21.5%	\$ 47,947,660
Expenditures	(12,502,936)	(62,586,047)	20.0%	\$ (50,083,111)
Net	\$ 598,540	\$ (1,536,911)		\$ (2,135,451)

**EDUCATION FUND REVENUE**  
**September 30, 2020**

	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<b>REVENUE</b>				
<b>LOCAL GOVERNMENT</b>				
Property taxes	\$ 1,887,326	\$ 7,530,232	25.1%	\$ 5,642,906
Total Local Government	<u>\$ 1,887,326</u>	<u>\$ 7,530,232</u>		<u>\$ 5,642,906</u>
<b>CORPORATE PERSONAL PROPERTY TAXES</b>	\$ 70,681	\$ 650,000	10.9%	\$ 579,319
<b>SURS HEALTH - ON BEHALF PAYMENTS</b>	\$ -	\$ -	0.0%	\$ -
<b>STATE GOVERNMENT</b>				
ICCB credit hour grants	\$ 578,640	\$ 2,314,560	25.0%	\$ 1,735,920
ICCB equalization grants	1,305,011	5,220,045	25.0%	3,915,034
CTE formula grant	83,286	-	0.0%	(83,286)
Total State Government	<u>\$ 1,966,937</u>	<u>\$ 7,534,605</u>		<u>\$ 5,567,668</u>
<b>STUDENT TUITION AND FEES</b>				
Tuition	\$ 4,040,364	\$ 7,947,825	50.8%	\$ 3,907,461
Fees	895,277	2,023,480	44.2%	1,128,203
Total Tuition and Fees	<u>\$ 4,935,641</u>	<u>\$ 9,971,305</u>		<u>\$ 5,035,664</u>
<b>MISCELLANEOUS</b>				
Sales and service fees	\$ 10,334	\$ 253,300	4.1%	\$ 242,966
Investment revenue	8,873	250,000	3.5%	241,127
Nongovernmental gifts & scholarships	-	30,000	0.0%	30,000
Total Other Sources	<u>\$ 19,207</u>	<u>\$ 533,300</u>		<u>\$ 514,093</u>
<b>Total Revenue</b>	<u>\$ 8,879,792</u>	<u>\$ 26,219,442</u>	<u>33.9%</u>	\$ 17,339,650
Transfers in	<u>\$ -</u>	<u>\$ -</u>	<u>0.0%</u>	<u>\$ -</u>
<b>Total Revenue and Transfers in</b>	<u>\$ 8,879,792</u>	<u>\$ 26,219,442</u>	33.9%	<u>\$ 17,339,650</u>



**EDUCATION FUND EXPENDITURES**  
**September 30, 2020**

	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<b>EXPENDITURES</b>				
By Program:				
<b>Instruction</b>				
Salaries	\$ 1,453,227	\$ 7,393,818	19.7%	\$ 5,940,591
Employee benefits	210,012	762,994	27.5%	552,982
Contractual services	18,734	310,500	6.0%	291,766
Material and supplies	55,388	514,800	10.8%	459,412
Conferences and meetings	295.00	33,785	0.9%	33,490
Total Instruction	<u>1,737,656</u>	<u>9,015,897</u>	<u>19.3%</u>	<u>7,278,241</u>
<b>Academic Support</b>				
Salaries	312,757	1,595,135	19.6%	1,282,378
Employee benefits	46,998	267,763	17.6%	220,765
Contractual services	161,861	287,000	56.4%	125,139
Material and supplies	60,830	317,970	19.1%	257,140
Conferences and meetings	351.00	29,340	1.2%	28,989
Fixed charges	13,824	75,000	18.4%	61,176
Other Expenditures	-	1,000	0.0%	1,000
Total Academic Support	<u>596,621</u>	<u>2,573,208</u>	<u>23.2%</u>	<u>1,976,587</u>
<b>Student Services</b>				
Salaries	399,681	1,804,540	22.1%	1,404,859
Employee benefits	64,059	231,677	27.7%	167,618
Contractual services	19,095	215,000	8.9%	195,905
Material and supplies	13,623	162,550	8.4%	148,927
Conferences and meetings	9,129	76,450	11.9%	67,321
Fixed charges	9,655	19,000	50.8%	9,345
Total Student Services	<u>515,242</u>	<u>2,509,217</u>	<u>20.5%</u>	<u>1,993,975</u>
<b>Public Service/Continuing Education</b>				
Salaries	59,604	328,079	18.2%	268,475
Employee benefits	11,692	46,093	25.4%	34,401
Contractual services	3,418	217,000	1.6%	213,582
Material and supplies	(30.00)	29,700	-0.1%	29,730
Conferences and meetings	-	5,250	0.0%	5,250
Other tuition/fee waiver	(120.00)	5,000	-2.4%	5,120
Total Public Service/Continuing Education	<u>74,564</u>	<u>631,122</u>	<u>11.8%</u>	<u>556,558</u>
<b>Auxiliary Services</b>				
Salaries	41,048	199,675	20.6%	158,627
Employee benefits	4,297	1,884	228.1%	(2,413)
Contractual services	198,463	350,000	56.7%	151,537
Material and supplies	99,427	584,500	17.0%	485,073
Conferences and meetings	4,215	132,750	3.2%	128,535
Fixed charges	-	16,000	0.0%	16,000
Total Auxiliary Services	<u>347,450</u>	<u>1,284,809</u>	<u>27.0%</u>	<u>937,359</u>

**EDUCATION FUND EXPENDITURES**  
**September 30, 2020**

	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<b>EXPENDITURES</b>				
<b>Institutional Support</b>				
Salaries	\$ 490,199	\$ 2,502,512	19.6%	\$ 2,012,313
Employee benefits	106,629	478,524	22.3%	371,895
Contractual services	616,679	1,417,500	43.5%	800,821
Material and supplies	74,954	711,800	10.5%	636,846
Conferences and meetings	16,971	216,500	7.8%	199,529
Fixed charges	48	1,500	3.2%	1,452
Other	22,525	140,000	16.1%	117,475
Total Institutional Support	<u>1,328,005</u>	<u>5,468,336</u>	<u>24.3%</u>	<u>4,140,331</u>
<b>Scholarships, Student Grants &amp; Waivers</b>				
Student grants and scholarships	685,777	2,029,000	33.8%	1,343,223
Total Scholarships, Student Grants & Waivers	<u>685,777</u>	<u>2,029,000</u>	<u>33.8%</u>	<u>1,343,223</u>
<b>Contingencies</b>				
	-	540,000	0.0%	540,000
<b>Total Expenditures</b>	<u>\$ 5,285,315</u>	<u>\$ 24,051,589</u>	<u>22.0%</u>	<u>\$ 18,766,274</u>
Transfers out	-	2,167,167	0.0%	2,167,167
<b>Total Expenditures and Transfers out</b>	<u>\$5,285,315</u>	<u>\$ 26,218,756</u>	<u>20.2%</u>	<u>\$ 20,933,441</u>

**OPERATION & MAINTENANCE FUND REVENUE AND EXPENDITURES**  
**September 30, 2020**

	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<b>REVENUE</b>				
<b>LOCAL GOVERNMENT</b>				
Property taxes	<u>\$ 369,652</u>	<u>\$ 1,481,960</u>	<u>24.9%</u>	<u>\$ 1,112,308</u>
<b>CORPORATE PERSONAL PROPERTY TAXES</b>	<u>70,681</u>	<u>650,000</u>	<u>10.9%</u>	<u>579,319</u>
<b>STUDENT FEES</b>				
Fees	<u>695,478</u>	<u>1,450,000</u>	<u>48.0%</u>	<u>754,522</u>
Total Student Fees	<u>695,478</u>	<u>1,450,000</u>	<u>48.0%</u>	<u>754,522</u>
<b>MISCELLANEOUS</b>				
Sales and service fees	-	5,000	0.0%	5,000
Facilities	-	14,000	0.0%	14,000
Investment revenue	<u>671</u>	<u>10,000</u>	<u>6.7%</u>	<u>9,329</u>
Total Miscellaneous	<u>671</u>	<u>29,000</u>	<u>2.3%</u>	<u>28,329</u>
Transfers in	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Total Revenue</b>	<u>\$ 1,136,482</u>	<u>\$ 3,610,960</u>	<u>31.5%</u>	<u>\$ 2,474,478</u>
<b>EXPENDITURES</b>				
By Program:				
<b>Operations and Maintenance of Plant</b>				
Salaries	\$265,875	\$774,098	34.3%	\$508,223
Employee benefits	43,206	147,459	29.3%	104,253
Contractual services	127,003	1,373,000	9.3%	1,245,997
Material and supplies	26,005	199,500	13.0%	173,495
Conferences and meetings	-	6,500	0.0%	6,500
Utilities	134,807	770,000	17.5%	635,193
Capital outlay	165	329,000	0.1%	328,835
Other	-	10,000	0.0%	10,000
Total Operations and Maintenance of Plant	<u>597,061</u>	<u>3,609,557</u>	<u>16.5%</u>	<u>3,012,496</u>
<b>Total Expenditures</b>	<u>\$ 597,061</u>	<u>\$ 3,609,557</u>	<u>16.5%</u>	<u>\$ 3,012,496</u>

**RESTRICTED PURPOSE FUND REVENUE**  
**September 30, 2020**

	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<b>REVENUE</b>				
<b>STATE GOVERNMENT</b>				
ICCB - adult education	\$79,316	\$1,162,570	6.8%	\$1,083,254
ISBE grant revenue- other	66,691	264,701	25.2%	198,010
Other Sources	4,444	3,700,000	0.1%	3,695,556
Total State Government	<u>150,451</u>	<u>5,127,271</u>	<u>2.9%</u>	<u>4,976,820</u>
<b>FEDERAL GOVERNMENT</b>				
Department of education	2,482,129	14,065,738	17.6%	11,583,609
Other	-	16,984	0.0%	16,984
Total Federal Government	<u>2,482,129</u>	<u>14,082,722</u>	<u>17.6%</u>	<u>11,600,593</u>
<b><u>Total Revenue</u></b>	<u>\$ 2,632,580</u>	<u>\$ 19,209,993</u>	<u>13.7%</u>	<u>\$ 16,577,413</u>

**RESTRICTED PURPOSE FUND EXPENDITURES**  
**September 30, 2020**

	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<b><u>EXPENDITURES</u></b>				
By Program:				
<b>Instruction</b>				
Salaries	\$ 189,930	\$ 1,271,446	14.9%	\$ 1,081,516
Employee benefits	24,959	2,084,952	1.2%	2,059,993
Contractual services	910	25,275	3.6%	24,365
Material and supplies	30,181	273,781	11.0%	243,600
Conferences and meetings	-	29,200	0.0%	29,200
Other Fixed Charges	4,019	20,926	19.2%	16,907
Student grants and scholarships	-	500	0.0%	500
Total Instruction	<u>249,999</u>	<u>3,706,080</u>	<u>6.7%</u>	<u>3,456,081</u>
<b>Academic Support</b>				
Employee benefits	-	250,000	0.0%	250,000
Total Academic Support	<u>-</u>	<u>250,000</u>	<u>0.0%</u>	<u>250,000</u>
<b>Student Services</b>				
Salaries	26,788	281,379	9.5%	254,591
Employee benefits	3,259	438,495	0.7%	435,236
Other Contract Services	20,435	121,353	16.8%	100,918
Material and supplies	182,644	559,170	32.7%	376,526
Conferences and meetings	100.00	10,828	0.9%	10,728
Fixed charges	1,216	20,995	5.8%	19,779
Student grants and scholarships	-	235,000	0.0%	235,000
Total Student Services	<u>234,442</u>	<u>1,667,220</u>	<u>14.1%</u>	<u>1,432,778</u>
<b>Public Service/Continuing Education</b>				
Salaries	42,787	203,238	21.1%	160,451
Employee benefits	10,032	130,475	7.7%	120,443
Contractual services	420	2,800	15.0%	2,380
Material and supplies	695	7,388	9.4%	6,693
Conferences and meetings	-	18,800	0.0%	18,800
Total Public Service/Continuing Education	<u>53,934</u>	<u>362,701</u>	<u>14.9%</u>	<u>308,767</u>

**RESTRICTED PURPOSE FUND REVENUE AND EXPENDITURES**
**September 30, 2020**

	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<b>Auxiliary Services</b>				
Employee benefits	\$ -	\$ 125,000	0.0%	\$ 125,000
Total Auxiliary Services	<u>-</u>	<u>125,000</u>	<u>0.0%</u>	<u>125,000</u>
<b>Operations and Maintenance of Plant</b>				
Employee benefits	-	450,000	0.0%	450,000
Total Operation and Maintenance of Plant	<u>-</u>	<u>450,000</u>	<u>0.0%</u>	<u>450,000</u>
<b>Institutional Support</b>				
Employee benefits	-	500,000	0.0%	500,000
Contractual services	13,553	200,000	6.8%	186,447
Materials and supplies	149,841	784,088	19.1%	634,247
Student grants and waivers	292,566	29,853	980.0%	-262,713
Total Institutional Support	<u>455,960</u>	<u>1,513,941</u>	<u>30.1%</u>	<u>1,057,981</u>
<b>Scholarships, Student Grants &amp; Waivers</b>				
Salaries	5,390	131,529	4.1%	126,139
Student grants and scholarships	2,663,437	11,003,523	24.2%	8,340,086
Total Scholarships, Student Grants & Waivers	<u>2,668,827</u>	<u>11,135,052</u>	<u>24.0%</u>	<u>8,466,225</u>
<b>Total Expenditures</b>	<u>\$ 3,663,162</u>	<u>\$ 19,209,994</u>	<u>19.1%</u>	<u>\$ 15,546,832</u>

AUDIT FUND REVENUE AND EXPENDITURES  
September 30, 2020

	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<b><u>REVENUE</u></b>				
<b><u>LOCAL GOVERNMENT</u></b>				
Property taxes	<u>\$ 17,972</u>	<u>\$ 71,517</u>	<u>25.1%</u>	<u>\$ 53,545</u>
<b><u>MISCELLANEOUS</u></b>				
Investment revenue	<u>-</u>	<u>50</u>	<u>0.0%</u>	<u>50</u>
<b><u>Total Revenue</u></b>	<u>\$ 17,972</u>	<u>\$ 71,567</u>	<u>25.1%</u>	<u>\$ 53,595</u>
 <u>Transfers in</u>	 -	 -	 0.0%	 -
<b><u>Total Revenue and Transfers in</u></b>	<u>\$ 17,972</u>	<u>\$ 71,567</u>	<u>25.1%</u>	<u>\$ 53,595</u>
 <b><u>EXPENDITURES</u></b>				
By Program:				
<b><u>Institutional Support</u></b>				
Contractual services	<u>21,260</u>	<u>81,600</u>	<u>26.1%</u>	<u>60,340</u>
<b><u>Total Expenditures</u></b>	<u>\$ 21,260</u>	<u>\$ 81,600</u>	<u>26.1%</u>	<u>\$ 60,340</u>

**LIABILITY, PROTECTION & SETTLEMENT FUND REVENUE AND EXPENDITURES**  
**September 30, 2020**

	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<b><u>REVENUE</u></b>				
<b><u>LOCAL GOVERNMENT</u></b>				
Property taxes	\$ 200,946	\$ 801,634	25.1%	\$ 600,688
<b>MISCELLANEOUS</b>				
Investment revenue	1	100	1.0%	99
<b>Total Revenue</b>	<u>\$ 200,947</u>	<u>\$ 801,734</u>	<u>25.1%</u>	<u>\$ 600,787</u>
<b><u>EXPENDITURES</u></b>				
<b><u>By Program:</u></b>				
<b>Instruction</b>				
Salaries	-	215,848	0.0%	215,848
Employee benefits	137.00	135,000	0.1%	134,863
Total Instruction	<u>137.00</u>	<u>350,848</u>	<u>0.0%</u>	<u>350,711</u>
<b>Academic Support</b>				
Employee benefits	-	16,500	0.0%	16,500
<b>Student Services</b>				
Salaries	23,410	85,668	27.3%	62,258
Employee benefits	2,545	28,501	8.9%	25,956
Total Academic Support	<u>25,955</u>	<u>114,169</u>	<u>22.7%</u>	<u>88,214</u>
<b>Public Service/Continuing Education</b>				
Employee benefits	-	7,500	0.0%	7,500
<b>Auxiliary Services</b>				
Employee benefits	-	4,500	0.0%	4500
<b>Operations and Maintenance of Plant</b>				
Salaries	138,213	1,031,006	13.4%	892,793
Employee benefits	13,299	65,003	20.5%	51,704
Total Operations and Maintenance of Plant	<u>151,512</u>	<u>1,096,009</u>	<u>13.8%</u>	<u>944,497</u>
<b>Institutional Support</b>				
Salaries	28,398	149,956	18.9%	121,558
Employee benefits	3,846	61,711	6.2%	57,865
Contractual services	36,600	200,000	18.3%	163,400
Other Fixed Charges	262,933	335,087	78.5%	72,154
Total Institutional Support	<u>331,777</u>	<u>746,754</u>	<u>44.4%</u>	<u>414,977</u>
<b>Total Expenditures</b>	<u>\$ 509,381</u>	<u>\$ 2,336,280</u>	<u>21.8%</u>	<u>\$ 1,826,899</u>



**GENERAL BOND OBLIGATION FUND REVENUE AND EXPENDITURES**  
**September 30, 2020**

	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<b><u>REVENUE</u></b>				
<b><u>LOCAL GOVERNMENT</u></b>				
Property taxes	<u>\$ 233,431</u>	<u>\$ 651,429</u>	<u>35.8%</u>	<u>\$ 417,998</u>
<b><u>MISCELLANEOUS</u></b>				
Investment revenue	<u>1</u>	<u>100</u>	<u>1.0%</u>	<u>99</u>
<b>Total Revenue</b>	<u>233,432</u>	<u>651,529</u>	<u>35.8%</u>	<u>418,097</u>
<b><u>EXPENDITURES</u></b>				
By Program:				
<b>Institutional Support</b>				
Fixed charges	<u>-</u>	<u>645,950</u>	<u>0.0%</u>	<u>645,950</u>
<b><u>TRANSFERS OUT</u></b>	<u>-</u>	<u>-</u>	<u>0.0%</u>	<u>-</u>
<b>Total Expenditures</b>	<u>\$ -</u>	<u>\$ 645,950</u>	<u>0.0%</u>	<u>\$ 645,950</u>

**OPERATIONS & MAINTENANCE (RESTRICTED) FUND REVENUE AND EXPENDITURES**  
**September 30, 2020**

	<u>Actual</u>	<u>Budget</u>	<u>%</u>	<u>Budget Remaining</u>
<b><u>REVENUE</u></b>				
<b>STATE GOVERNMENT</b>				
Capital Development Board	-	4,881,800	0.0%	4,881,800
Total	-	4,881,800	0.0%	4,881,800
<b>OTHER SOURCES</b>				
Bonds	-	3,145,062	0.0%	3,145,062
Investment Interest	268	289,881	0.0%	289,613
Total	268	3,434,943	0.0%	3,434,675
<b>TRANSFERS IN</b>	\$ -	\$ 2,167,167	0.0%	\$ 2,167,167
<b><u>Total Revenue and Transfers in</u></b>	<u>\$ 268</u>	<u>\$ 10,483,910</u>	<u>0.0%</u>	<u>\$ 10,483,642</u>
<b><u>EXPENDITURES</u></b>				
By Program:				
<b>Operations and Maintenance of Plant</b>				
Contractual services	16,900	5,076,800	0.3%	5,059,900
Capital outlay	2,409,856	5,407,110	44.6%	2,997,254
Total Operation and Maintenance of Plant	2,426,756	10,483,910	23.1%	8,057,154
<b>Total Expenditures</b>	<u>\$ 2,426,756</u>	<u>\$ 10,483,910</u>	<u>23.1%</u>	<u>\$ 8,057,154</u>

**From:** [Mireya Perez](#)  
**To:** [Stan Fields](#)  
**Cc:** [Maria Sanchez Anderson](#); [Ana L Valdez](#)  
**Subject:** FW: Action Item 8.3 for 10/28/2020 Board Meeting  
**Date:** Thursday, October 15, 2020 12:14:24 PM  
**Attachments:** [TR 9.30.20.pdf](#)

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Approved.

*Thanks,*

*Mireya Perez, CPA  
Chief Financial Officer/ Treasurer  
Morton College  
3801 South Central Ave  
Cicero, IL 60804  
Phone (708) 656-8000 ext 2289  
Fax (708) 656-3194*

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**From:** Suzanna Raigoza <[Suzanna.Raigoza@morton.edu](mailto:Suzanna.Raigoza@morton.edu)>  
**Sent:** Thursday, October 15, 2020 12:05 PM  
**To:** Mireya Perez <[mireya.perez@morton.edu](mailto:mireya.perez@morton.edu)>  
**Subject:** Action Item 8.3 for 10/28/2020 Board Meeting

**Proposed Action:** THAT THE MONTHLY TREASURER'S REPORTS FOR SEPTEMBER 2020 BE RECEIVED AND FILED FOR AUDIT AS SUBMITTED.

**Rationale:** [Required by Board Policy 1.6.7]

**Attachments:** Treasurer's Reports

Thank you,

Suzanna Raigoza  
Senior Accountant  
Morton College  
3801 S Central Ave  
Cicero, IL 60804  
P: 708-656-8000 ext 2305  
F: 708-656-3194

**Morton College Treasurer's Report**

Month Ending: September 2020

<i><b>Institution</b></i>	<i><b>Purchased</b></i>	<i><b>Principal</b></i>	<i><b>Rate</b></i>	<i><b>Type</b></i>	<i><b>Maturity</b></i>
<i>The Illinois Funds, Springfield</i>	1-May-06	\$10,637,212.95	0.0100%	TIF Prime Fund	30-Sep-20
<i>First Midwest Bank</i>	11-Mar-20	\$ 251,348.77	1.0940%	CD	30-Sep-20
<i>First Midwest Bank</i>	11-Mar-20	\$ 251,348.77	1.0940%	CD	30-Sep-20
	Sum	<u>\$11,139,910.49</u>			
<b>Grand Total</b>		<b>\$ 11,139,910.49</b>			

**From:** [Keith McLaughlin](#)  
**To:** [Ana L Valdez](#)  
**Subject:** RE: Request to approve for October BOT/Differential/CBA Report for Fall 2020  
**Date:** Monday, October 19, 2020 11:21:55 AM

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I approve this for action at the October BOT meeting.

Keith D. McLaughlin, Ph.D.  
Provost  
Morton College  
3801 South Central Avenue  
Cicero, Illinois 60804-4398  
708-656-8000, ext. 2277  
[keith.mclaughlin@morton.edu](mailto:keith.mclaughlin@morton.edu)

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**From:** Ana L Valdez <[ana.valdez@morton.edu](mailto:ana.valdez@morton.edu)>  
**Sent:** Monday, October 19, 2020 11:20 AM  
**To:** Keith McLaughlin <[Keith.McLaughlin@morton.edu](mailto:Keith.McLaughlin@morton.edu)>  
**Subject:** Request to approve for October BOT/Differential/CBA Report for Fall 2020

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**From:** Liliana Raygoza  
**Sent:** Thursday, October 15, 2020 5:10 PM  
**To:** Board Materials <[board.materials@morton.edu](mailto:board.materials@morton.edu)>; Keith McLaughlin <[Keith.McLaughlin@morton.edu](mailto:Keith.McLaughlin@morton.edu)>  
**Cc:** Derek C Shouba <[derek.shouba@morton.edu](mailto:derek.shouba@morton.edu)>  
**Subject:** October Board Item - Differential/CBA Report for Fall 2020

Keith,

Attached are differential pay report and board action form that need Board approval at the October Regular Board Meeting.

Regards,

**Liliana Raygoza**  
Executive Assistant – Associate Provost  
Morton College  
708.656.8000 Ext. 2330

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**PROPOSED ACTION:** THAT THE BOARD APPROVE THE DIFFERENTIAL PAY REPORT FOR FACULTY IN THE AMOUNT OF \$30,389.41 AS SUBMITTED, PENDING ADDITIONAL CLASS CANCELLATIONS AND/OR ADDITIONS.

**RATIONALE:** [Required by Board Policy 2.3, Board Union Agreements, and Chapter 110, Act 805, Section 3-26 of the *Illinois Compiled Statutes*]  
Includes full-time and adjunct faculty.

**COST ANALYSIS:** \$30,389.41 – Full-Time & Part-Time Faculty

**ATTACHMENT:** Faculty Differential Pay Report – Fall 2020

**2020 Fall Faculty Differential Pay Stipend Report**

Faculty	Section ID#	Section Title	Enrollment	Students Over	Rate	Differential Pay	Start Date	End Date	Credit Hours
Andrade, Jorge	BIO-102-3C	Introduction to Biology	22	2	980	\$176.40	8/25/2020	12/17/2020	4
Andrade, Jorge	BIO-102-72	Introduction to Biology	26	6	980	\$1,058.40	8/24/2020	12/16/2020	4
Andrade, Jorge	BIO-102-8B	Introduction to Biology	24	4	980	\$705.60	8/29/2020	12/12/2020	4
Ashraf, Asiyya	BIO-204-4L	Anatomy & Physiology II	22	2	980	\$176.40	8/25/2020	12/17/2020	4
Bluemer, Judy	BIO-102-2C	Introduction to Biology	21	21	1071	\$2,024.19	8/25/2020	12/17/2020	4
Bluemer, Judy	BIO-102-3C	Introduction to Biology	22	22	1071	\$2,120.58	8/25/2020	12/17/2020	4
Bluemer, Judy	BIO-100-NR	Introducing Biology	30	10	1071	\$963.90	8/24/2020	12/18/2020	3
Bluemer, Judy	BIO-110-H1	Biology: a Cellular Approach	34	14	1071	\$2,698.92	8/25/2020	12/17/2020	5
Callon, Michael	ENG-102-9H	Rhetoric II	26	2	1028	\$185.04	8/25/2020	12/17/2020	3
Casey, Robert	MAT-201-1G	Calculus I	31	1	1071	\$160.65	8/25/2020	12/17/2020	5
Casey, Robert	MAT-105-4F	College Algebra	35	5	1071	\$642.60	8/24/2020	12/14/2020	4
Crockett, Janet	CHM-105-1D	General Chemistry I	31	7	1071	\$1,574.37	8/24/2020	12/14/2020	5
Dharwadkar, Mihir	MAT-105-NR	College Algebra	41	11	980	\$1,293.60	9/21/2020	12/18/2020	4
Dominguez, Carlos	MAT-141-NR	Statistics	35	5	1071	\$642.60	8/24/2020	12/18/2020	4
Gilligan, Brian	BUS-101-2E	Financial Accounting	34	2	1071	\$192.78	8/25/2020	12/15/2020	3
Imburgia, Joseph	PSY-101-4B	Intro to Psychology	34	2	1071	\$192.78	8/25/2020	12/17/2020	3
Imburgia, Joseph	PSY-101-92	Intro to Psychology	34	2	1071	\$192.78	8/25/2020	12/15/2020	3
Imburgia, Joseph	PSY-101-PF	Intro to Psychology	34	2	1071	\$192.78	8/24/2020	12/16/2020	3
Manning, Bryant	ENG-102-4G	Rhetoric II	25	1	1028	\$92.52	8/24/2020	12/16/2020	3
Mohr, Michele	ENG-101-6E	Rhetoric I	27	3	1071	\$289.17	8/24/2020	12/16/2020	3
Montgomery, Jered	HUM-150-3B	Humanities Through the Arts	33	1	980	\$88.20	8/25/2020	12/17/2020	3
Montgomery, Jered	MUS-100-1C	Music Appreciation	27	2	980	\$176.40	8/24/2020	12/16/2020	3
Montgomery, Jered	HUM-150-1E	Humanities Through the Arts	35	3	980	\$264.60	8/24/2020	12/18/2020	3
Ostojic, Gordana	PHS-101-1E	Astronomy	30	2	1071	\$192.78	8/24/2020	12/16/2020	3
Paez, Elizabeth	MAT-097-CR2	Intermediate Algebra Support	31	1	1028	\$92.52	8/24/2020	12/17/2020	3
Paez, Elizabeth	MAT-105-CR2	College Algebra	31	1	1028	\$123.36	8/24/2020	12/17/2020	4
Pearson, Dennis	BIO-203-5F	Anatomy & Physiology I	23	3	1071	\$289.17	8/25/2020	12/17/2020	4
Pearson, Dennis	BIO-204-3B	Anatomy & Physiology II	25	5	1071	\$481.95	8/25/2020	12/17/2020	4
Pierce, Tom	ENG-101-UE	Rhetoric I	25	1	1071	\$96.39	9/9/2020	12/16/2020	3
Pulaski, Andrew	LAW-202-1F	Juvenile Delinquency	42	10	1071	\$963.90	10/27/2020	12/17/2020	3
Rosiak-Seo, Kymberly	BIO-203-H1	Anatomy & Physiology I	24	4	1119	\$402.84	8/25/2020	12/15/2020	4
Rosiak-Seo, Kymberly	BIO-203-H2	Anatomy & Physiology I	24	4	1119	\$402.84	8/24/2020	12/14/2020	4
Rosiak-Seo, Kymberly	BIO-204-NR	Anatomy & Physiology II	25	5	1119	\$503.55	8/24/2020	12/18/2020	4
Sanchez, Alejandro	MAT-097-CR1	Intermediate Algebra Support	34	4	980	\$352.80	8/25/2020	12/17/2020	3
Sanchez, Alejandro	MAT-105-CR1	College Algebra	34	4	980	\$470.40	8/24/2020	12/17/2020	4
Sanchez, Alejandro	MAT-105-1D	College Algebra	37	7	980	\$823.20	8/24/2020	12/17/2020	4
Schmitt, Robert	PSY-101-3J	Intro to Psychology	33	1	1071	\$96.39	8/24/2020	12/16/2020	3
Schmitt, Robert	PSY-101-5C	Intro to Psychology	33	1	1071	\$96.39	8/25/2020	12/17/2020	3
Schmitt, Robert	PSY-101-OE	Intro to Psychology	36	4	1071	\$385.56	8/25/2020	12/17/2020	3
Spaniol, Scott	MAT-141-H1	Statistics	40	10	1071	\$1,285.20	8/24/2020	12/17/2020	4
Stanukinas, Melissa	BIO-102-9J	Introduction to Biology	21	1	980	\$176.40	8/24/2020	12/14/2020	4
Tomchek, Ryan	MAT-102-3D	General Education Mathematics	32	2	980	\$235.20	8/24/2020	12/17/2020	4
Tomchek, Ryan	MAT-102-NR2	General Education Mathematics	37	7	980	\$823.20	9/21/2020	12/18/2020	4
Warren, John	MUS-108-NR	World Music Survey	26	1	1028	\$92.52	8/24/2020	12/18/2020	3
Warren, John	MUS-100-NR2	Music Appreciation	32	7	1028	\$647.64	9/7/2020	12/18/2020	3
Wood, Robert	PSY-101-6E	Intro to Psychology	36	4	1071	\$385.56	8/25/2020	12/17/2020	3
Zukauskas, Karolis	ENG-086-6F	Reading & Writing III	25	1	1119	\$100.71	8/25/2020	12/17/2020	3
Zukauskas, Karolis	ENG-101-3D	Rhetoric I	26	2	1119	\$201.42	8/24/2020	12/14/2020	3
					<b>Total</b>	<b>\$25,827.15</b>			

## 2020 Fall Adjunct Differential Pay Stipend Report

Adjunct Faculty	Section ID#	Section Title	Enrollment	Students Over	Differential Pay	Section Credits	Start Date	End Date
Behling, William	BUS-111-1E	Introduction to Business	34	2	\$187.93	3	8/24/2020	12/16/2020
Creighton, Shana	NUR-108-C1	Foundations of Nursing Prac II	9	1	\$82.00	5	10/26/2020	12/16/2020
Drew, John	CPS-111-NR3	Business Computer Systems	23	3	\$469.82	3	10/26/2020	12/18/2020
Erickson, Christian	SOC-100-92	Intro to Sociology	33	1	\$86.15	3	9/9/2020	12/18/2020
Gonzalez, Susana	NUR-110-B1	Clinical Judgement in Nursing	36	4	\$218.66	2	8/28/2020	12/18/2020
Khalifeh, Khalaf	BIO-102-2C	Introduction to Biology	21	1	\$85.42	4	8/25/2020	12/17/2020
Kilheeneey, Heather	CHM-100-2C	Fundamentals of Chemistry	25	1	\$164.00	4	8/24/2020	12/14/2020
Selvaggio, Nicole	ENG-086-5C	Reading & Writing III	28	4	\$341.67	3	8/25/2020	12/17/2020
				<b>Total</b>	<b>\$1,635.65</b>			



### 2020 Fall Faculty Independent Study/Course By Arrangements

Person Full Name	Section Name	Section Title	Enrollment	Section Minimum Credits	Factor	IND/CBA Load	IND Minimum	Rate	IND Stipend	Assignment Instructional Method
Fabiyi, Edith	OMT 250 NR	Integrated Office Simulation	1	3	0.10	0.30	0.33	1071	\$ 353.43	CBA
Mohr, Michele	IND 199 02	ENG 101 - Rhetoric I	2	1	0.10	0.20	0.33	1071	\$ 353.43	IND
Primm, Rebecca	IND 199 01	ART 213 - Ceramics II	0	1	0.10	0.00		1028	\$ -	IND
Roman, Daniel	IND 199 03	ART 205 - Painting II	1	1	0.10	0.10	0.33	1071	\$ 353.43	IND
								<b>Total</b>	<b>\$ 706.86</b>	

### 2020 Fall Adjuncts Independent Study/Course By Arrangements

Person Full Name	Section Name	Section Title	Enrollment	Section Minimum Credits	Factor	IND/CBA Load	IND Minimum	Rate	IND Stipend	Assignment Instructional Method
Napoletano, Elizabeth	GSP-111-H1	Game Development Essentials	2	3	0.10	0.60		955.42	\$ 573.25	CBA
Posey, Michael	SCM 107 NR	Transportation & Traffic Mg	1	3	0.10	0.30	0.33	980.00	\$ 323.40	CBA
Ritz, Jim	LAW 206 01	Criminal Investigations	1	3	0.10	0.30	0.33	1044.05	\$ 344.54	CBA
Sassetti, James	LAW 102 01	Intro to Criminology	1	3	0.10	0.30	0.33	1044.06	\$ 344.54	CBA
Schmidt, Joseph	CIS 135 01	Network Client Configuration	3	4	0.10	1.20		1006.06	\$ 1,207.27	CBA
Voight, William	LAW 203 01	Law Enforcement & Comm Relatio	2	3	0.10	0.60		993.41	\$ 596.05	CBA
								<b>Total</b>	<b>\$ 2,219.75</b>	
								<b>Grand Total</b>	<b>\$ 2,926.61</b>	

**MORTON COLLEGE BOARD OF TRUSTEES  
REQUEST FOR BOARD ACTION**

**PROPOSED ACTION:** THAT THE BOARD APPROVE THE CHANGE ORDER WITH LO DESTRO CONSTRUCTION COMPANY FOR THE THEATER UPGRADE PROJECT.

**RATIONALE**

The change order will provide a new acoustical finish on back wall of the Theater.

**COST ANALYSIS:**

\$57,043.35

**ATTACHMENTS:**

Change Order

Lo Destro Construction Company  
 211 E Ontario Street Suite 500  
 Chicago, Illinois 60611  
 Phone: (312) 521-5599

**Project:** 2020166 - Morton College Theater Upgrades

## Prime Contract Potential Change Order #011: RFP 018 - Provide new Acoustical Finish on Back Wall

<b>TO:</b>	Morton College 3801 S Centreal Ave Cicero Illinois, 60804	<b>FROM:</b>	Lo Destro Construction Company 211 E Ontario Suite 500 Chicago Illinois, 60611
<b>PCO NUMBER/REVISION:</b>	011 / 0	<b>CONTRACT:</b>	1 - Morton College Theater Upgrades Prime Contract
<b>REQUEST RECEIVED FROM:</b>		<b>CREATED BY:</b>	Nick Santarelli (Lo Destro Construction Company)
<b>STATUS:</b>	Pending - In Review	<b>CREATED DATE:</b>	7/3 /2020
<b>REFERENCE:</b>		<b>PRIME CONTRACT CHANGE ORDER:</b>	None
<b>FIELD CHANGE:</b>	No		
<b>LOCATION:</b>		<b>ACCOUNTING METHOD:</b>	Amount Based
<b>SCHEDULE IMPACT:</b>		<b>PAID IN FULL:</b>	No
		<b>TOTAL AMOUNT:</b>	\$57,043.35

**POTENTIAL CHANGE ORDER TITLE:** RFP 018 - Provide new Acoustical Finish on Back Wall

**CHANGE REASON:** Client Request

**POTENTIAL CHANGE ORDER DESCRIPTION:** *(The Contract Is Changed As Follows)*  
CE #012 - RFP XXX - Provide new Acoustical Finish on Back Wall

### ATTACHMENTS:

#	Cost Code	Description	Type	Amount
1	020000-024000 - Demolition	Provide Initial Protection of space, including seats, flooring and acoustical panels. Provide protection of polished concrete over the path of travel to dumpster	Commitment	\$ 0.00
2	020000-024000 - Demolition	Remove existing finishes	Commitment	\$ 0.00
3	090000-095100 - Acoustical Ceilings	Provide new acoustical finish on back wall of Theater	Commitment	\$ 51,607.00
4	090000-099000 - Painting and Coating	Provide paint repair around Metal Panel	Commitment	\$ 2,720.00
5	020000-024000 - Demolition	Provide final clean of space once work is complete. Remove protection accordingly	Commitment	\$ 0.00
<b>Subtotal:</b>				\$54,327.00
<b>General Conditions - Subcontractor Only: 5.00% Applies to Commitment.</b>				\$ 2,716.35
<b>Grand Total:</b>				<b>\$57,043.35</b>



**PCO #011**

**Morton College**  
3801 S Centreal Ave  
Cicero, Illinois 60804

**Demonica Kemper Architects**  
125 North Halsted Street, Suite 301  
Chicago, Illinois 60661

**Lo Destro Construction Company**  
211 E Ontario Street Suite 500  
Chicago, Illinois 60611

**SIGNATURE** **DATE**

**SIGNATURE** **DATE**

**SIGNATURE** **DATE**



*n.a. favia builder, inc.*

1012 LUNT AVE. • SCHAUMBURG, IL 60193 • (630) 279-1188  
FAX (847) 744-5994

## REQUEST FOR CHANGE

Company: LoDestro Construction  
Attention: Nick Santarelli

RFC #:001  
Date: 9-25-20  
Project Name: Morton College Theatre Upgrade

### Work Description

To Furnish and Install Metal Perforated Wall Panels

### Labor/Material Breakdown

Description	Qty.	Net Price	Total Material	Labor Hours	Labor \$ Per/Hr	Total Labor
Labor				170	\$ 112.00	\$ 19,040.00
Material	1	\$ 26,575.00	\$ 26,575.00			\$ -
Delivery	1	\$ 1,300.00	\$ 1,300.00			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
<b>TOTALS</b>			<b>\$ 27,875.00</b>	<b>170</b>		<b>\$19,040.00</b>

Materials						
General Material					\$	27,875
Material Markup	(@10.00%)				\$	2,788
Total Material					\$	30,663
Labor						
General Labor					\$	19,040
Labor Markup	(@10.00%)				\$	1,904
Total Labor					\$	20,944

<b>Final RFC Amount</b>	<b>\$ 51,607</b>
-------------------------	------------------

LoDestro Construction \_\_\_\_\_ Date \_\_\_\_\_

Alpine/NA Favia Builder Inc. \_\_\_\_\_ Date \_\_\_\_\_

# Labor Rate Worksheet - Change Order Pricing

INSTRUCTIONS
1. Refer to Change Order Pricing Exhibit for definitions.
2. Complete values in GREEN cells only.
3. Use a separate form for each trade/classification which has different benefits. Use additional forms if more than three classifications.
4. Print and sign worksheet. Attach explanation for "Other" lines.
5. Return worksheet and attachments to General Contractor (GC).
6. GC to review worksheets prior to formal submittal via Architect.
7. Resubmit worksheet if wage or burden rates change during Project.

Project: Morton College Theatre

General Contractor: \_\_\_\_\_

Entity: \_\_\_\_\_

Trade: \_\_\_\_\_

Union Affiliation: Chicago District Council of Carpenters

Valid Thru: May 31, 2021 (Month and Year)


Classification	Base Wage	Fringe Benefits (From Table I and II)		Taxes and Statutory Insurance (Rates from Table III)				Rates to Be Used for Change Order Pricing		
		Taxable	Non-Taxable (Remainder)	FICA	FUTA	SUTA	Workers' Compensation	Straight Time	Overtime	Double Time
<b>Foreman</b>				7.65%	0.60%	8.15%	19.20%			
Straight Time	\$ 54.74	\$ -	\$ 40.93	\$ 4.19	\$ 0.33	\$ 4.46	\$ 10.51	\$ 115.16		
Overtime	\$ 82.11	\$ -	\$ 40.93	\$ 6.28	\$ 0.49	\$ 6.69	\$ 15.77	10%	\$ 152.27	
Double Time	\$ 109.48	\$ -	\$ 40.93	\$ 8.38	\$ 0.66	\$ 8.92	\$ 21.02	\$ 11.52	10%	\$ 189.38
								\$ 126.67	\$ 15.23	10%
<b>Journeyman</b>									\$ 167.50	\$ 18.94
Straight Time	\$ 52.60	\$ -	\$ 40.93	\$ 4.02	\$ 0.32	\$ 4.29	\$ 10.10	\$ 112.26		\$ 208.32
Overtime	\$ 78.90	\$ -	\$ 40.93	\$ 6.04	\$ 0.47	\$ 6.43	\$ 15.15	10%	\$ 147.92	
Double Time	\$ 105.20	\$ -	\$ 40.93	\$ 8.05	\$ 0.63	\$ 8.57	\$ 20.20	\$ 11.23	10%	\$ 183.58
								\$ 123.48	\$ 14.79	10%
									\$ 162.71	\$ 18.36
Straight Time	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 201.94
Overtime	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	
Double Time	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -

Table I: Taxable Fringe Benefits	
Category	Benefit \$/Hour
Vacation	
Dues	
Other Taxable (List Below)	
	\$ -
	\$ -
	\$ -

Table II: Non-Taxable Fringe Benefits	
Category	Benefit \$/Hour
Health and Welfare	\$ 13.68
Pension	\$ 14.25
Annuity	\$ 4.22
Education/Training	\$ 1.15
Industry	\$ 1.10
Other Non-Tax (List Below)	
Equipment	\$ 2.75
Small Tools	\$ 3.78
	\$ -
	\$ -

Table III: Taxes & Statutory Insurance	
Category	Rate (%)
<b>Taxes</b>	
FICA	7.65%
FUTA	0.60%
SUTA (IL)	8.15%
<b>Subtotal</b>	<b>16.40%</b>
<b>Insurance</b>	
Workers' Comp	19.20%

I affirm that the values herein are in accordance with the provisions of the Change Order Pricing Exhibit, and that I am aware that the Owner may audit the values in accordance with the Right to Audit Exhibit. The labor rates calculated herein in are to be used for all Change Order Pricing for the Project.

Signature: 

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Nelson Industrial Inc.**

An ISO 9001:2000 Company

1155 Squires Beach Road, Pickering, ON L1W 3T9

TEL: 800.277.6897 / 905.428.2240 / FAX: 905.428-2392

www.nelsonii.com

<b>To:</b>	Interested Bidders	<b>Quote:</b>	012614.02
<b>Name:</b>		<b>Date:</b>	09.03.2020
<b>PH:</b>		<b>Copy 2:</b>	Bill Church
<b>Email:</b>	<a href="mailto:info@soundsalesltd.com">info@soundsalesltd.com</a>	<b>From:</b>	Scott Robbins
<b>Fax:</b>		<b>Ext.:</b>	2283
<b>Subject:</b> Morton College Theater Upgrades – POWDER COAT ACOUSTICAL METAL WALL PANELS			

We are pleased to submit for your consideration a summary of materials, best price, projected delivery schedules for the fabrication and supply of our acoustical metal wall system. Our engineering and manufacturing processes are compliant with ISO-9001 Quality Management System. The quoted contract value shown below is based on one production run. Should multiple releases be required, consult Nelson for any cost adjustments. Any required field measurements or site clarifications shall be furnished to Nelson by installing Contractor or ordering party.

**NuvoPanel-HOP™ Acoustical Metal Wall Panel**

- 819 SQ FT Perforated hook-on type wall panels from 14 Ga thick 3003- H14 aluminum.

Quantity / Module size:

- I. WALL PANEL - 24.3" x 54" UNITS - 11
  - II. WALL PANEL - 24.3" x 24" UNITS - 36
  - III. WALL PANEL - 25.7" x 69" UNITS - 39
  - IV. WALL PANEL - 25.7" x 24" UNITS – 21
  - V. WALL PANEL - 16" x 90" CORNER 2
  - VI. WALL PANEL - 16" x 24" CORNER 4
- Perforation pattern: 3/32"Ø x 0.271" staggered centres (60°) = 11% OPEN
  - Margins: Varies. 1/4" – 3/4" standard, some unperforated sides of panels in transition areas
  - Primary acoustical insulation: Soundtex™ Acoustical Insulation adhered to inside surface of prefabricated panels, achieving NRC of 0.7 (approx.)
  - Finish: Polyester Powder Coated
  - Color: To be selected by Project Architect from Nelson's PPC Color Catalogue. Pricing assumes standard, non-metallic RAL#
  - Suspension System: 6" x 96" x 2" Z strip furring with backer plates



Trim and Moulding:

I.	WALL CHANNEL - 8'	PCS	103
II.	ANGLE TRIM - 8'	PCS	37
III.	PANEL MTG CHNL - 6'	PCS	28

Freight Included. Applicable taxes extra.  
Our price is quoted DAP (Delivered at Place) to Morton College, Cicero, Illinois.

**Freight:**

Nelson reserves the right to ship all material to job site via common carrier (LTL). In the event that special (dedicated) shipments would be requested by the installing Contractor for reasons beyond Nelson's control, such will be subject to extra charges.

**Order processing:**

Before an order is processed, Nelson will submit via facsimile an official "Order Confirmation" providing information concerning estimated time of delivery etc., but also requesting your acknowledgment. Such must be signed and returned to Nelson before the order is processed, which may include your request for sample/color submittals and/or providing drawings.

**Product (shop) drawing(s):**

Drawings will be provided via electronic mail (PDF's) on the basis of submitted contract documents in our possession at the time of your order confirmation. Deviations or changes from such plans and specifications if later requested by the ordering party may become subject to additional charges. Any such potential extra charges shall be notified in writing prior to commencing any such detail/document changes. Fee for such will be billed at the rate of CAD 100.00 per hour.

**Delivery of product drawing(s):**

Estimated at 2 weeks following receipt of a purchase order. A more accurate time will be provided upon the confirmation of an order.

**Delivery of material:**

Estimated at 6 weeks following the receipt of "signed-off" product drawing(s) marked "Approved for manufacture" or similar, with any required site verified dimension, confirmed. A more accurate time of delivery will be provided with our order confirmation. Nelson will not be held responsible for delays in delivery.

**Terms:**

Net 30 days, subject to credit approval  
NO HOLD BACKS PERMITTED

**Validity:**

Quote is valid for an order placed within 90 days.  
We thank you for the opportunity to be considered for this project.

Respectfully,  
Scott Robbins  
VP Sales  
Nelson Industrial Inc.



## **Terms and Conditions**

### **General:**

1. Nelson Industrial Inc. is a supplier of materials as ordered by Purchaser. It's offering does not include installations or other subcontracted activities, unless specifically mentioned in the Quote.
2. The contract for material supply must be initiated by the Purchaser in the form of a Purchaser Order or Letter of Intent confirmed by Nelson with a Customer Order Acknowledgement signed by an authorized officer of the company.
3. The issuance by the Purchaser of the PO or LI confirms the acceptance of Nelson's Terms and Conditions of Sale, which prevail over any contradicting stipulation contained, explicitly or implicitly, in the contractual documents issued by the purchasing party. Any deviation from the provisions of the present Terms and Conditions of Sale, resulting from direct negotiation with customer, must be confirmed by Nelson on its Order Acknowledgement, before being considered valid.
4. Cancellation by Purchaser of a valid order becomes effective only with Nelson's written consent ensuring full compensation for all costs incurred and damages suffered in the process.

### **Production and Deliveries:**

1. Nelson will commence activities associated with the order, including shop drawings only after credit approval or receipt of quoted down payment. Production will commence only upon return of Shop Drawings stamped or signed as "Approved for fabrication", "As is" or "As noted".
2. All products will be fabricated to dimensions and specs as approved on Nelson's shop drawings, or as defined by Customer's documents. The provision of VIF (Verify in field) conditions is the responsibility of the Purchaser. Any deviation from the information/documentation received for quotation, involving extra cost to Nelson, will be executed only upon acceptance of a written Change Order initiated by the Purchaser and acknowledged by Nelson.
3. Quoted lead times are for manufacturing only and exclude the shop drawing approval process. Delivery dates stated in our quote are approximate and Nelson will not be held liable for failing to meet such dates or for any resulting liquidated damages.
4. Should the Purchaser postpone delivery dates after orders are released for manufacturing, all costs incurred due to storage of special finishes, materials-in-process or finished goods may become subject to charged extras to the contract.
5. Nelson Industrial Inc., shall be excused from liability, loss or damage to Purchaser or any other person or party for failure to manufacture or deliver, or any delay in delivering, arising from any events beyond Nelsons' control, regardless of whether or not they were foreseeable by either party at the time of ordering. Such uncontrollable events included, but not limited to, acts of God, war, riot, embargoes, acts of civil or military authorities, fires, floods, accidents, Government priorities and regulations, quarantine restrictions, acts of Purchaser, strikes, labour stoppages, labour disputes, difference with workman decrees and delays in transportation.

### **Freight:**

1. Freight terms are DAP (Delivered at Place) with freight paid to place of delivery unless otherwise quoted. Title to materials sold shall transfer to Purchaser on off loading of the freight carrier. Nelson shall however retain a lien on the materials sold until payment is made in full.
2. Shipping arrangements and freight insurance are the responsibility of Nelson. Arrangements made through Nelson at the Purchaser's request are extra to the contract and will be charged accordingly, unless otherwise specified on the quote.

### **Payments**

1. Payment terms are Net 30 days from date of invoice, subject to credit approval. Quoted prices are exclusive of all taxes.
2. The Purchaser's obligation to make payment under this contract is absolute and not conditional on the Purchaser's receipt of payment from any third party. The Purchaser will not apply any holdbacks or retainage fees.

### **Use of material supplied:**

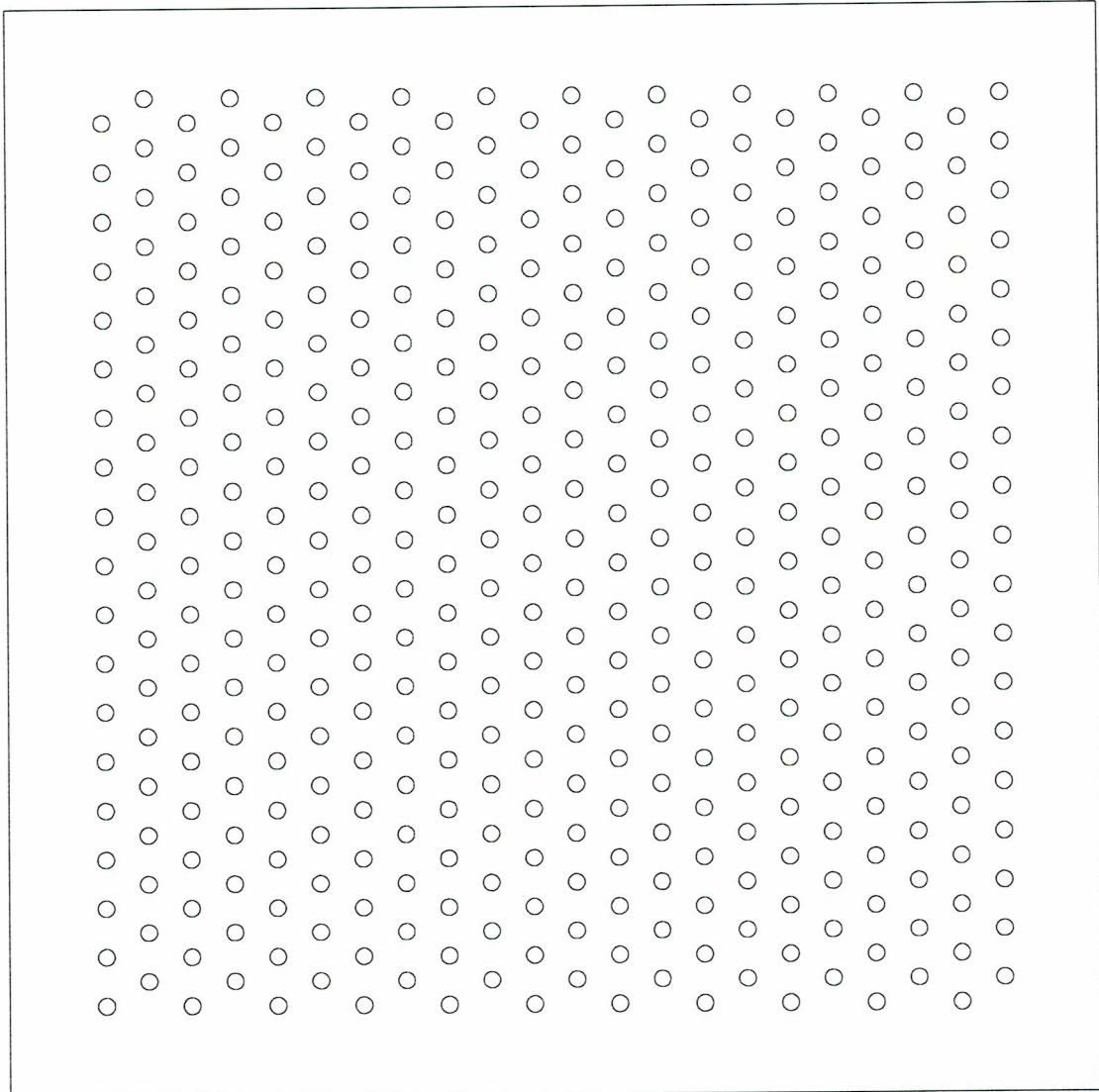
1. Upon receipt of shipment, the Purchaser shall inspect the material for any damages, defects, shortages or any other relevant characteristics. Claims regarding damage in transit must be noted on the Bill of Lading at the time of receipt. Failure to do so shall constitute waiver of claim. In any case Nelson must be notified within five (5) working days of any discrepancies, defects or request for claim.
-

2. Installation or any modification applied to the material constitutes acceptance of material as is. Nelson does not accept responsibility for claims resulting from the use of damaged defective or modified material. Should Nelson decline the right to correct or replace the defective material, repairs or modifications performed on the supplied material are allowed only after Nelson has approved the projected cost of such activities, in writing.
3. No material shall be returned without a Return Goods Authorization issued by a Nelson authorized officer. To obtain a RGA the purchaser must provide the proper information needed to identify the original shipment. All material must be returned freight prepaid.

**Warranty and Limitations:**

1. Unless otherwise stated in our Quote, Nelson warrants that the products delivered hereunder will be free from defects in workmanship under proper and normal use for a period of twelve (12) months from acceptance or eighteen (18) months from date of shipment, whichever comes first. Should any failure to comply with this warranty appear within this period, Nelson agrees, upon prompt notification thereof, and confirmation that the product has been stored, installed and maintained in accordance with the recommendations of Nelson, to correct the defect by either repairing the defective product, or (at Nelson's discretion) by replacement. The foregoing shall constitute the purchaser's exclusive remedy and a fulfilment of all sellers' liability with respect to its products.
  2. The foregoing general warranties are exclusive, and the remedies provided for breach thereof are likewise exclusive. All other warranties, whether expressed or implied, arising by operation of Ontario Law, courses of dealings, usage of trade or otherwise is excluded. There are no implied warranties of merchantability or fitness for purpose. Nelson shall not be liable for any consequential damages such as loss of profit or revenue, downtime costs, costs associated with the removal or re-installation of its products or claims of third parties against the purchaser.
  3. Nelson Industrial Inc. has no liability for any and all costs, expenses, judgments and losses for alleged infringement of any patents or other proprietary rights which results from the compliance with Purchaser's designs, specifications or instructions.
-

## Morton College - PERF SAMPLE



3/32"Ø x 0.271" staggered centres (60°) = 11%OPEN



7340 N. Monticello - Skokie - IL - 60076 (847)677-5130 / f (847)677-5139

September 3, 2020

Mr. Nick Santarelli  
Lo Destro Construction Co.  
211 E. Ontario, Suite 500  
Chicago, IL 60611

Re: Morton College Theater Upgrades  
3801 S. Cicero Ave.  
Cicero, IL 60804  
RFP-018 Review for Impact

Dear Nick,

Upon review of RFP 018 dated 8/28/2020 of Demonica Kemper Architects, we have determined the following impact to Field Painting and Decorating:

1. Add field painting of the perimeter edge above the new wall panels as noted to match metal panel finish. This work will be completed using an approved close match paint color to be selected. Metallic finishes are not included.
2. Add field painting of the theater side of the control room window frame.
3. Paint perimeter drywall where new metal wall panels abut to the control room window. Notes identify this paint color to be PT-5.
4. Prime and paint new wood board at base of stairs on two sides.

All work shall be completed during regular working hours with fully insured union painters.

➤ Total amount of this impact, add: \$ 2,720.00.

If you should have any questions, please do not hesitate to call.

Respectfully submitted,

James W. Guthrie



## LoDestro Labor Rates for NON-Northwestern Work

Trade classification

**Journeyman Painter**

Effective date

from: 6/1/2020 to: 5/31/2021

Subcontractor name:

Hester Decorating

Address:

7340 N. Monticello

Phone:

847-677-5130

Contact:

James W. Guthrie

DESCRIPTION	% or Rate/hour	Hourly Rates		
		Straight time 1X	Premium 1.5X	
Basic Rate		\$48.30	\$24.15	
Union Fringe Benefits	\$29.55	\$29.55	\$0.00	
FICA/Medicare	7.65%	\$3.69	\$1.85	
F.U.I.	0.80%	\$0.39	\$0.19	
S.U.I.	8.95%	\$4.32	\$2.16	
Worker's Comp. Insurance	15.14%	\$7.31	\$3.66	
Public Liability Insurance	5.35%	\$2.58	\$1.29	
Offsite Liability/Auto	2.00%	\$0.97	\$0.48	
SUBTOTAL		\$97.12	\$33.78	
O/H	10.00%	\$9.71	\$3.38	
SUBTOTAL		\$106.83	\$37.16	
Profit	5.00%	\$5.34	\$1.86	
TOTAL labor rate per hour		\$112.17	\$39.02	\$151.19

*SA*

**From:** [Melissa Ridyard](#)  
**To:** [Board Materials](#)  
**Cc:** [Frank E Marzullo](#); [Micheal A Kott](#)  
**Subject:** FOR BOARD APPROVAL - INSTITUTIONAL MEMBERSHIP IN THE AMERICAN LIBRARY ASSOCIATION (ALA)  
**Date:** Tuesday, September 29, 2020 10:08:12 AM  
**Attachments:** [0128125\\_Morton College LibraryBldg B\\_20200903\\_.pdf](#)  
[ALA Membership Board Action Sheet.pdf](#)

---

For board approval.

Thank you,

Melissa Ridyard  
Executive Assistant  
Operations, 224-B  
Morton College  
3801 S. Central Ave, Cicero, IL 60804-4398  
708-656-8000 x.2440 (direct)  
[melissa.ridyard@morton.edu](mailto:melissa.ridyard@morton.edu) [www.morton.edu](http://www.morton.edu)

---

**From:** Micheal A Kott <micheal.kott@morton.edu>  
**Sent:** Tuesday, September 29, 2020 8:35 AM  
**To:** Board Materials <board.materials@morton.edu>  
**Cc:** Melissa Ridyard <melissa.ridyard@morton.edu>  
**Subject:** Board Action Sheet ALA Membership for Oct

Attached is the board action sheet for continued institutional membership in the American Library Association. I have attached the Invoice as well.

Micheal

#



**Micheal Kott**

Associate Dean-Learning Resource Center

**P:**  [\(708\) 656-8000](tel:(708)656-8000). Ext. 2208

**E:** [Micheal.Kott@morton.edu](mailto:Micheal.Kott@morton.edu)

[www.morton.edu](http://www.morton.edu)

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**MORTON COLLEGE BOARD OF TRUSTEES  
REQUEST FOR BOARD ACTION**

**PROPOSED ACTION:** THAT THE BOARD APPROVE THE INSTITUTIONAL MEMBERSHIP FROM THE AMERICAN LIBRARY ASSOCIATION FOR THE ANNUAL FEE OF \$870.00 (FY 21)

**RATIONALE**

ALA works to increase public awareness about the value of libraries, both academic and public, to our communities. Organizational members can take advantage of many ALA programs and events to help expand staff skills and services.

**COST ANALYSIS:**

Cost: \$ 870.00 includes annual membership and a seat on the following:

- Association of College and Research Libraries Committee,
- Leadership, Infrastructure and Futures Committee,
- Library Instruction Committee
- Rainbow Round Table

**ATTACHMENTS:**

Invoice



# YOUR ALA RENEWAL IS HERE!

**Member 0128125**

[renew today - www.ala.org/renew](http://www.ala.org/renew)

Morton College LibraryBldg B  
3801 S Central Ave  
Cicero, IL 60804-4300

Thank you for 3 years of ALA Membership!

**Your membership expired on April 30, 2020.  
Please consider renewing today.**

Page 1 of 1

09/03/2020

## MEMBERSHIP DETAIL

**This reflects dues products and rates that are in effect between 09-01-2019 through 08-31-2020**

L3	Library Membership Basic Dues	\$500.00
ACRL	Association of College and Research Libraries	\$125.00
ACRL IS	Instruction Section	\$0.00
ACRL ARTS	Arts Section	\$0.00
ACRL CJCLS	Community and Junior College Libraries Section	\$0.00
ACRL CLS	College Libraries Section	\$0.00
CORE	Core: Leadership, Infrastructure, Futures	\$200.00
LIRT	Library Instruction	\$25.00
RRT	Rainbow Round Table	\$20.00

Member ID	Paid Through	Member Type	Total Amount Due
0128125	04/30/2020	MEDIUM LIBRARY	\$870.00



**From:** [Melissa Ridyard](#)  
**To:** [Board Materials](#)  
**Cc:** [Frank E. Marzullo](#); [Lydia Falbo](#); [Nancy Jeffries](#)  
**Subject:** FOR BOARD APPROVAL - PROPOSED ACTION INACSL MEMBERSHIP RENEWAL  
**Date:** Friday, October 16, 2020 11:45:24 AM  
**Attachments:** [PROPOSED ACTION INACSL MEMBERSHIP RENEWAL.docx](#)  
[INACSL MEMBERSHIP RENEWAL.pdf](#)

---

Please see attached.

Thank you,

Melissa Ridyard  
Executive Assistant  
Operations, 224-B  
Morton College  
3801 S. Central Ave, Cicero, IL 60804-4398  
708-656-8000 x.2440 (direct)  
[melissa.ridyard@morton.edu](mailto:melissa.ridyard@morton.edu) [www.morton.edu](http://www.morton.edu)

---

**From:** Nancy Jeffries <nancy.jeffries@morton.edu>  
**Sent:** Thursday, October 15, 2020 11:46 AM  
**To:** Melissa Ridyard <melissa.ridyard@morton.edu>  
**Cc:** Lydia Falbo <Lydia.Falbo@morton.edu>  
**Subject:** PROPOSED ACTION INACSL MEMBERSHIP RENEWAL

Good Morning,

I hope all is well. Here's a Membership Renewal. Please if you could send to October Board Meeting.

Thank you,



**Nancy Jeffries**  
Administrative Assistant -Health Careers  
P:  [\(708\) 656-8000](tel:(708)656-8000), Ext. 2265  
E: [Nancy.Jeffries@morton.edu](mailto:Nancy.Jeffries@morton.edu)  
[www.morton.edu](http://www.morton.edu)

The information contained in this e-mail and any accompanying documents is intended for the

**PROPOSED ACTION:**

THAT THE BOARD APPROVE NURSING INACSL INSTITUTIONAL MEMBERSHIP  
RENEWAL

**RATIONALE:**

[Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section  
3-26 of the *Illinois Compiled Statutes*]

**COST ANALYSIS:**

\$ 532.00

**ATTACHMENT:**

PAYMENT DETAILS/RENEWAL

## Nancy Jeffries

---

**From:** Lydia Falbo  
**Sent:** Friday, October 09, 2020 12:03 PM  
**To:** Nancy Jeffries  
**Subject:** Fwd: INACSL Institutional Membership Notice

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Lydia Falbo DNP, RN  
Dean of Nursing and Health Science  
Morton College  
Sent from my iPhone

Begin forwarded message:

**From:** International Nursing Association for Clinical Simulation & Learning  
<inacslinfo@inacsl.org>  
**Date:** October 9, 2020 at 12:00:55 PM CDT  
**To:** Lydia Falbo <Lydia.Falbo@morton.edu>  
**Subject:** INACSL Institutional Membership Notice  
**Reply-To:** inacslinfo@inacsl.org



---

### INACSL Institutional Membership Renewal

Dear Lydia,

Our organization was founded in 2003 to help you advance the science of healthcare simulation in your daily work. We are grateful that you turned to us over the past year to access resources such as **virtual education, an international simulationist community, research funding, scholarships, and simulation news.**

At this time, your INACSL Institutional membership is set to expire **December 31, 2020.**

Our records indicate that you are the primary member of the membership and therefore are responsible for renewing. ***If you are passing this task onto another you must give them your log in credentials.***

This is a great time for you to also cleanup who is listed on your membership. For instructions on how to add additional Institutional members and or remove please click [here](#) and look under the Membership heading.

Please [contact](#) us if you need assistance changing the primary member on your account.

Forgot your password? You can [request](#) a new one.

**We do ask that all members take a few minutes to update their profile. This can be done by visiting the [Members Only Section of the website](#), Update My Profile. From there you can update your contact information. We encourage you to visit the *Custom* tab to ensure we have all of your current information and certifications. This information helps us to enhance content for our annual conference and webinars.**

We look forward to your continued involvement in and contribution to our community.

Sincerely,

Sincerely,  
Janet Willhaus, PhD, RNINACSL President (2020-21)

---

Questions? Check out our [FAQ page](#), email [inacslinfo@inacsl.org](mailto:inacslinfo@inacsl.org) or call 919.674.4182



International Nursing Association for Clinical Simulation & Learning | 110 Horizon Drive, Suite 210, Raleigh, NC 27615

[Unsubscribe lydia.falbo@morton.edu](mailto:lydia.falbo@morton.edu)

[Update Profile](#) | [About our service provider](#)

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[EDUCATION \(/I4A/PAGES/INDEX.CFM?PAGEID=3573\)](http://inacsl.org/education/annual-conference/)  
[RESOURCES \(/I4A/PAGES/INDEX.CFM?PAGEID=3574\)](http://inacsl.org/resources/for-educators/)  
[COVID-19 RESOURCES \(/I4A/PAGES/INDEX.CFM?PAGEID=3604\)](http://inacsl.org/store/full-store/)  
[STORE \(/I4A/PAGES/INDEX.CFM?PAGEID=3575\)](http://inacsl.org/store/full-store/)  
[MEMBERSHIP \(/I4A/PAGES/INDEX.CFM?PAGEID=3576\)](https://member.inacsl.org/I4A/PAGES/INDEX.CFM?PAGEID=3385)

## MEMBERSHIP RENEWAL

Lydia Falbo  
 Morton College  
 3801 South Central Ave  
 Cicero, IL 60804  
 United States

Lydia.falbo@morton.edu  
 708.656.8000

<b>Membership Type</b>	Institutional Membership
<b>Expiration Date</b>	12/31/2020
<b>Base Amount Due</b>	\$532.00
<b>Total Dues</b>	\$532.00
<b>Comments or Questions</b>	

## PAYMENT DETAILS

**Amount to Charge :** 532.00

Payment Method:

[Select a Payment Method]



Submit →









Association of Community College  
Trustees  
P.O. Box 426061  
Washington, D.C 20042-6061

Customer #: 0000039500

Dr. Stanley Fields  
Morton College  
3801 S Central Ave  
Cicero, IL 60804-4398

## Invoice

Invoice # : 83611  
Invoice Date: 04/22/2020  
Invoice Terms: net 30

Description	Quantity	Price	Discount	Amount
District Membership Dues				
District	1	\$4,573.00	\$0.00	\$4,573.00

ACCT offers three convenient payment options:

1. Pay Online by credit card at [www.acct.org](http://www.acct.org). Click on "Renew Membership".  
You will need to log in with your email address and password.

2. Pay by Phone: Call toll-free (866) 895-2228, ext. 115 or (202) 775-2406 to  
make a credit card payment over the phone.

3. Pay by Mail: Return a copy of your invoice with your payment by mail to  
ACCT, P.O. Box 426061, Washington, DC 20042-6061

Invoice Total	\$4,573.00
Taxes	\$0.00
Amount Paid	\$0.00
<b>PLEASE PAY</b>	<b>\$4,573.00</b>

PLEASE DETACH AND REMIT WITH YOUR PAYMENT

Invoice#: 83611

Customer #: 0000039500

Dr. Stanley Fields  
Morton College  
3801 S Central Ave  
Cicero, IL 60804-4398

Select Payment Method	
<input type="checkbox"/> Check Enclosed	
Card Provider _____	Exp Date____/____
Card #_____	CVV_____
Card Holder's Name_____	
Card Holder's Signature_____	

Remit Payment To:

**Association of Community College Trustees**

P.O. Box 426061, Washington, D.C 20042-6061

Total Due: **\$4,573.00**

Amt Remitted : \_\_\_\_\_



**From:** [Keith McLaughlin](#)  
**To:** [Ana L Valdez](#)  
**Subject:** RE: Request to approve for October BOT/NC-SARA Reciprocity Agreement  
**Date:** Monday, October 19, 2020 11:22:40 AM

---

I approve this for action at the October BOT meeting.

Keith D. McLaughlin, Ph.D.  
Provost  
Morton College  
3801 South Central Avenue  
Cicero, Illinois 60804-4398  
708-656-8000, ext. 2277  
[keith.mclaughlin@morton.edu](mailto:keith.mclaughlin@morton.edu)

---

**From:** Ana L Valdez <[ana.valdez@morton.edu](mailto:ana.valdez@morton.edu)>  
**Sent:** Monday, October 19, 2020 11:21 AM  
**To:** Keith McLaughlin <[Keith.McLaughlin@morton.edu](mailto:Keith.McLaughlin@morton.edu)>  
**Subject:** Request to approve for October BOT/NC-SARA Reciprocity Agreement

---

**From:** Marlena Avalos-Thompson  
**Sent:** Friday, October 16, 2020 9:42 AM  
**To:** Board Materials <[board.materials@morton.edu](mailto:board.materials@morton.edu)>  
**Subject:** NC-SARA Reciprocity Agreement

Please find the NC-SARA board action form attached for consideration at the October board meeting. Thank you.

Marlena Avalos  
Associate Dean of Academic Services  
Morton College  
708-656-8000 x2245  
[M.Avalos-Thompson@morton.edu](mailto:M.Avalos-Thompson@morton.edu)

The information contained in this e-mail and any accompanying documents is intended for the sole use of the recipient to whom it is addressed, and may contain information that is privileged, confidential, and prohibited from disclosure under applicable law. If you are not the intended recipient, or authorized to receive this on behalf of the recipient, you are hereby notified that any review, use, disclosure, copying, or distribution is prohibited. If you are not the intended recipient(s), please contact the sender by e-mail and destroy all copies of the original message. Thank you.

**MORTON COLLEGE BOARD OF TRUSTEES  
REQUEST FOR BOARD ACTION**

**PROPOSED ACTION:** THAT THE BOARD APPROVE INSTITUTIONAL MEMBERSHIP IN THE NATIONAL COUNCIL FOR STATE AUTHORIZATION RECIPROCITY AGREEMENT FOR FY2021 FOR THE ANNUAL FEE OF \$4,000, AS SUBMITTED.

**RATIONALE:** [Required by Board Policy 2.10]

The National Council for State Authorization Reciprocity Agreement is an agreement amongst its membership that establishes standards for its Higher Education distance-learning courses and programs. The National Council for State Authorization Reciprocity Agreement (NC-SARA) is designed to make it possible for students to take courses outside of the state in which they reside and earn credit.

**COST ANALYSIS:** \$4,000-FY2021

**ATTACHMENTS:** None

Institution Name: \_\_\_\_\_



**National Council for  
State Authorization  
Reciprocity Agreements**

MHEC • NEBHE • SREB • WICHE

**Indicate Regional Compact:**

- ☐ Midwestern Higher Education Compact  
☐ New England Board of Higher Education  
☐ Southern Regional Education Board  
☐ Western Interstate Commission for Higher Education

**An Institution applying to operate under the State Authorization Reciprocity Agreement (SARA) must submit this form to its Home State's SARA Portal Entity.**

## RENEWAL APPLICATION AND APPROVAL FORM FOR INSTITUTIONAL PARTICIPATION IN SARA

The chief executive officer (CEO) or chief academic officer (CAO) of the Institution completes and submits the application including any State-specific fees and committing to any special requirements of the SARA State Portal Entity permitted by SARA.

When the State Portal Entity checks "yes" on this form, the State affirms that the applicant Institution has followed proper procedures and provided necessary documents to operate under SARA, but this affirmation does not necessarily represent State evaluation of the Institution's ability to perform under SARA policies.

An Institution seeking approval to operate under the policies of SARA must meet the following requirements:

Institution Applicant to  
complete this column

CEO or CAO initial here

State Entity to  
complete this column

Institution meets  
the requirement

Yes No

\_\_\_\_\_ 1. The main campus or central administrative unit is located in a SARA Member State and is authorized to operate in that State. \*Only distance education content offered under the oversight authority of a SARA Member State is eligible to be offered under SARA.\*\* (See attached documentation.)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

\_\_\_\_\_ 2. The Institution is a U.S. degree-granting Institution that is accredited by an Accrediting Agency recognized by the U.S. Secretary of Education and whose scope of authority, as specified by the Department, includes distance education. (See attached documentation.)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

\_\_\_\_\_ 3. For non-public Institutions, the Institution's most recent financial responsibility index score from the U.S. Department of Education is 1.5 or above, or, if the score is between 1.0 and 1.49, the State Portal Entity can affirm that documentation has been provided to demonstrate financial stability sufficient to justify Institutional participation in SARA. If an Institution is owned by a "corporate parent," the composite score of its "parent" must meet these requirements. NOTE: Public Institutions leave this blank.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Institution Applicant to  
complete this columnState Entity to  
complete this column

CEO or CAO initial here

Yes No

- \_\_\_\_\_ 4. The Institution agrees to abide by the *Interregional Guidelines for the Evaluation of Distance Education* and policies of the *SARA Manual*. ☐ ☐
- \_\_\_\_\_ 5. The Institution agrees to be responsible for the actions of any third-party providers used by the Institution to operate under SARA. ☐ ☐
- \_\_\_\_\_ 6. The Institution agrees to notify its Home State's SARA Portal Entity of any negative changes to its accreditation status. ☐ ☐
- \_\_\_\_\_ 7. The Institution agrees to provide data necessary to monitor SARA activities, including annual reporting of distance education enrollments and out-of-state learning placements disaggregated by State, in accordance with NC-SARA policies. ☐ ☐
- \_\_\_\_\_ 8. The Institution agrees to work with its Home State's SARA Portal Entity to resolve any complaints arising from its students in SARA States, and to abide by decisions of that entity regarding resolution of such complaints. \*\*\* ☐ ☐
- \_\_\_\_\_ 9. The Institution agrees to apply for SARA participation to its Home State's Portal Entity over the signature of the Institution's chief executive officer or chief academic officer. ☐ ☐
- \_\_\_\_\_ 10. The Institution agrees to provide notifications to students related to professional licensure. Any institution approved to participate in SARA that offers courses or programs designed to lead to Professional Licensure or certification or advertised as leading to Licensure must satisfy all federal requirements for disclosures regarding such Professional Licensure programs under 34 C.F.R. 668.43. For SARA purposes, these requirements will also apply to non-Title IV institutions. For SARA purposes, institutions that are unable, after all reasonable efforts, to determine whether a program will meet state professional licensure requirements shall provide the student or applicant with current contact information for any applicable licensing boards, and advise the student or applicant to determine whether the program meets requirements for Licensure in the State where the student is located. ☐ ☐

An email dedicated solely to this purpose and sent to the student's best known email address meets this requirement. The Institution should use other additional means to notify the student, if needed.

- \_\_\_\_\_ 11. The Institution agrees that in cases where the Institution cannot fully deliver the instruction for which a student has contracted, it will provide a reasonable alternative for delivering the instruction or reasonable financial compensation for the education the student did not receive. ☐ ☐
- \_\_\_\_\_ 12. The Institution agrees to pay to its Home State any State fees for SARA participation required by the Home State for administering SARA. ☐ ☐
- \_\_\_\_\_ 13. The Institution agrees to pay its annual SARA participation fee to the National Council for SARA (NC-SARA). ☐ ☐
- \_\_\_\_\_ 14. The Institution agrees to abide by conditions of provisional approval, if necessary. ☐ ☐

\*SARA considers the Home campus to be where an Institution has its legal domicile. Any disputes about which State is the Home State will be resolved for SARA purposes by the affected regional compacts or the National Council (NC-SARA), as needed.

\*\*The fact that a foreign Institution is owned by a U.S. entity does not qualify distance education originating from the non-U.S. Institution to be offered under SARA. Only distance education offerings under the oversight of a SARA Member State can be offered through SARA.

\*\*\*Complaints must follow the Institution's customary resolution procedure prior to being referred to the State under SARA procedures. Grade appeals and student conduct appeals are not allowed under SARA.

## Institutional Renewal Application for SARA

### Institutional Designation and Affirmation

I, the undersigned representative of (Institution name) \_\_\_\_\_  
having the authority to commit the Institution to operate under the SARA interstate agreement, hereby certify  
that this Institution meets all of the policies stated herein required for operation by the *SARA Manual*.

Mailing address of Institution:

Institution OPEID number:

Institutional Accrediting Agency:

Institution FTE (latest IPEDS): \_\_\_\_\_ Year: \_\_\_\_\_

- ☐ Institution with fewer than 2,500 FTE students  
☐ Institution with between 2,501 and 9,999 FTE students  
☐ Institution with more than 10,000 FTE students

Name of principal SARA contact:

Title of principal SARA contact:

Email of principal SARA contact:

Phone number of principal SARA contact:

Name of secondary SARA contact:

Title of secondary SARA contact:

Email of secondary SARA contact:

Phone number of secondary SARA contact:

Link to SARA student complaint system:

Type of Institution: ☐ public ☐ private non-profit ☐ private for-profit  
☐ tribal college ☐ other (describe: \_\_\_\_\_)

Federal Financial Composite Score (NOTE: Public Institutions leave this blank.)

Score: \_\_\_\_\_

Year reporting: \_\_\_\_\_

Is the Institution owned by another entity? ☐ Yes ☐ No

If yes, list official owner name:

If yes, owner address:

## **Institutional Renewal Application for SARA**

Additional campus information:

Name(s) and locations of other campuses to be included in this SARA application:

Name of SARA contact at each campus location:

Email of SARA contact at each campus location:

## Institutional Renewal Application for SARA

### Institutional Designation and Affirmation, cont.

Typed name of Institutional signatory officer:

Title of signatory Institutional officer:

*The chief executive officer (CEO) or chief academic officer (CAO) of the Institution completes and submits the application.*

Signature:

-----

Date signed:

## **Interregional Guidelines for the Evaluation of Distance Education 2011**

Council of Regional Accrediting Commissions (C-RAC)

### **1. Online learning is appropriate to the institution's mission and purposes.**

*Analysis/Evidence: \*\*\*\**

- The mission statement explains the role of online learning within the range of the institution's programs and services;
- Institutional and program statements of vision and values inform how the online learning environment is created and supported;
- As appropriate, the institution incorporates into its online learning programs methods of meeting the stated institutional goals for the student experience at the institution;
- The recruitment and admissions programs supporting the online learning courses and programs appropriately target the student populations to be served;
- The students enrolled in the institution's online learning courses and programs fit the admissions requirements for the students the institution intends to serve;
- Senior administrators and staff can articulate how online learning is consonant with the institution's mission and goals.

### **2. The institution's plans for developing, sustaining, and, if appropriate, expanding online learning offerings are integrated into its regular planning and evaluation processes.**

*Analysis/Evidence:*

- Development and ownership of plans for online learning extend beyond the administrators directly responsible for it and the programs directly using it;
- Planning documents are explicit about any goals to increase numbers of programs provided through online learning courses and programs and/or numbers of students to be enrolled in them;
- Plans for online learning are linked effectively to budget and technology planning to ensure adequate support for current and future offerings;
- Plans for expanding online learning demonstrate the institution's capacity to assure an appropriate level of quality;
- The institution and its online learning programs have a track record of conducting needs analysis and of supporting programs.

*\*\*\*\*These bulleted points illustrate actions, processes and facts that Institutions may use to demonstrate that they meet SARA requirements.*



**3. Online learning is incorporated into the institution's systems of governance and academic oversight.**

*Analysis/Evidence:*

- The institution's faculty have a designated role in the design and implementation of its online learning offerings;
- The institution ensures the rigor of the offerings and the quality of the instruction;
- Approval of online courses and programs follows standard processes used in the college or university;
- Online learning courses and programs are evaluated on a periodic basis;
- Contractual relationships and arrangements with consortial partners, if any, are clear and guarantee that the institution can exercise appropriate responsibility for the academic quality of all online learning offerings provided under its name.

**4. Curricula for the institution's online learning offerings are coherent, cohesive, and comparable in academic rigor to programs offered in traditional instructional formats.**

*Analysis/Evidence:*

- The curricular goals and course objectives show that the institution or program has knowledge of the best uses of online learning in different disciplines and settings;
- Curricula delivered through online learning are benchmarked against on-ground courses and programs, if provided by the institution, or those provided by traditional institutions;
- The curriculum is coherent in its content and sequencing of courses and is effectively defined in easily available documents including course syllabi and program descriptions;
- Scheduling of online learning courses and programs provides students with a dependable pathway to ensure timely completion of degrees;
- The institution or program has established and enforces a policy on online learning course enrollments to ensure faculty capacity to work appropriately with students;
- Expectations for any required face-to-face, on-ground work (e.g., internships, specialized laboratory work) are stated clearly;
- Course design and delivery supports student-student and faculty-student interaction;
- Curriculum design and the course management system enable active faculty contribution to the learning environment;
- Course and program structures provide schedule and support known to be effective in helping online learning students persist and succeed.

**5. The institution evaluates the effectiveness of its online learning offerings, including the extent to which the online learning goals are achieved, and uses the results of its evaluations to enhance the attainment of the goals.**

*Analysis/Evidence:*

- Assessment of student learning follows processes used in onsite courses or programs and/or reflects good practice in assessment methods;
- Student course evaluations are routinely taken and an analysis of them contributes to strategies for course improvements;
- Evaluation strategies ensure effective communication between faculty members who design curriculum, faculty members who interact with students, and faculty members who evaluate student learning;
- The institution regularly evaluates the effectiveness of the academic and support services provided to students in online courses and uses the results for improvement;
- The institution demonstrates the appropriate use of technology to support its assessment strategies;

- The institution documents its successes in implementing changes informed by its programs of assessment and evaluation;
- The institution provides examples of student work and student interactions among themselves and with faculty;
- The institution sets appropriate goals for the retention/persistence of students using online learning, assesses its achievement of these goals, and uses the results for improvement.

**6. Faculty responsible for delivering the online learning curricula and evaluating the students' success in achieving the online learning goals are appropriately qualified and effectively supported.**

*Analysis/Evidence:*

- Online learning faculties are carefully selected, appropriately trained, frequently evaluated, and are marked by an acceptable level of turnover;
- The Institution's training program for online learning faculty is periodic, incorporates tested good practices in online learning pedagogy, and ensures competency with the range of software products used by the Institution;
- Faculty are proficient and effectively supported in using the course management system;
- The office or persons responsible for online learning training programs are clearly identified and have the competencies to accomplish the tasks, including knowledge of the specialized resources and technical support available to support course development and delivery;
- Faculty members engaged in online learning share in the mission and goals of the institution and its programs and are provided the opportunities to contribute to the broader activities of the Institution;
- Students express satisfaction with the quality of the instruction provided by online learning faculty members.

**7. The Institution provides effective student and academic services to support students enrolled in online learning offerings.**

*Analysis/Evidence:*

- The institution's admissions program for online learning provides good web-based information to students about the nature of the online learning environment, and assists them in determining if they possess the skills important to success in online learning;
- The institution provides an online learning orientation program;
- The institution provides support services to students in formats appropriate to the delivery of the online learning program;
- Students in online learning programs have adequate access to student services, including financial aid, course registration, and career and placement counseling;
- Students in online learning programs have ready access to 24/7 tech support;
- Students using online learning have adequate access to learning resources, including library, information resources, laboratories, and equipment and tracking systems;
- Students using online learning demonstrate proficiency in the use of electronic forms of learning resources;
- Student complaint processes are clearly defined and can be used electronically;
- Publications and advertising for online learning programs are accurate and contain necessary information such as program goals, requirements, academic calendar, and faculty;
- Students are provided with reasonable and cost-effective ways to participate in the Institution's system of student authentication.

**8. The institution provides sufficient resources to support and, if appropriate, expand its online learning offerings.**

*Analysis/Evidence:*

- The institution prepares a multi-year budget for online learning that includes resources for assessment of program demand, marketing, appropriate levels of faculty and staff, faculty and staff development, library and information resources, and technology infrastructure;
- The institution provides evidence of a multi-year technology plan that addresses its goals for online learning and includes provision for a robust and scalable technical infrastructure.

**9. The Institution assures the integrity of its online offerings.**

*Analysis/Evidence:*

- The institution has in place effective procedures through which to ensure that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. The institution makes clear in writing that these processes protect student privacy and notifies students at the time of registration or enrollment of any projected additional costs associated with the verification procedures. (NOTE: This is a federal requirement. All institutions that offer distance education programs must demonstrate compliance with this requirement.);
- The institution's policies on academic integrity include explicit references to online learning;
- Issues of academic integrity are discussed during the orientation for online students;
- Training for faculty members engaged in online learning includes consideration of issues of academic integrity, including ways to reduce cheating.

## **SARA State Supplemental Sheet for Institutions**

SARA provides a degree of flexibility for States as they implement the agreement. Information about State-specific provisions may be added on this page for items such as fees (if any) to be charged in-state Institutions, criteria for consideration of appeals of Institutions having financial responsibility index scores between 1.0 and 1.49, etc.

State fee (if any):

State fee schedule:

State bonding requirement of Institution (if any):

Financial responsibility criteria for ratings 1.0-1.49:

## State Portal Entity Affirmation

Institutional application:

☐

Approved

☐

Provisionally Approved (see attached)

☐

Returned for Additional Data or Information

☐

Denied

Conditions related to Provisional Approval:

Typed name of SARA State Portal Entity contact:

Typed name of SARA State Portal Entity:

Title of SARA State Portal Entity contact:

SARA State Portal Entity email and phone:

Signature:

-----

Date signed:

**From:** [Keith McLaughlin](#)  
**To:** [Ana L Valdez](#)  
**Subject:** RE: Request to approve for October BOT /2021 Annual Accreditation Fee  
**Date:** Monday, October 19, 2020 11:21:11 AM

---

I approve this for action at the October BOT meeting.

Keith D. McLaughlin, Ph.D.  
Provost  
Morton College  
3801 South Central Avenue  
Cicero, Illinois 60804-4398  
708-656-8000, ext. 2277  
[keith.mclaughlin@morton.edu](mailto:keith.mclaughlin@morton.edu)

---

**From:** Ana L Valdez <[ana.valdez@morton.edu](mailto:ana.valdez@morton.edu)>  
**Sent:** Monday, October 19, 2020 11:19 AM  
**To:** Keith McLaughlin <[Keith.McLaughlin@morton.edu](mailto:Keith.McLaughlin@morton.edu)>  
**Subject:** Request to approve for October BOT /2021 Annual Accreditation Fee

---

**From:** Alison Gehrke  
**Sent:** Tuesday, October 13, 2020 12:06 PM  
**To:** Board Materials <[board.materials@morton.edu](mailto:board.materials@morton.edu)>  
**Subject:** For october board approval FW: 2021 Annual Accreditation Fee

Please find attached the invoice for PTA program annual accreditation fee for October board approval and the rationale.

Thank you.



**Ali Gehrke PT, DPT**  
Associate Dean of Health Science  
Director of Physical Therapist Assistant Program  
**P:** (708) 656-8000, Ext. 2380  
**E:** [Alison.gehrke@morton.edu](mailto:Alison.gehrke@morton.edu)  
[www.morton.edu](http://www.morton.edu)

**From:** Chana, Tej <[teichana@apta.org](mailto:teichana@apta.org)>  
**Sent:** Wednesday, September 23, 2020 6:05 PM

**PROPOSED ACTION:**

THAT THE BOARD APPROVE THE PTA PROGRAM 2021 ANNUAL ACCREDITATION FEE FROM THE COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION

**RATIONALE:**

Annual fee is required for our program to maintain CAPTE accreditation. Payment not received by December 1, 2020 will result in the initiation of the process to place the program on Administrative Probation.

[Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section 3-26 of the *Illinois Compiled Statutes*]

**COST ANALYSIS:**

\$ 4,500.00

**ATTACHMENT: INVOICE FOR FEE**

Commission on Accreditation in Physical Therapy Education  
American Physical Therapy Association  
Accreditation Department  
1111 North Fairfax Street  
Alexandria, VA 22314  
Phone: (703) 706-3245

2021 Annual Accreditation Fee

PROGRAM ID: 462114  
INVOICE NUMBER: 1637454  
BILLING DATE: 9/20/2020  
DUE DATE: 12/1/2020

*Payment received after this date is subject to a 5% late fee.*

DELINQUENT: 1/1/2021

*Payment not received by this date will result in initiation of the process to place the program on Administrative Probation*

Alison Gehrke PT, DPT  
Physical Therapist Assistant Program  
Morton College  
3801 South Central Avenue  
Cicero, IL 60804-4300

Item	Fee
Annual Accreditation Fee	\$4,500.00

**Total \$4,500.00**

**PLEASE DO NOT COMBINE CAPTE ACCREDITATION FEES WITH APTA FEES**

Note: Return one copy of the invoice with check made payable to CAPTE or credit card information.

Federal ID#: 131512769

Charges Accepted by: Visa, Mastercard or American Express. Please complete below:

Mail payment to:

Commission on Accreditation in Physical Therapy Education  
c/o American Physical Therapy Association  
P.O. Box 75701  
Baltimore, MD 21275-5701

To pay by phone with a card, please call 703-706-3158. Payments are accepted during business hours on Eastern time. Processing may take 3-5 business days. Do not send card information by e-mail.

Card #:

\_\_\_\_\_  
Visa( ) Mastercard( ) American Express( )

Expiration Date:

\_\_\_\_\_  
Name on Card:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR INTERNAL USE ONLY:**

Date of Check: \_\_\_\_\_

Check Number: \_\_\_\_\_





Invoice Number: H13529  
Invoice Date: 9/30/2020  
Your Account Number: 1127  
Terms: Net 30

Bill To:

Morton College  
Dr. Stanley Fields,  
President  
3801 S. Central Avenue  
Cicero IL 60804

Quantity	Description	Price	Total
1	Desk Review - Certificate Approval 22.0302- Legal Assistant/Paralegal	\$975.00	\$975.00

**TOTAL INVOICE:** \$975.00

Please Remit Payments to:  
Higher Learning Commission  
230 South LaSalle Street, Suite 7-500  
Chicago IL 60604-1411

Wire/ACH Instructions:  
JP Morgan Chase Bank  
Higher Learning Commission  
Acct# 758154426  
ABA# 071000013

For Inquiries Contact Us At:  
[finance@hlcommission.org](mailto:finance@hlcommission.org)  
or  
312-881-8119

**From:** [Keith McLaughlin](#)  
**To:** [Ana L Valdez](#)  
**Subject:** RE: Request to approve for October BOT meeting-PTA dues  
**Date:** Monday, October 19, 2020 11:19:35 AM

---

I approve this for action at the October BOT meeting.

Keith D. McLaughlin, Ph.D.  
Provost  
Morton College  
3801 South Central Avenue  
Cicero, Illinois 60804-4398  
708-656-8000, ext. 2277  
[keith.mclaughlin@morton.edu](mailto:keith.mclaughlin@morton.edu)

-----Original Message-----

From: Ana L Valdez <[ana.valdez@morton.edu](mailto:ana.valdez@morton.edu)>  
Sent: Monday, October 19, 2020 11:17 AM  
To: Keith McLaughlin <[Keith.McLaughlin@morton.edu](mailto:Keith.McLaughlin@morton.edu)>  
Subject: Request to approve for October BOT meeting-PTA dues

-----Original Message-----

From: Alison Gehrke  
Sent: Tuesday, October 13, 2020 11:58 AM  
To: Board Materials <[board.materials@morton.edu](mailto:board.materials@morton.edu)>  
Subject: For October Board Approval FW: APTA dues

Please see attached for approval for Jennifer Reft's APTA Membership dues.

Thank You.

Ali Gehrke PT, DPT  
Associate Dean of Health Science  
Director of Physical Therapist Assistant Program  
P: (708) 656-8000, Ext. 2380  
E: [Alison.gehrke@morton.edu](mailto:Alison.gehrke@morton.edu)  
[www.morton.edu](http://www.morton.edu)

-----Original Message-----

From: Jennifer L Reft  
Sent: Tuesday, October 13, 2020 11:36 AM  
To: Alison Gehrke <[alison.gehrke@morton.edu](mailto:alison.gehrke@morton.edu)>  
Subject: Re: APTA dues

**PROPOSED ACTION:**

THAT THE BOARD APPROVE AMERICAN PHYSICAL THERAPY ASSOCIATION DUES FOR JENNIFER REFT PT DPT MS

**RATIONALE:**

Membership allows use of APTA resources for teaching, professional development, and promotes Morton College.

[Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section 3-26 of the *Illinois Compiled Statutes*]

**COST ANALYSIS:**

\$ 505.00

**ATTACHMENT: RECEIPT FOR DUES PAID**



(<https://www.apta.org>)

Hello Jennifer ( Not Jennifer (Apta\_Logoff.aspx) ) | APTA ID: 121274 | Years Member: 24

## APTA Membership - Thank You

☒ Include My Contact Information in the APTA Membership Directory

☐ Send me an APTA Membership Certificate

Thank you for making APTA your professional home. Your membership and participation have helped the APTA community thrive, and we look forward to your continued involvement.

Take full advantage of your **APTA membership** and all its exclusive benefits! Visit [APTA.org/Benefits](http://www.apta.org/Benefits/) (<http://www.apta.org/Benefits/>) to review the many resources that now are at your fingertips.

**If you have NOT already created a username and password online**, you can use the following login to access members-only content at APTA.org (<http://www.apta.org>), receive member discounts on products and services, and more.

APTA Member Number: 121274


Password\*: jenniferreft1 ([Learn More \(http://www.apta.org/LoginPassword/\)](http://www.apta.org/LoginPassword/))

*\*Logins and passwords are case-sensitive. If your last name has fewer than 6 characters, your password is your first and last name combined followed by the number 1, lowercase without spaces (example: jeanbell1).*

**Print Your Temporary Membership Card (<https://aptaapps.apta.org/MyAPTA/PrintTempMembershipCard.aspx>) (login required)**

Consider this communication your payment receipt. Should you have any questions, a helpful member service representative is just a phone call away. Call 800/999-2782, or e-mail [memberservices@apta.org](mailto:memberservices@apta.org) (mailto:memberservices@apta.org).


Thank you again for your support. You're an integral member of the APTA community!

Agatha D. Johnson, MA  (mailto:agathajohnson@apta.org)

Vice President, Membership

American Physical Therapy Association (APTA)

1111 N Fairfax St; Alexandria, VA 22314-1488

 800/999-2782

## Purchase | Confirmation

### Purchase Information

Date of Purchase: **Sep 25 2020 5:13PM**

**Jennifer Lynn Reft, PT, DPT, MS**

Web Transaction Number: **1874703**

Payment Method: Credit Card

### Payment Detail

#### Price

NATIONAL

Dues

National Dues

\$295.00

CHAPT/IL

Dues

Illinois Chapter

\$210.00

C

Dues

Education

\$50.00

J

Dues

Orthopaedics

\$50.00

N

Dues

Neurology

\$55.00

Y

Dues  
Health Policy & Administration  
\$50.00  
**Total \$710.00**

OK Print

Visit Deductibility of Voluntary Contributions (<http://www.apta.org/tax>) for descriptions and information on the deductibility of voluntary contributions. This page also identifies the portions of your national, chapter, and section dues that are not deductible as an ordinary and necessary business expense, to the extent that APTA and your chapter and/or section(s) engage in lobbying on behalf of their members. Please note that \$12 of your annual membership dues is applied towards a subscription to Physical Therapy and \$10 towards a subscription to PT in Motion, both of which are inseparable from dues and disclosed as per USPS regulations. Contact APTA for nonmember rates.

**From:** [Keith McLaughlin](#)  
**To:** [Ana L Valdez](#)  
**Subject:** Re: Request for approval. October Board Item - Curriculum Changes 10-6-20  
**Date:** Thursday, October 22, 2020 12:27:09 PM

---

I approve this for action at the October BOT meeting.

On Oct 22, 2020, at 1:23 PM, Ana L Valdez <[ana.valdez@morton.edu](mailto:ana.valdez@morton.edu)> wrote:

Hi Keith,

Please review and approved for October BOT meeting.

Thanks,

**Ana Valdez**

Executive Assistant - Provost

[<image001.jpg>](#)

**P:** (708) 656-8000. Ext. 2241

**E:** [Ana.Valdez@morton.edu](mailto:Ana.Valdez@morton.edu)

[www.morton.edu](http://www.morton.edu)

---

**From:** Liliana Raygoza  
**Sent:** Wednesday, October 21, 2020 3:32 PM  
**To:** Keith McLaughlin <[Keith.McLaughlin@morton.edu](mailto:Keith.McLaughlin@morton.edu)>  
**Cc:** Ana L Valdez <[ana.valdez@morton.edu](mailto:ana.valdez@morton.edu)>; Board Materials <[board.materials@morton.edu](mailto:board.materials@morton.edu)>  
**Subject:** RE: October Board Item - Curriculum Changes 10-6-20

Apologies, attached are documents that need approval.

**Liliana Raygoza**

Executive Assistant – Associate Provost

Morton College

708.656.8000 Ext. 2330

---

**From:** Liliana Raygoza  
**Sent:** Wednesday, October 21, 2020 3:32 PM  
**To:** Keith McLaughlin <[Keith.McLaughlin@morton.edu](mailto:Keith.McLaughlin@morton.edu)>  
**Cc:** Ana L Valdez <[ana.valdez@morton.edu](mailto:ana.valdez@morton.edu)>; Board Materials

**MORTON COLLEGE BOARD OF TRUSTEES  
REQUEST FOR BOARD ACTION**

**PROPOSED ACTION:** THAT THE BOARD APPROVE CHANGES IN CURRICULUM AS SUBMITTED

**RATIONALE:** [Required by Board Policy 7.1 and Chapter 110, Act 805, Section 2-12 of the *Illinois Community College Act*]

As a result of curriculum review, we are recommending the withdraw of one course, course title change, course description change, change course to credit hours and add new course. This recommendation is based upon input from faculty Dean of Adult and Career Technical Education, Curriculum Committee, and the Provost.

**COST ANALYSIS:** N/A

**ATTACHMENTS:** Disposition Sheet – October 6, 2020



**Curriculum Committee Disposition Sheet****For: October 6, 2020 Meeting**

Item#	Agenda Item	No Action Necessary	Approved as Presented	Details <b>or</b> Approved w/Modification	Vetoed	Tabled	Effective Date
a.	HUM 151 - withdraw course as presented		X				Spring 21
b.	BIO 202 - course description change		X				Spring 21
c.	ASE 001 - new course		X				Spring 21
d.	OMT 102 - title change as presented OMT 219 - change to credit hours		X				Spring 21

**From:** [Keith McLaughlin](#)  
**To:** [Ana L. Valdez](#)  
**Subject:** Re: October BOT.Recommended T & NT  
**Date:** Wednesday, October 21, 2020 10:30:55 AM

---

Approved for action at the October BOT Meeting.

---

**From:** Keith McLaughlin

**PROPOSED ACTION:** THAT THE BOARD APPROVE THE EMPLOYMENT STATUS OF 2 TENURED AND 10 NON-TENURED INSTRUCTORS FOR ACADEMIC YEAR 2021-2022 AS SUBMITTED.

**RATIONALE:** [Required by Board Policy 3.1 and Chapter 110, Act 805, Section 3B-2 and 3 of the Illinois Compiled Statutes] Approving the continued employment of non-tenured instructors reaffirms the initial employment decision and is generally recognized as a good practice since tenure is awarded at the conclusion of an instructor's probation; notice of non-renewal and extension of probation must also occur on a timely basis within the provisions of State statute.

**COST ANALYSIS:** N/A

**ATTACHMENTS:** Recommended Employment Status

## RECOMMENDED EMPLOYMENT STATUS NON-TENURED INSTRUCTORS

- **Recommended for Continued Employment** – Tenure

<u>Instructor</u>	<u>Discipline</u>	<u>Employment Began</u>
Gourlay, Jonathan	Adult Education	Spring 2018
Mulvey, Irene	BNAT	Spring 2018

- **Recommended for Continued Employment** – Spring 2021 to fall 2021

<u>Instructor</u>	<u>Discipline</u>	<u>Employment Began</u>
Balek, Ludwig	Computer Information Systems	Spring 2019
Russo Neri, Trisha	Mathematics	Spring 2019
Sanchez, Alejandro	Mathematics	Spring 2019
Stanukinas, Melissa	Biology	Spring 2019
Skurski, Katherine	Nursing	Spring 2019

\*\*Employment began Spring 2019, review for tenure will be prior to October 2021

- **Recommended for Continued Employment** – Spring 2021 to fall 2021

<u>Instructor</u>	<u>Discipline</u>	<u>Employment Began</u>
Martino, Shannon	Humanities	Spring 2020
Dharwadkar, Mihar	Mathematics	Spring 2020
Gidwani, Tarun	Computer Information Services	Spring 2020
Avila, Malisa	Nursing	Spring 2020
Young, Cynthia	Nursing	Spring 2020

\*\*Employment began Spring 2020, review for tenure will be prior to October 2022

**MORTON COLLEGE BOARD OF TRUSTEES  
REQUEST FOR BOARD ACTION**

**PROPOSED ACTION:** That the board approve the affiliation agreement with Sinai Health System and Morton College.

**RATIONALE:** [Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section 3-26 of the Illinois Compiled Statutes]

**COST ANALYSIS:**  
\$0.00

**ATTACHMENT:**  
**AGREEMENT  
RESOLUTION**

**From:** [Melissa Ridyard](#)  
**To:** [Board Materials](#)  
**Cc:** [Frank E Marzullo](#); [Lydia Falbo](#); [Debra S Kupec](#); [Nancy Jeffries](#)  
**Subject:** FOR BOARD APPROVAL - SINAI HEALTH SYSTEMS - AFFILIATION AGREEMENT  
**Date:** Tuesday, September 29, 2020 11:06:13 AM  
**Attachments:** [Sinai Health Affiliation Agreement and Addendum 09232020 final.pdf](#)  
[Resolution Approving Affiliation Agreement with Sinai Health.pdf](#)

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Please see attached for board approval.

Thank you,

Melissa Ridyard  
Executive Assistant  
Operations, 224-B  
Morton College  
3801 S. Central Ave, Cicero, IL 60804-4398  
708-656-8000 x.2440 (direct)  
[melissa.ridyard@morton.edu](mailto:melissa.ridyard@morton.edu) [www.morton.edu](http://www.morton.edu)

---

**From:** Melissa Ridyard  
**Sent:** Thursday, September 10, 2020 10:02 AM  
**To:** Board Materials <[board.materials@morton.edu](mailto:board.materials@morton.edu)>  
**Cc:** Frank E Marzullo <[frank.marzullo@morton.edu](mailto:frank.marzullo@morton.edu)>; Lydia Falbo <[Lydia.Falbo@morton.edu](mailto:Lydia.Falbo@morton.edu)>; Debra S Kupec <[debra.kupec@morton.edu](mailto:debra.kupec@morton.edu)>; Nancy Jeffries <[nancy.jeffries@morton.edu](mailto:nancy.jeffries@morton.edu)>  
**Subject:** PLACE HOLDER - SINAI HEALTH SYSTEMS - AFFILIATION AGREEMENT  
**Importance:** High

Finalizing agreement with Sinai Health Systems.

Thank you,

Melissa Ridyard  
Executive Assistant  
Operations, 224-B  
Morton College  
3801 S. Central Ave, Cicero, IL 60804-4398  
708-656-8000 x.2440 (direct)  
[melissa.ridyard@morton.edu](mailto:melissa.ridyard@morton.edu) [www.morton.edu](http://www.morton.edu)

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**From:** Melissa Ridyard  
**Sent:** Friday, August 21, 2020 1:45 PM  
**To:** Board Materials <[board.materials@morton.edu](mailto:board.materials@morton.edu)>

**A RESOLUTION APPROVING AND ADOPTING  
A CLINICAL AFFILIATION AGREEMENT  
BETWEEN  
MORTON COMMUNITY COLLEGE DISTRICT NO. 527  
AND  
SINAI HEALTH SYSTEM**

**WHEREAS**, Morton Community College District No. 527 (“Morton”) is a public agency of the State of Illinois; and

**WHEREAS**, Morton is created under the provisions of the laws of the State of Illinois and is now operating under the provisions of the Public Community College Act of the State of Illinois (110 ILCS 805/1-1 et seq.) (the “Act”), as supplemented and amended; and

**WHEREAS**, Morton’s Nursing Program (“Program”) has a clinical component; and

**WHEREAS**, each student enrolled in the Program must complete the clinical component in order to graduate from the Program; and

**WHEREAS**, Sinai Health System (“SHS”) is a health care system that delivers a full range of inpatient and outpatient health services and is able to provide students a clinical setting to satisfy the clinical component of the Program; and

**WHEREAS**, Morton desires to enter into the affiliation agreement with SHS to provide Morton students a clinical setting to satisfy the clinical component of the Program (and said Agreement is attached hereto as Exhibit A and is hereinafter referred to as the “Agreement”); and

**WHEREAS**, SHS desires to enter into the Agreement with Morton to provide students with a clinical setting so they can satisfy the clinical component of the Program; and

**WHEREAS**, based on the foregoing, the Board of Trustees of Community College District No. 527 (the “Board”) has determined that it is in the best interests of Morton to enter into the Agreement;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Trustees of Community College District No. 527 that:

**Section 1.      Incorporation of Preambles.**

The Board hereby finds that all of the recitals contained in the preambles to this Resolution are full, true, and correct and do hereby incorporate them into this Resolution by reference.

**Section 2.      Purpose.**

The purpose of this Resolution is to authorize the President or his designee to enter into the Agreement with SHS, and to further authorize the President or his designee to take all steps necessary to carry out the terms of the Agreement and to ratify any steps taken to effectuate those goals.

**Section 3.      Authorization.**

The Board hereby authorizes and directs the President or his designee to enter into and approve the Agreement in accordance with its terms, or any modification thereof, and to ratify any and all previous action taken to effectuate the intent of this Resolution. The Board authorizes and directs the President or his designee to execute the applicable Agreement, with such insertions, omissions and changes as shall be approved by the President and the Attorney, and the Board further authorizes the President or his designee to execute any and all additional documentation that may be necessary to carry out the intent of this Resolution. The President or his designee is hereby authorized and directed to execute the Agreement and any and all such other documents as may be necessary to carry out and effectuate the purpose of this Resolution.

**Section 4.      Headings.**

The headings of the articles, sections, paragraphs, and sub-paragraphs of this Resolution are inserted solely for the convenience of reference and form no substantive part of this Resolution



nor should they be used in any interpretation or construction of any substantive provision of this Resolution.

**Section 5. Severability.**

The provisions of this Resolution are hereby declared to be severable and should any provision of this Resolution be determined to be in conflict with any law, statute, or regulation by a court of competent jurisdiction, said provision shall be excluded and deemed inoperative, unenforceable, and as though not provided for herein and all other provisions shall remain unaffected, unimpaired, valid, and in full force and effect.

**Section 6. Superseder.**

All code provisions, ordinances, resolutions, rules, and orders, or parts thereof, in conflict herewith are, to the extent of such conflict, hereby superseded.

**Section 7. Effective Date.**

This Resolution shall be effective and in full force October 28, 2020.

Passed by a vote of \_\_\_ ayes and \_\_\_ nays at a Regular Meeting of the Board of Trustees held this 28<sup>th</sup> day of October, 2020.

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Chair, Board of Trustees  
Illinois Community College District No. 527

Attest:

---

Secretary, Board of Trustees  
Illinois Community College District No. 527

**EXHIBIT A**

**CLINICAL AFFILIATION AGREEMENT**  
**SCHOOLS OF NURSING & HEALTH CAREERS**

**THIS CLINICAL AFFILIATION AGREEMENT** is entered into as of the 31st day of July, 2020, by and between the Sinai Health System Departments of Nursing located at Mount Sinai Hospital, Schwab Rehabilitation Hospital and Holy Cross Hospital ("Facility") and Morton College ("School").

**RECITALS:**

**WHEREAS**, School operates a nursing and health career education program for students ("Clinical Education Program" or "Program") and desires to work with Facility to afford students the opportunity to have practical learning and clinical observation at Facility in connection with students of School participating in the Program; and

**WHEREAS**, it is to the mutual benefit of both School and Facility that students have opportunities for practical learning and clinical education and, whenever feasible, joint research activities pursuant to the Program, and School desires to utilize various Facility sites and facilities (listed in the attached EXHIBIT B) that may be available for the purpose of providing such practical learning and clinical experiences for students of School participating in the Program.; and

**WHEREAS**, Facility recognizes the need for the educational development of such students and desires to work with School to provide practical learning and clinical observation to such students at Facility.

**AGREEMENTS:**

**NOW, THEREFORE**, in consideration of the Recitals and mutual agreements that follow, the parties agree to the following terms and conditions:

**A. SCHOOL RESPONSIBILITIES**

1. School shall have the total responsibility for planning and determining the adequacy of the educational experience of students in theoretical background, basic skill, professional ethics, attitude and behavior, and will assign to Facility only those students who have satisfactorily completed the prerequisite didactic portion of School's curriculum. School will provide Facility a statement of the philosophy and objectives of the Nursing or Health Careers Department and a current course description as set forth in School's catalog.

2. School shall require that each student participating in the Program at Facility carry health insurance. Proof of health insurance will be kept on file by the School and will be made available upon request to the Facility.

3. School shall procure and maintain at its expense at all times during the term of the Agreement and on an occurrence basis if possible professional and commercial general liability insurance or self-insure, to cover School, its officers, agents, faculty and employees in the minimum amount of \$1 million per occurrence and \$3 million in annual aggregate. In addition, School shall ensure that each student participating in the Program either maintains or is covered by the School's professional liability insurance in the minimum amounts of \$1 million per occurrence and \$3 million in annual aggregate on an occurrence basis. School shall provide evidence of such coverage to Facility upon execution of this Agreement and annually thereafter. Each policy of insurance shall require thirty (30) days advance notice to Facility prior to any material change in or termination of such coverage, and if commercially purchased shall be issued by one or more insurance companies rated "A" or better. Facility should be named as an additional insured on such policies. Should any of the above insurance requirements be met through the provision of coverage on a "claims-made" basis, School and/or student, as applicable, shall purchase an extended reporting period endorsement such that occurrences arising out of the clinical experience under this Agreement which give rise to claims made after the expiration or termination of this Agreement shall be covered.

4. School shall designate one of its faculty to coordinate the Program on behalf of School and act as the liaison to Facility. The assignment to be undertaken by the students participating in the Clinical Education Program will be mutually arranged by the parties and a continuous exchange of information will be maintained by on-site visits when practical and by letter, e-mail or telephone otherwise. School faculty is responsible for supervising the students while at Facility. School shall assign faculty members who are licensed to practice nursing or the appropriate health career in Illinois to instruct and supervise students while on rotation at Facility. On-site instruction and supervision is required at all times with the exception of leadership role transition "Capstone" programs. Off-site supervision for Capstone students is considered and granted on an individual basis. The off-site supervision plan is listed on the Scope of Service Document of the Schools of Nursing and Health Careers Affiliation Addendum which is attached hereto as EXHIBIT C and incorporated in this Agreement ("Addendum").

5. School shall inform each student that he or she will be required to sign a statement during orientation at Facility agreeing to certain specific terms of the assignment to Facility. The student statement form is attached hereto as EXHIBIT A and made a part hereof.

6. School and its faculty and students providing services hereunder shall, to the extent relevant, comply with The Joint Commission or other accrediting entity standards and, upon request of Facility, shall cooperate in any survey conducted by The Joint Commission or a similar accrediting body at Facility.

7. School shall immediately notify Facility if any of its participating faculty or students are excluded from, or otherwise sanctioned by, any federal or state healthcare plan or program. Further, School shall notify each student prior to his/her arrival that he/she is responsible for:

- (a) Following all administrative and clinical policies, standards, and practices of the Facility.
- (b) Obtaining medical care at his/her own expense for any injuries sustained as a direct or indirect result of their affiliation with the Facility.
- (c) His/her own transportation and living arrangements.
- (d) Reporting to the Facility on time and following all established policies and procedures during the regularly scheduled operating hours of the Facility.
- (e) Conforming to the standards and practices established by the School while functioning at the Facility.
- (f) Obtaining prior written approval of the Facility and the School before publishing any material relating to the clinical learning experience.
- (g) Meeting the personal, ethical and professional standards required of employees of the Facility and consistent with the applicable professional Code of Ethics and the applicable standards of The Joint Commission.

8. School will adhere to the requirements, policies and procedures described in the Facility's Schools of Nursing and Health Careers Affiliation Addendum attached hereto and incorporated into this Agreement, including, but not limited to, ensuring that prior to the student's rotation at Facility the student has completed the health screen, drug testing and criminal background check as described in the Addendum.

## **B. FACILITY RESPONSIBILITIES/RIGHTS**

1. Facility shall make the appropriate facilities available to School and its students in order to provide a supervised clinical experience to students in the program. Such facilities shall include an environment conducive to learning as intended by the terms of this Agreement and conforming to customary Facility procedures.

2. Facility may, upon consultation with School, cancel the clinical placement of any student whose performance is unsatisfactory, whose personal characteristics prevent desirable relationships within Facility or whose health status is a detriment to the student's successful completion of the Clinical Education Program. Facility shall provide a written record of the cancellation to School following the consultation.

3. Facility may immediately remove any student or member of School's faculty from its premises for behavior that Facility, in its sole discretion, deems to be an immediate threat to the health or welfare of Facility or its patients, employees, staff or visitors or hospital operations. In

such event, Facility shall notify School of its actions as soon as practicable thereafter. Facility shall have no obligation to School or any student or faculty member summarily removed pursuant to this section.

4. In the event any student or School faculty becomes ill, injured or is improperly exposed to hazardous materials while on Facility's premises, Facility shall, upon the request of such student or faculty or as is appropriate in an emergency, provide or arrange for the provision of necessary immediate or emergent care. However, all students or faculty who receive medical care on Facility's premises shall be responsible for the cost of such care unless the law or Facility's policies provides otherwise.

5. Facility shall designate and submit in writing to School, the name of a person to be responsible for the Clinical Education Program at Facility. That person shall be called Coordinator of Clinical Education, and shall maintain contact with School's designated liaison to assure mutual participation in and oversight of the Program.

6. Facility shall notify School in writing of any change of the Coordinator of Clinical Education.

7. Facility shall provide a planned, supervised program of clinical experience as specified in the most recent outline of the Clinical Education Program as agreed to by the parties. Students shall perform services for patients only when under the supervision of appropriately credentialed School faculty or appropriate Hospital personnel.

8. Facility shall, on reasonable advance request, permit School or any agencies responsible for approving School or accrediting its curriculum to inspect Facility's clinical facilities, services available for clinical experiences, students' records, and such other items reasonably pertaining to the Clinical Education Program.

9. Facility shall, at the commencement of a student's placement, provide the student with an orientation of Facility and its administrative policies, rules, regulations, standards and practices relevant to the clinical placement.

10. Facility may provide each student with a name tag identifying him or her as a student of School, which name tag shall be worn at all times when Student is participating in the Program at Facility's premises.

11. Facility shall protect student records in accordance with the Family and Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g. as applicable to Facility.

12. Facility shall obtain and maintain appropriate professional liability, commercial general liability, workers' compensation and employer's liability coverage in accordance with the minimum amounts required from time to time by applicable federal and state laws and regulations,

but at no time shall the terms or coverage amounts of Facility's professional liability insurance be less than \$1 million per claim and \$3 million in the aggregate. School may request evidence of insurance from Facility and Facility shall provide such evidence to School in a timely manner.

**C. JOINT RESPONSIBILITIES**

1. The beginning dates and length of the Program shall be agreed upon by the parties.
2. The period of time for each student's clinical education shall be agreed upon at least one month before the beginning of the Clinical Education Program.
3. The number of students eligible to participate in the Clinical Education Program shall be agreed to by the parties and may be altered by agreement. Facility reserves the right, in its sole discretion, to limit the number of students participating in the Clinical Education Program at any one time.
4. Neither party shall discriminate against a student considered for or enrolled in the Program on the basis of race, religion, sex, sexual orientation, national origin, ancestry, age, marital status, physical or mental disability unrelated to the ability to participate in the Program, unfavorable discharge from the military service, or any other legally protected category. In addition, the parties shall comply with all applicable laws, statutes and ordinances and all amendments thereto relating to the performance of services hereunder. These include: all federal, state or local statutes, laws, ordinances or regulations relating to conditions of employment, including without limitation, Title VII of the Civil Rights Act of 1964, Age Discrimination in Employment Act, Employee Retirement Income Security Act, Rehabilitation Act of 1973, Family Medical and Leave Act, the Fair Labor Standards Act, the Immigration and Reform Control Act of 1986, National Labor Relations Act, the American with Disabilities Act, Executive Order 11246, Vietnam Era Veterans' Readjustment Assistance Act of 1974, 38 USC §4212, applicable requirements of 41 CFR, §§ 60-1.4(a)(7), 60-250.5 and 60-741.5, and the Illinois Human Rights Act; all laws relating to safety and health in the workplace, including without limitation, Occupational Safety and Health Act of 1970; all laws relating to the payment of employee and employer taxes for and on behalf of employees, including without limitation, Internal Revenue Code, Illinois Unemployment Insurance Act, Illinois Worker's Compensation Act, and all applicable home rule taxes; and all laws relating to the delivery of health care, including without limitation, Medicare and Medicaid, False Claims Act, Fraud and Abuse amendments and Health Insurance Portability and Accountability Act.
5. Methods for evaluating the clinical experience of the students will be agreed to by the parties. Regular communication will be maintained by appropriate School and Facility staff for the purpose of reviewing and evaluating current clinical experiences being offered to students.

6. The parties shall assist one another in maintaining the standards necessary for School or its Clinical Education Program to be and remain eligible for accreditation by the appropriate agency or body.

7. Subject to the applicable terms and conditions and limitations of the Illinois Court of Claim Act and/or the State of Illinois Employee Indemnification Act, each party (“Indemnifying Party”) agrees to indemnify the other party, its directors, officers, employees, and agents (the “Indemnified Party”) from and against any and all claims, suits, damages, fines, penalties, liabilities and expenses (including reasonable attorney’s fees and court costs) resulting from or arising out of, any and all wrongful or negligent acts or omissions by the Indemnifying Party or any of its directors, officers, employees, or agents pertaining to the services hereunder. This provision shall survive termination or expiration of this Agreement.

#### **D. TERM AND TERMINATION**

The term of this Agreement will commence on the effective date above and terminate on July 31, 2024. Either party to this Agreement may terminate the Agreement earlier without cause upon ninety (90) days prior written notice to the other party. Should notice of termination be given, students currently participating in the Program at Facility shall be permitted to complete the remainder of the current Program at Facility.

#### **E. NOTICES**

All notices required under this Agreement must be sent by electronic, registered or certified mail properly addressed, postage pre-paid, return receipt requested or by electronic, expedited or personal delivery to the addresses provided by the parties from time to time. For notices sent to Facility, copies must also be sent to General Counsel, Sinai Health System, California Avenue at 15<sup>th</sup> Street, Suite F104, Chicago, Illinois 60608. For notices sent to School, copies must also be sent to School Counsel, Del Galdo Law Group, LLC, 1440 South Harlem Ave., Berwyn, Illinois 60402.

#### **F. CONFIDENTIALITY/HIPAA**

1. In the course of providing services hereunder, the parties may gain access to certain information that is either confidential or proprietary in nature, unauthorized disclosure of which could cause irreparable damage to either party. The parties therefore agree that all confidential or proprietary information, including patient or student information, is “Confidential” and shall remain so during the term of this Agreement and thereafter. Each party agrees that they will hold in strict confidence and will cause their respective employees, staff, faculty and students not to use or disclose to any other person, firm, corporation or other entity, any Confidential information about one another and their respective employees, agents, patients or students except with the prior written authorization of the affected party, patient or patient’s representative or student, or as required by law or order of a court of competent jurisdiction



2. Each party agrees to comply with all relevant rules and regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and to cause their respective officers, directors, employees, agents and students to comply with such rules and regulations. This Agreement shall be amended if necessary to fully comply with any and all amendments to HIPAA's rules and regulations and if the parties cannot agree on such amendments that, in Facility's reasonable opinion, would bring this Agreement into full HIPAA compliance or if any party determines that compliance would be too costly, then this Agreement may be terminated by that party.

#### **G. INDEPENDENT CONTRACTORS**

In the performance of all work, duties and obligations hereunder, School and Facility are at all times acting as independent contractors and neither of them nor their respective employees, students, faculty or staff shall be or claim to be the employee, agent, servant or joint employee of the other, for any purpose whatsoever. In particular, Facility shall not owe or be required to pay to or on behalf of any School staff or student any compensation in the nature of salary, vacation, disability or other benefits and insurance, including, without limitation, the payment or withholding of federal or state employment taxes, and/or Workers' Compensation, and/or unemployment taxes, insurance and/or benefits.

#### **H. ADDITIONAL TERMS**

1. Stipulations as to Liability. Subject to applicable state law, neither party to this Agreement shall be legally liable for the consequences, whether bodily injury or property damage, occasioned by an act, omission, or neglect chargeable to the other party. Where Worker's Compensation or other obligation for payment of benefits may arise, this Agreement shall neither enlarge nor diminish such obligation.

2. Excluded Providers. Each party represents that neither it nor any of its employees and agents is excluded as a provider under Medicare or Medicaid or under any other federal or state health care program.

3. Severability. If any provision of this Agreement or the application thereof to any person or situation shall, to any extent, be held invalid or unenforceable, the remainder of this Agreement, and the application of such provision to persons or situations other than those to which it shall have been held invalid or unenforceable, shall not be affected thereby, but shall continue to be valid and enforceable to the fullest extent permitted by law.

4. Entire Agreement/Modifications. This document, including all attachments and the Addendum, shall be the entire understanding and agreement between the parties with respect to the subject matter set forth herein, and all prior agreements, understandings, covenants, promises, warranties, and representations, oral or written, not incorporated herein, are superseded hereby.

5. Amendments and Waivers. This Agreement may not be amended, modified, altered, supplemented or changed in any way and no provision may be waived except in writing, signed by the parties and attached hereto as an amendment. Facility may update the Addendum from time to time and any such update will be provided to School and shall be effective upon receipt.

6. Assignment. Neither School nor Facility may assign this Agreement, in whole or in part, without the prior written consent of the other party, except that Facility may assign this agreement to any of its corporate affiliates now existing or organized in the future.

7. Governing Law and Jurisdiction. This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without regard to its conflict of laws provisions. Any dispute or claim from this Agreement shall be resolved exclusively in the federal and state courts of the State of Illinois and the parties hereby irrevocably submit to the personal jurisdiction of said courts and waive all defenses thereto.

8. No Third-Party Beneficiaries. This Agreement shall inure exclusively to the benefit of and be binding upon the parties hereto and their respective successors, assigns, executors and legal representatives. Nothing in this Agreement, expressed or implied, is intended to confer on any person other than the parties hereto or their respective successors and assigns any rights, remedies, obligations or liabilities under or by reason of this Agreement.

9. Agreement Binding on Parties, Successors and Assigns. This Agreement shall be binding upon School and Facility, their successors, employees, agents and assigns, during the term of this Agreement.

10. Captions for Reference Only. The captions contained in this Agreement are for convenience of reference only and do not define, describe, or limit the scope or intent of this Agreement or any of its provisions.

11. COVID-19 procedures: School acknowledges/understands/agrees that Facility provides care and services to patients that may have or do have COVID-19 and that there is an increased risk of exposure to COVID-19 to anyone who visits/enters the Hospital. Accordingly,

- School understands both the known and potential dangers of COVID-19 exposure;
- School acknowledges that, despite the Facility's efforts to mitigate such dangers, a visit to the Facility may result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death; and
- School agrees that its students must abide by Hospital's infection control policies and protocols including but not limited to (1) completing a health screening prior to entrance; (2) performing hand hygiene; (3) wearing a face covering at all times; (4) social distancing with the exception of time spent performing patient care; (5) notifying the Facility immediately upon becoming symptomatic or testing positive for COVID-19 within fourteen (14) days of hospital access.

[SIGNATURE PAGE FOLLOWS]

## SIGNATURE PAGE

**IN WITNESS WHEREOF**, the parties have caused this Clinical Affiliation Agreement to be executed by their duly authorized officers, all on the day and year first set forth above.

Facility: Sinai Health System Departments of Nursing located at Mount Sinai Hospital, Schwab Rehabilitation Hospital and Holy Cross Hospital

By:  \_\_\_\_\_

Its: Chief Administrator / Senior Vice President / Chief Nursing Officer

Date: 9/23/2020 \_\_\_\_\_

School: Morton College

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

**Exhibit A**  
**Sinai Health System (SHS)**  
**Student Confidentiality Agreement**

A copy of each Student's signed Agreement shall be maintained by SHS Facility Coordinator of Clinical Education throughout the term of this Agreement and for a period no less than four (4) years thereafter.

I, the undersigned student at \_\_\_\_\_  
(School) hereby agree to the following as conditions to my clinical placement at Sinai Health System Facility (please select):

- ☐ Mount Sinai Hospital
- ☐ Holy Cross Hospital
- ☐ Schwab Rehabilitation Hospital

1. I have submitted to a physical examination, testing and vaccinations in accordance with the policies of School and SHS Facility;
2. I have been or will agree to be trained in infection control and occupational exposure risk and reduction in compliance with OSHA's blood borne pathogen and tuberculosis regulations and guidelines;
3. I have procured adequate health insurance coverage. Such coverage must be maintained for the duration of my participation in the clinical placement and a copy of the insurance has been or will be provided to School prior to the first day of my assignment to SHS Facility and will be made available to SHS upon request. I understand that I am responsible for my own medical care, transportation and/or living arrangements;
4. I understand that I am not an employee, agent, or servant of SHS for any purposes whatsoever including, but not limited to, workers' compensation and/or unemployment insurance benefits;
5. As a condition of my relations with SHS, I agree to abide by SHS Facility's privacy policies, with federal and state laws governing confidentiality of a patient's Protected Health Information (PHI). PHI is any health information that can be used to identify a patient and relates to health care services provided to the patient, or payment for those services. PHI includes: 1) All medical records and other information which identifies that patient, including demographics, medical and financial information; and 2) information in any form whether electronic, paper or spoken. I understand that all identifiable patient information, including without limitation the name of a patient and the fact that he or she is being treated by SHS, is confidential and may not be disclosed by me except where it is necessary to the treatment of a patient and then only to a member of the treatment team. I may not copy or maintain any such confidential patient information, in either hard copy or electronic form, except for the purposes of the Program and if I improperly or inadvertently violate this obligation, I shall

immediately report the violation to my supervisor at Facility and either tender the copies to that person or destroy them. I also understand that any failure to comply with these confidentiality provisions may result in my immediate termination from the Program. These obligations shall survive termination of this Agreement;

6. I shall report to Facility on time on the days scheduled and shall comply with all relevant Facility policies, procedures, rules and regulations, including without limitation, Facility's drug-free and smoke-free workplace policies, infection control practices and fire and safety regulations, and I agree to participate, if requested, in relevant Facility sponsored programs relating to patient care issues, quality control and utilization reviews;
7. I shall obtain prior written approval of SHS, Facility and School before publishing any material relating to the clinical education experience;
8. I shall conform to the relevant standards and practices of School while training in Facility so long as those standards and practices do not contradict those of Facility;
9. I shall provide at my cost necessary and appropriate uniforms if required by Facility, transportation and living arrangements;
10. I will not be and shall not claim to be an employee, agent or servant of Facility and while on Facility's premises I will wear the name tag required by Facility identifying me as a student of School;
11. I will have the status of student while at Facility and I may not replace Facility staff, or render patient care or service except as identified for educational value and delineated in the educational program as agreed to by School and Facility. Any direct contact between me and a patient shall be under the proximate supervision of a member of the staff of Facility;
12. I will be responsible for the cost of any medical care that I may receive at Facility unless the law or Facility's policies provide otherwise; and
13. I have submitted to a criminal background check. I understand that Facility may cancel my clinical placement if it determines that I have been convicted of a felony or criminal misdemeanor that could reasonably be expected to impact the health, safety or welfare of Facility or its patients, employees, staff, visitors or assets or I am known to be a drug trafficker or terrorist. All background checks shall be conducted in strict compliance with relevant policies and Illinois law.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

## **EXHIBIT B**

### **Program Sites**

**Mount Sinai Hospital**  
1500 South Fairfield Avenue  
Chicago, Illinois 60608  
773.542.2000

**Holy Cross Hospital**  
2701 West 68<sup>th</sup> Street  
Chicago, Illinois 60629  
773.884.9000

**Schwab Rehabilitation Hospital**  
1401 South California Avenue  
Chicago, Illinois 60608  
773.522.2010

**EXHIBIT C**

[Addendum, attached]

# Sinai Health System (SHS)

Mount Sinai Hospital  
Schwab Rehabilitation Hospital  
Holy Cross Hospital

## Addendum to Clinical Affiliation Agreement with Schools of Nursing and Health Careers

2020

Department of Nursing Education & Quality



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## **Section I. Overview and Contact Information**

### **Overview**

Mount Sinai Hospital, Holy Cross Hospital and Schwab Rehabilitation Hospital are all part of Sinai Health System (SHS), sharing a mission of caring for many of Chicago's most economically challenged communities by providing essential access to high quality and compassionate healthcare and social services. Sinai Health System has over 4,000 caregivers and 800 physicians on its various hospital medical staffs, 695 licensed beds, 100,000+ annual emergency department visits and 8 physician residency training programs; the combined service areas include a total of 1.5 million people on Chicago's southwest side.

- Mount Sinai Hospital serves the near west and southwest urban neighborhoods of Chicago. Mount Sinai is one of four Level I trauma centers in the city. Sinai has a Level III Neonatal ICU, which provides the highest level of care for fragile newborns, and Level IV LDR/OB department.
- Holy Cross Hospital provides a wide range of emergency, critical care and mental health services for neighborhoods further south.
- Schwab Rehabilitation Hospital is the only rehabilitation facility in the Chicago area accredited by both the Joint Commission and CARF in the disease-specific area of stroke; Schwab's intensive 102-bed inpatient and outpatient programs offer state-of-the-art equipment and outperform national and regional benchmarks.

Mount Sinai Hospital, Schwab Rehabilitation Hospital and Holy Cross Hospital support ongoing education and training of nursing and health career students. This addendum outlines expectations of the shared hospital/nursing and health career student experience and provides guidelines to ensure clarity in the educational partnership. Our hope is that the procedures outlined within this addendum will ease matriculation of the clinical affiliations.

### **Contact Information for Mount Sinai Hospital, Holy Cross Hospital and Schwab Rehabilitation Hospital**

For all inquiries about clinical rotations, contact the Coordinator of Nursing Education in the Department of Nursing Education and Professional Practice:

John Coughlin, Coordinator  
Nursing Education and Professional Practice  
Mount Sinai Hospital  
California Ave. at 15<sup>th</sup> St., Room NR-443  
Chicago, IL 60608  
773-257-1987  
[John.Coughlin@sinai.org](mailto:John.Coughlin@sinai.org)

## Section II. Student Placements and Fees

### Fees

SHS charges a fee for every nursing and health career student in clinical placements equal to \$1.00 per scheduled clinical hour. (E.g., a rotation of 7 hours a day once a week for 10 weeks would total \$70.00 per student.) SHS may at its sole discretion reduce or waive this fee for certain student placements, including for current SHS employees. Upon receipt of the student roster and as applicable, SHS will forward a total bill to the school. Prompt payment from the School is expected within a reasonable processing time.

### Student Placements:

The number of students allowed in clinical rotations on each unit during usual academic calendar terms is based on the scope of practice, the presence or absence of supervision provided by the school and the ability of the unit staff to support the educational effort, with limits set forth below.

#### MOUNT SINAI HOSPITAL

#### **Students in accredited ADN, BSN, MSN and Health Career programs** (Daily on-site clinical supervision is required)

Unit	Student Limit
2 North (General Surgical)	6
3 North (Telemetry)	7
5 North (Telemetry, Stepdown)	7
6 North (General Medicine/Oncology)	6
L&D & M/B (OB; Capstone placements only)	3
NICU (Capstone placements only)	1
OR (Capstone or Tech placements only)	4
CCU/MICU (Capstone placements only)	2
PACU (Critical Care or Capstone placements only)	1
SICU (Critical Care or Capstone placements only)	2
Surgical Stepdown (Critical Care or Capstone)	1
ED (Critical Care or Capstone placements only)	4
Wound/Ostomy Care (Capstone placements)	1
Psychiatric Inpatient (2 groups of 5 allowed)	5

#### **RN Capstone/Internship/Immersion Students, Health Career Students, NP Students** (Daily on-site supervision not required)

- Off site supervision expectations are individualized and outlined at the time of scheduling.
- Students can spend up to 200 hours working with assigned staff to obtain an immersion experience; Health Career students are placed in an intensive training with appropriate hospital staff for their academic term; NP students that are current employees of Sinai Health System can be placed with a Sinai Health System preceptor to complete required hours.
- SHS/Mount Sinai Hospital Department of Nursing encourages this student/staff partnership experience. Arrangements to support this affiliation will be considered upon request.

## **SCHWAB REHABILITATION HOSPITAL**

**RN/LPN/CNA Students** (On-site clinical supervision is required)

Unit	Student Limit
2 South (Stroke)	4
3 South (Subacute)	4
3 Southeast (SCI)	4
3 Southwest (BI)	4

**Capstone/Internship Nursing Students** (On-site supervision not required)

- Capstone/Internship students are Senior- or Graduate-level students;
- Off site supervision expectations are individualized and outlined at the time of scheduling.
- Typically the student spends 4-6 weeks working with a single staff nurse to obtain an "immersion" experience.
- SHS/Schwab Rehabilitation Hospital encourages this student/staff nurse partnership experience. Arrangements to support this affiliation will be considered upon request.

## **HOLY CROSS HOSPITAL**

**Students in accredited ADN, BSN, MSN and Health Career programs** (Daily on-site clinical supervision is required by instructor or preceptor)

Unit	Student Limit
1 – ED (Capstone placements)	2
2 – CICU, MICU (Capstone placements)	1
2 – SICU (Critical Care or Capstone placements only)	1
3 – Crisis Stabilization	0
5 – Med/Surg/Tele	6
6 – Wound/Ostomy Care (Capstone placements)	1

**RN Capstone/Internship/Immersion Students, Health Career Students, NP Students** (Daily on-site supervision required by preceptor)

- Off site supervision expectations are individualized and outlined at the time of scheduling;
- RN students can spend up to 200 hours working with assigned staff to obtain an immersion experience; Health Career students are placed in an intensive training with appropriate hospital staff for their academic term; NP students that are current employees of Sinai Health System can be placed with a Sinai Health System preceptor to complete required hours.
- SHS/Holy Cross Hospital encourages this student/staff partnership experience. Arrangements to support this affiliation will be considered upon request;
- Holy Cross leadership rotations may involve a management rotation supported by the leadership at Holy Cross; Individual schedules will be designed so the student rotates through key management roles.

## Section III. Procedure for Scheduling Student Affiliate Experiences

### Procedure for Scheduling Student Affiliate Experiences

- A. A signed, current **Sinai Health System Clinical Affiliation Agreement** must be on file with the SHS Department of Nursing Education and Professional Practice.
- B. A current, acceptable, Certificate of Liability Insurance must be on file in the SHS Department of Nursing Education and Professional Practice.
- C. The School will keep on file and have available upon request the status or findings of the following procedures, tests or clearances for students and instructors participating in SHS clinical rotations:

Annual Tuberculosis Skin Test	If history of positive TST, individual must be evaluated by their health care provider concerning signs and symptoms of illness possibly related to tuberculosis, including unexplained fever, cough, weight loss and night sweats. For individuals with a previous documented history of positive TST, a baseline Chest x-ray within the past two years is required.
Measles (Rubeola) & Rubella	Antibody titers indicating immunity to measles and rubella must be provided. It is advised that the health care personnel have immunity to mumps
Mumps Titer	Employee Health will accept proof of 2 MMR's and 2 Varicella vaccines in place of the titer.
Hepatitis B Immunity	It is strongly advised by CDC and Sinai Health System that health care personnel have immunity to Hepatitis B. Hepatitis B Surface Antibody titers are required post immunization to prove immunity. If Hepatitis B Surface Antibody titer is negative, Hepatitis B surface Antigen is required.
Varicella	It is required that health care personnel have immunity to Varicella
Tetanus	TDAP recommended for Healthcare workers with pediatric exposure
Annual Respiratory Fit Testing	N-95 Respirator fit testing is required for SHS nursing staff. Students are not placed with patients in situations that would require fit testing.
Drug Screen	A negative five panel drug screen to include screening for marijuana, amphetamines, narcotics, PCP and Cocaine. A student with positive findings may not participate in a clinical rotation at SHS Facilities.
Criminal Background Check	A criminal background check in accordance with the Illinois Health Care Worker Background Check Act is to be performed at the time of matriculation into the School program. A student with positive findings may not participate in a clinical rotation at SHS Facilities.
Influenza	It is required that health care personnel are vaccinated with the influenza vaccine during flu season. A written attestation from the School is required prior to the start of the clinical rotation.

- D. The School will keep on file and have available upon request the resume and qualifications of the Clinical Instructors assigned rotations at SHS Facilities.
- E. To facilitate approval of a clinical rotations at SHS Facilities, the School will submit in writing prior to the desired clinical start date:
  - Type of student (MSN/BSN/ADN/LPN/NP/Tech/other)
  - Level of student (first year, second year, junior/senior, graduate)
  - Number and names of students per rotation
  - Area/unit(s) requested
  - Instructor name and email
  - On campus start and end dates
- F. Once the clinical affiliation request(s) has/have been approved, SHS Department of Nursing Education and Professional Practice will provide to the School a written confirmation.

## Section IV. Clinical Affiliation Orientation Process

### Clinical Affiliation Orientation Process

1. Prior to starting a Clinical Rotation it is the responsibility of the Clinical Instructor to:
  - a. Ensure students' completion of the SHS Facility's Student Orientation.
  - b. Provide the SHS Facility Coordinator of Nursing Education with a copy of the Student Orientation Attendance Roster.
  - c. Provide copies of the signed Clinical Affiliation Agreement Exhibit A.
  - d. Provide the Scope of Practice Directive Form for the student/cohort prior to the beginning of the rotation.
  - e. Communicate and meet as needed with the SHS Facility Coordinator of Nursing Education to discuss the goals and objectives for the student affiliation experience.
  - f. Arrange to pick up any student identification badges.
  - g. Arrange for student parking.
2. Daily expectations for Clinical Rotations:
  - a. The Clinical Instructor will make patient/student assignments in coordination with the Unit Charge Nurse/PCC/Manager to ensure an optimal shared experience.
  - b. The Clinical Instructor will write and post daily assignments using the SHS Assignment Roster.
  - c. The Clinical Instructor will provide on-unit supervision of students.  
**Note: On-site clinical supervision is not required for Capstone/Internship/NP and some Health Career placements.**
3. Rotation completion  
:
  - a. Following each rotation it is expected that the Clinical Instructor communicate or meet as needed with the Unit Director/Manager and/or the SHS Facility Coordinator of Nursing Education to debrief about the term and highlight the successes or barriers to the student experience.
  - b. The Clinical Instructor will have his/her students complete the Post-Clinical Evaluation Form.
  - c. Completed copies of the Post-Clinical Evaluation Form will be provided to the SHS Facility Coordinator of Nursing Education, who will share an aggregate summary report on the evaluations with the Unit Director/Manager.

## **Section V. ID Badges, Personal Belongings and Parking**

### **Identification Badges:**

Access to SHS Facilities and clinicals is prohibited at all times without a properly displayed identification badge. Badges must be displayed above the waist and highly visible at all times while on a SHS campus.

- Students and instructors in Fundamentals, Med/Surg, Mental Health or Rehab cohorts must wear their school ID badges, properly displayed at all times.
- Students enrolled in final Capstone/immersion/internship rotations working in locked or restricted areas at either Mount Sinai or Holy Cross will need to arrange to get a hospital ID badge from the Facility Coordinator (John Coughlin) at Mount Sinai Hospital.

### **Attire:**

Students and Faculty should wear their school scrubs or lab coats embroidered with the school name at all times within SHS facilities. Exception to this is made for students in Mental Health rotations, where nursing staff attire in these units is business casual.

Students enrolled in final Capstone/immersion/internship rotations in Labor & Delivery, perioperative services or sterile processing will need to wear Sinai or Holy Cross scrubs and should arrange with the Facility Coordinator (John Coughlin) to get access between 11am-1pm Mondays-Fridays. A \$25 refundable deposit is required (cash or check payable to Mount Sinai).

### **Personal Belongings:**

Space is very limited in patient care areas, and we cannot provide Students and Instructors with secure space to store personal items. We highly encourage you to leave all valuable items at home or securely locked out of sight in your car. Should you lose or misplace an item or have any other security issues/concerns, please report the matter to hospital Security personnel.

### **Parking:**

- For Mount Sinai Hospital and Schwab Rehabilitation Hospital, free neighborhood parking is quite limited and lacks security. We recommend that students and faculty who drive to Mount Sinai Hospital and Schwab Rehabilitation Hospital park in the Parking Garage just east of Mount Sinai Hospital's main entrance (turn south off Ogden Avenue on Fairfield Ave. and follow street around to the parking garage, entrance on left). Students and instructors should stop into the Security Office to obtain a green ticket that is used in addition to the parking ticket for a discounted rate of \$6.00/day. Kiosks for easy payment are available in the outer lobby of the main hospital entrance and the garage elevator lobby; insert the green ticket first, then your parking ticket, and you will be prompted for the \$6 payment; the kiosks accept cash and credit/debit cards. You may also pay the garage attendant directly when exiting the garage.
- For Holy Cross Hospital, students and instructors may park in the parking garage. They are eligible for the employee discount rate on the daily parking fee. At the front desk, they can purchase a token for \$1.00 to be used when exiting the garage.

## **Section VI. PPE and Scrub Requirements**

### **PPE Requirements**

Prior to the students' first day on clinical rotations, students are expected to have received training by their instructor and demonstrated competency on the use, dressing and disposal of personal protection equipment, including masks, gloves, gowns and face shields. All students and instructors are expected to come to clinical rotations wearing a surgical mask. Instructors will be shown how to access gowns and gloves from the hospital units. The School is expected to provide students at least one face shield which they may be expected to wear on certain clinical rotations.

### **Scrub Requirements for Labor & Delivery and OR Rotations at Mount Sinai Hospital**

To Obtain Scrub Sets for Labor & Delivery Clinicals:

Hospital-issued scrubs must be worn during clinical rotations in Labor & Delivery and OR areas at Mount Sinai. Students will need to contact Mount Sinai's Coordinator of Nursing Education to arrange access to these scrubs prior to the start of rotations. Students will need to meet with the Coordinator sometime between 10am – Noon, Monday through Friday, and bring a \$25.00 deposit (cash or check only).



### Student roster and screenings:

[illegible]

Orientation materials are forwarded by Sinai's Nursing Education Coordinator to the School's Clinical Placement Coordinator, the Instructor of a student cohort and each Capstone/Immersion student prior to the start of clinicals. Students must review these materials, resolve any questions and sign the following Roster attesting to their review, understanding of and compliance to the orientation content.

**Sinai Health System  
School Affiliate**

**Student Orientation Attendance Roster**

*Please sign, acknowledging that you received and reviewed the  
Clinical Affiliation Student Orientation (PowerPoint presentation)*

**School:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Clinical Area/Unit Assigned:** \_\_\_\_\_

<b>Name (PRINT)</b>	<b>Name (SIGN)</b>

## **Section VIII.**

### **Sinai Health System (SHS) Student Confidentiality Agreement (Clinical Affiliation Agreement, Exhibit A)**

A copy of each Student's signed Agreement shall be maintained by SHS Facility Coordinator of Clinical Education throughout the term of this Agreement and for a period no less than four (4) years thereafter.

I, the undersigned student at \_\_\_\_\_ (School)  
hereby agree to the following as conditions to my clinical placement at Sinai Health System  
Facility (please select):

- ☐ Mount Sinai Hospital
- ☐ Holy Cross Hospital
- ☐ Schwab Rehabilitation Hospital

1. I have submitted to a physical examination, testing and vaccinations in accordance with the policies of School and SHS Facility;
2. I have been or will agree to be trained in infection control and occupational exposure risk and reduction in compliance with OSHA's blood borne pathogen and tuberculosis regulations and guidelines;
3. I have procured adequate health insurance coverage. Such coverage must be maintained for the duration of my participation in the clinical placement and a copy of the insurance has been or will be provided to School prior to the first day of my assignment to SHS Facility and will be made available to SHS upon request. I understand that I am responsible for my own medical care, transportation and/or living arrangements;
4. I understand that I am not an employee, agent, or servant of SHS for any purposes whatsoever including, but not limited to, workers' compensation and/or unemployment insurance benefits;
5. As a condition of my relations with SHS, I agree to abide by SHS Facility's privacy policies, with federal and state laws governing confidentiality of a patient's Protected Health Information (PHI). PHI is any health information that can be used to identify a patient and relates to health care services provided to the patient, or payment for those services. PHI includes: 1) All medical records and other information which identifies that patient, including demographics, medical and financial information; and 2) information in any form whether electronic, paper or spoken;

I understand that all identifiable patient information, including without limitation the name of a patient and the fact that he or she is being treated by SHS, is confidential and may not be disclosed by me except where it is necessary to the treatment of a patient and then only to a member of the treatment team. I may not copy or maintain any such confidential patient information, in either hard copy or electronic form, except for the purposes of the Program and if I improperly or inadvertently violate this obligation, I shall immediately report the violation to my supervisor at Facility and either tender the copies to that person or destroy them. I also understand that any failure to comply with these confidentiality provisions may result in my immediate termination from the Program. These obligations shall survive termination of this Agreement;

6. I shall report to Facility on time on the days scheduled and shall comply with all relevant Facility policies, procedures, rules and regulations, including without limitation, Facility's drug-free and smoke-free workplace policies, infection control practices and fire and safety regulations, and I agree to participate, if requested, in relevant Facility sponsored programs relating to patient care issues, quality control and utilization reviews;
7. I shall obtain prior written approval of SHS, Facility and School before publishing any material relating to the clinical education experience;
8. I shall conform to the relevant standards and practices of School while training in Facility so long as those standards and practices do not contradict those of Facility;
9. I shall provide at my cost necessary and appropriate uniforms if required by Facility, transportation and living arrangements;
10. I will not be and shall not claim to be an employee, agent or servant of Facility and while on Facility's premises I will wear the name tag required by Facility identifying me as a student of School;
11. I will have the status of student while at Facility and I may not replace Facility staff, or render patient care or service except as identified for educational value and delineated in the educational program as agreed to by School and Facility. Any direct contact between me and a patient shall be under the proximate supervision of a member of the staff of Facility;
12. I will be responsible for the cost of any medical care that I may receive at Facility unless the law or Facility's policies provide otherwise; and
13. I have submitted to a criminal background check. I understand that Facility may cancel my clinical placement if it determines that I have been convicted of a felony or criminal misdemeanor that could reasonably be expected to impact the health, safety or welfare of Facility or its patients, employees, staff, visitors or assets or I am known to be a drug trafficker or terrorist. All background checks shall be conducted in strict compliance with Facility's relevant policies and Illinois law.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

## Section IX.

### Sinai Health System Nursing & Health Career School Affiliate Scope of Practice Directive

Name of School: \_\_\_\_\_

Name of Clinical Instructor: \_\_\_\_\_ Number of students: \_\_\_\_\_  
(Please attach Instructor's curriculum vitae.)

Instructor's e-mail: \_\_\_\_\_ Pager or phone#: \_\_\_\_\_

On-Site Rotation Schedule Dates: \_\_\_\_\_  
(Note any dates that students will not be on-site such as holidays.)

Day of Week and Time of Day: \_\_\_\_\_

Level of Rotation: ☐ Beginner ☐ Intermediate ☐ Senior ☐ Capstone/Internship/Grad student

Off-Site Supervision Plan (Only available to Capstone/Internship/NP/Scrub Tech students):

\_\_\_\_\_  
\_\_\_\_\_

Objectives of Clinical Rotation:  
(Please list the goals/objectives/desired experience or attach a syllabus with clinical objectives highlighted.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scope of Practice:  
(List/attach activities that the student has been approved to perform independently that apply to this clinical rotation including wound management and IV management.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Administration Competency:

- ☐ Student has established competency in Medication Administration
- ☐ Student has **not yet** established competency in Medication Administration

**Note:** Students are not allowed to access medications. Nursing students are allowed to shadow unit nurses as they administer and document medications. A Nurse preceptor may allow a student to administer some medications, barring Hospital policy and legal restrictions, at the sole discretion and under the direct observation and supervision of the Nurse preceptor.

Patient Care Documentation:

- ☐ Documentation performed on practice school forms (not part of the official medical record).

Orientation:

- ☐ SHS Nursing Student Orientation completed on all students.
- ☐ Unit- Based orientation provided to the Clinical Instructor prior to the start of clinical rotation.
- ☐ Meditech orientation for Clinical Instructor use.

## Section X.

### Sinai Health System Nursing Education and Professional Practice

#### School Clinical Rotation Assignments

Dates \_\_\_\_\_ Hours of Rotation \_\_\_\_\_

College or University \_\_\_\_\_

Student Group (RN/LPN/CNA/Tech/Other) \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

Clinical Instructor Pager # \_\_\_\_\_ Ph # \_\_\_\_\_

Clinical Instructor e-mail \_\_\_\_\_

#### **Student assignments are to be made in collaboration with the Charge Nurse**

Patient Name	Patient Room #	Student Nurse	Staff Nurse	Student Responsibilities

## **Section XI.**

### **Post-Clinical Evaluation Form**

Date: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Clinical Instructor: \_\_\_\_\_

Unit/Area of Clinical Experience: \_\_\_\_\_

Preceptor (if assigned): \_\_\_\_\_

Please complete the following questions. Circle your most honest answer. Please free to add specific comments at the end.

1. There was open communication between the instructor and the staff to determine the appropriateness of the clinical assignment.

Always      Usually      Sometimes      Never

2. The staff members were positive and professional role models.

Always      Usually      Sometimes      Never

3. The staff was receptive to students.

Always      Usually      Sometimes      Never

4. Students were encouraged to ask the staff questions.

Always      Usually      Sometimes      Never

5. There were opportunities for the students to apply their skills and process.

Always      Usually      Sometimes      Never

6. Equipment and supplies were readily available to allow for timely patient care.

Always      Usually      Sometimes      Never

## School Affiliate – Post Clinical Evaluation Form (cont.)

7. The clinical objectives were achieved.

Always

Usually

Sometimes

Never

8. This unit/area provided learning experiences that supplemented theoretical content.

Always

Usually

Sometimes

Never

Comments:

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Any staff deserve special recognition for their work with you/others? (Please list names of any staff especially noteworthy for their instruction/assistance and describe your experience.)

---

---

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---

---

---

Student Name:

---



**A RESOLUTION APPROVING AND ADOPTING AN AFFILIATION  
AGREEMENT BETWEEN MORTON COLLEGE AND THE TOWN  
OF CICERO HEALTH DEPARTMENT.**

**WHEREAS**, Morton College, Community College District No. 527 (“Morton”) is a public agency of the State of Illinois; and

**WHEREAS**, Morton is created under the provisions of the laws of the State of Illinois and is now operating under the provisions of the Public Community College Act of the State of Illinois (110 ILCS 805/1-1 et seq.) (the “Act”), as supplemented and amended; and

**WHEREAS**, Section 10 of Article VI of the Constitution of the State of Illinois provides for the execution of agreements and implementation of cooperative ventures between public agencies of the State of Illinois; and

**WHEREAS**, the Intergovernmental Cooperation Act (5 ILCS 220/1 *et seq.*, as supplemented and amended), authorizes public agencies to exercise any power or powers, privileges or authority which may be exercised by any such public agency in the State of Illinois; and

**WHEREAS**, the Town of Cicero Health Department (“CHD”) may be a unit of local government and public agency of the State of Illinois; and

**WHEREAS**, the educational program at Morton for Nursing (“Program”) has a clinical component; and

**WHEREAS**, each student enrolled in the Program must complete the clinical component in order to graduate from the Program; and

**WHEREAS**, CHD is a public health agency of the Town of Cicero that is able to provide students a clinical setting to satisfy the clinical component of the Program; and

**WHEREAS**, Morton desires to enter into the affiliation agreement with CHD to provide

Morton students a clinical setting to satisfy the clinical component of the Program (and said Agreement is attached hereto as Exhibit A and is hereinafter referred to as the “Agreement”); and

**WHEREAS**, CHD desires to enter into the Agreement with Morton to provide students with a clinical setting so they can satisfy the clinical component of the Program; and

**WHEREAS**, based on the foregoing, the Board of Trustees of Community College District No. 527 (the “Board”) has determined that it is in the best interests of Morton to enter into the Agreement attached hereto as Exhibit A to allow its students to do required clinical work with the Agency;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Trustees of Community College District No. 527 that:

**Section 1. Incorporation of Preambles.**

The Board hereby finds that all the recitals contained in the preambles to this Resolution are full, true, and correct and do hereby incorporate them into this Resolution by reference.

**Section 2. Purpose.**

The purpose of this Resolution is to authorize the President or his designee to enter into the Agreement with CHD, and to further authorize the President or his designee to take all steps necessary to carry out the terms of the Agreement and to ratify any steps taken to effectuate those goals.

**Section 3. Authorization.**

The Board hereby authorizes and directs the President or his designee to enter into and approve the Agreement in accordance with its terms, or any modification thereof, and to ratify any and all previous action taken to effectuate the intent of this Resolution. The Board authorizes and

directs the President or his designee to execute the applicable Agreement, with such insertions, omissions and changes as shall be approved by the President and the Attorney, and the Board further authorizes the President or his designee to execute any and all additional documentation that may be necessary to carry out the intent of this Resolution. The President or his designee is hereby authorized and directed to execute the Agreement and any and all such other documents as may be necessary to carry out and effectuate the purpose of this Resolution.

**Section 4. Headings.**

The headings of the articles, sections, paragraphs, and sub-paragraphs of this Resolution are inserted solely for the convenience of reference and form no substantive part of this Resolution nor should they be used in any interpretation or construction of any substantive provision of this Resolution.

**Section 5. Severability.**

The provisions of this Resolution are hereby declared to be severable and should any provision of this Resolution be determined to be in conflict with any law, statute, or regulation by a court of competent jurisdiction, said provision shall be excluded and deemed inoperative, unenforceable, and as though not provided for herein and all other provisions shall remain unaffected, unimpaired, valid, and in full force and effect.

**Section 6. Superseder.**

All code provisions, ordinances, resolutions, rules, and orders, or parts thereof, in conflict herewith are, to the extent of such conflict, hereby superseded.

**Section 7. Effective Date.**

This Resolution shall be effective and in full force immediately upon passage and approval.

Passed by a vote of \_\_\_\_ ayes and \_\_\_\_ nays at a Regular Meeting of the Board of Trustees held this  
\_\_\_\_ day of October, 2020.

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Chair, Board of Trustees  
Illinois Community College District No. 527

Attest:

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Secretary, Board of Trustees  
Illinois Community College District No. 527

**EXHIBIT A**

# **Standard Clinical Affiliation Agreement**

## **(Revised)**

**2020**

**This agreement is designed for use as a standardized form.  
Parties should call one another's attention to any specific  
changes made or proposed to be made to the template, to  
ensure an accurate, common understanding of their  
agreement.**

**AFFILIATION AGREEMENT  
BETWEEN  
MORTON COLLEGE  
AND  
TOWN OF CICERO HEALTH DEPARTMENT**

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**THIS AGREEMENT** (the “**Agreement**”) is entered into this \_\_\_\_ day of \_\_\_\_\_, 2020, by and between the Town of Cicero Health Department (“**Facility**”) and Morton College (“**School**”).

**WHEREAS**, the School desires to utilize various Facility sites (Exhibit A) that may be available for the purpose of providing practical learning and clinical experiences (see Exhibit B for a list of programs and Exhibit C for program-specific requirements) in connection with students of the School.

**WHEREAS**, the Facility desires to enter into this cooperative educational agreement with the School for the purpose of providing practical learning and clinical experience for the programs set forth in Exhibit B in connection with students of the School.

**NOW, THEREFORE**, it is understood and agreed upon by the parties hereto as follows:

**A. SCHOOL RESPONSIBILITIES:**

**1. Provision of foundational curriculum to students.** The School shall have the total responsibility for planning and determining the adequacy of the educational experience of students in theoretical background, basic skill, professional ethics, attitude and behavior, and will assign to the Facility only those students who have satisfactorily completed the prerequisite didactic portion of the School’s curriculum.

**2. Student professional liability insurance.**

**(i) State Colleges and Universities**

If the School is a state college or university, the School shall require students participating in the practicum to maintain and, the School shall provide proof to the Facility, of a personal student professional liability insurance policy of at least One Million Dollars (\$1,000,000.00) per occurrence or claim and Three Million Dollars (\$3,000,000.00) in the aggregate covering the acts of such student while participating in the program at the Facility.

(a) General Liability: Subject to applicable state law, neither party to this Agreement shall be legally liable for the consequences, whether bodily injury or property damage, occasioned by an act, omission, or neglect chargeable to the other party.

(b) Where Worker's Compensation or other obligation for payment of benefits may arise, this Agreement shall neither enlarge nor diminish such obligation.

(c) Provided further, in the event required insurance coverage is not provided or is canceled, the Facility may terminate the placement of the student.

(ii) Other Colleges and Universities

Unless otherwise specified in Exhibit C, the School shall require students participating in the practicum to maintain, and the School shall provide proof to the Facility of, a personal student professional liability insurance policy of at least One Million Dollars (\$1,000,000.00) per occurrence or claim and Three Million Dollars (\$3,000,000.00) in the aggregate; and general liability coverage of at least One Million Dollars (\$1,000,000) per occurrence or claim and Two Million Dollars (\$2,000,000) in the aggregate covering the acts of such student while participating in the program. Such insurance coverage must be placed with an insurance carrier acceptable to the facility. Certificates of insurance evidencing coverage as specified above must be produced prior to student participation in the program. The School shall require students participating in the program to maintain comprehensive health insurance. In the event required insurance coverage is not provided or is canceled, the Facility may terminate the placement of the student.

**3. Designation of liaison to Facility; communications relating to clinical placements.**

The School will designate a faculty or other professional staff member to coordinate and act as its liaison to the Facility. The assignments to be undertaken by the students participating in the educational program will be mutually arranged and a regular exchange of information will be maintained by on-site visits when practical, and by letter or telephone in other instances.

The School shall notify the Facility in writing of any change or proposed change of the person(s) responsible for coordinating clinical placements with the Facility.

**4. Evidence of student certifications, vaccinations, etc.** Where applicable, the School shall provide evidence that student has met all requirements of CPR certification, hepatitis B vaccination, and OSHA compliance for prevention of transmission of blood borne pathogens and TB. Also influenza vaccination.

**5. Criminal background check and drug screen compliance.** Where applicable, a criminal background check and drug screen, as specified in Exhibit C, and as required by and acceptable to the Facility, are required of each placed student prior to participation in the clinical rotation. It is the School's responsibility to ensure that the background check and drug screening have been completed and that students with unacceptable results will not participate at sites where students with such results are forbidden by Facility policy.

**6. School notices to students.** The School shall notify each student prior to his/her arrival at the Facility that he/she is required to:

(a) Follow the administrative policies, standards, and practices of the Facility.

(b) Obtain medical care at his/her own expense for any injuries or illnesses sustained as a direct or indirect result of his/her affiliation with the Facility.



- (c) Provide his/her own transportation and living arrangements.
- (d) Report to the Facility on time and follow all established regulations during the regularly scheduled operating hours of the Facility.
- (e) Conform to the standards and practices established by the School while functioning at the Facility.
- (f) Obtain prior written approval of the Facility and the School before publishing any material relating to the clinical learning experience.
- (g) Meet the personal, ethical and professional standards required of employees of the Facility and consistent with the applicable professional Code of Ethics and the applicable standards of JCAHO and/or other relevant accrediting or regulatory bodies.

## **B. FACILITY RESPONSIBILITIES:**

**1. Provision of facilities for supervised clinical experiences.** Subject to the provisions of Section C.2 of this Agreement, the Facility agrees to make the appropriate facilities available to the School in order to provide supervised clinical experiences to students. Such facilities shall include an environment conducive to the learning process of the students as intended by the terms of this Agreement and conforming to customary Facility procedures.

**2. Facility rules applicable to students during clinical assignments.** Students are to remain subject to the authority, policies, and regulations imposed by the School and, during periods of clinical assignment, students will be subject to all rules and regulations of the Facility and imposed by the Facility on its employees and agents with regard to following the administrative policies, standards, and practices of the Facility.

**3. Patient care.** While at the Facility, students are not to replace the Facility staff, and are not to render service except as identified for educational value and delineated in the jointly planned educational experiences. Any such direct contact between a student and a patient shall be under the proximate supervision of a member of the staff of the Facility. The Facility shall at all times remain responsible for patient care.

**4. Emergency treatment of students.** Emergency outpatient treatment will be available to students while in the hospital for clinical training in case of accident or illness. In case of emergency at a non-hospital site, standard procedure will be followed. It is the student's responsibility to bear the cost of the emergency treatment.

**5. Designation of liaison to School; communications relating to clinical placements.** The Facility shall designate a liaison responsible for coordinating the clinical placements. That person shall maintain contact with the School's designated liaison person to assure mutual participation in and surveillance of the clinical program. The Facility shall notify

the School in writing of any change or proposed change of the person(s) responsible for coordinating the clinical placements.

**6. Identity and credentials of Facility supervising personnel.** The Facility shall designate and submit in writing to the School, the name and professional and academic credentials of the individual(s) overseeing student(s) experiences.

**7. School tour of Facility.** The Facility shall, on reasonable request and subject to legal restrictions regarding patient health information, permit a tour of its clinical facilities and services available and other items pertaining to clinical learning experiences, by representatives of the School and agencies charged with responsibility for approval of the facilities or accreditation of the curriculum.

**8. Provision of relevant Facility policies.** The Facility shall provide the student(s) and the School the Facility's administrative policies, standards and practices relevant to the clinical placement.

**9. FERPA compliance.** The Facility shall comply with the applicable provisions of the Family Educational Rights and Privacy Act of 1974, 20 USC 1232 (g), otherwise known as FERPA or the Buckley Amendment, and shall take all measures necessary to ensure the confidentiality of any and all information in its possession regarding the School's students who train at the Facility pursuant to this agreement.

#### **C. OTHER RESPONSIBILITIES OF THE PARTIES:**

**1. Compliance with patient privacy laws.** The School agrees to abide by and require that its faculty and students abide by all applicable state and federal laws, rules and regulations regarding patient privacy, including but not limited to, the Standards for Privacy of Individually Identifiable Health Information as required under the Health Insurance Portability and Accountability Act (HIPAA). Students shall be required to comply with the Facility's policies and procedures regarding the confidentiality of patient information and the use of all such information. The parties will notify one another if there are known breaches of this confidentiality. If during the term of this Agreement, the Department of Health and Human Services, Office of Civil Rights or any other empowered federal or state agency, court or administrative tribunal determines that the School or any other educational institution similar to the School is a Business Associate ("**Business Associate**"), as described in the federal privacy regulations, the School shall, upon a date mutually agreed by the parties, abide by the conditions and requirements as stated in Exhibit D through the remainder of the term of this Agreement.

**2. Determination of instructional period.** The course of instruction will cover a period of time as arranged between the School and the Facility. The beginning dates and length of experience shall be mutually agreed upon by the School and the Facility.

**3. Determination of number of participating students.** The number of students eligible to participate in the clinical placement will be determined and may be changed by mutual agreement of the parties. Notwithstanding the foregoing, the Facility and the School agree and understand that the availability of clinical placements at the Facility during the

term of this Agreement may periodically be affected by a variety of factors. In such event, the Facility may reduce the number of students eligible to participate in the clinical education program with prior notice to the School and adequate time for the School to reassign the student(s) to another clinical site. The Facility agrees further to accommodate students of the School who are similarly displaced from other clinical affiliates of the School to the extent that clinical space is available at the Facility.

**4. Evaluation of students' clinical experiences.** Evaluation of the clinical learning experiences of the students will be accomplished jointly by the School and the Facility. Appropriate School and the Facility staff will communicate on a regular basis for the purpose of reviewing and evaluating current clinical experiences offered to students.

#### **5. Removal of students.**

(a) The School has the right to remove a student from a clinical education program. The School shall notify the Facility of such removal in writing.

(b) The Facility may immediately remove any student participating in a clinical education program from the Facility's premises for behavior that the Facility deems to be an immediate threat to the health or welfare of its patients, staff members, visitors, or operations. In such event, the Facility shall notify the School in writing of its actions and the reasons for its actions as soon as practicable. If the Facility desires to remove a student for any other reason, it shall notify the School in writing of the reasons for the removal and shall consult with the School before removing the student.

#### **D. TERM OF AGREEMENT:**

The term of this Agreement shall be for three (3) years, to commence on, 3/27/2020 and terminate on, 3/27/2023 either party may terminate this Agreement at any time, with or without cause, upon ninety (90) days prior written notice to the other party. In the event that this Agreement is not renewed for a subsequent term, students of the School who are participating in the clinical learning experiences at the time of termination shall be allowed to complete such assignment under the terms and conditions set forth herein.

#### **E. ADDITIONAL TERMS:**

1. **Stipulations as to liability.** Subject to applicable state law, neither party to this Agreement shall be legally liable for the consequences, whether bodily injury or property damage, occasioned by an act, omission, or neglect chargeable to the other party. Where Worker's Compensation or other obligation for payment of benefits may arise, this Agreement shall neither enlarge nor diminish such obligation.
2. **Additional insurance coverage.** Any additional applicable insurance coverage requirements shall be set out by the parties in Exhibit C to this agreement.
3. **Indemnification.** Each Party to this agreement will indemnify and hold the other harmless from and against all claims, demands, costs, expense, liabilities and losses,

including reasonable attorney's fees, that may arise against the other as a consequence of any and all wrongful or negligent acts or omissions by such Party, its employees, agents or contractors (or, in the case of the School, its students) or any failure of such Party to act in performance of its duties and obligations under this Agreement. The provisions of this Section shall survive termination of this Agreement.

4. **Qualifications of School faculty.** The School represents and warrants that relevant faculty members are appropriately certified and/or licensed. The School will provide the Facility with copies of evidence of certifications or licensures.
5. **Assignment of Agreement.** This Agreement may not be assigned without the prior written consent of the other party, which will not be unreasonably withheld.
6. **Entire Agreement.** This Agreement supersedes any and all other agreements, either oral or written, between the parties hereto with respect to the subject matter hereof. No changes or modifications of this Agreement shall be valid unless the same are in writing and signed by the parties. No waiver of any provisions of this Agreement shall be valid unless in writing and signed by the parties.
7. **Severability.** If any provision of this Agreement or the application thereof to any person or situation shall, to any extent, be held invalid or unenforceable, the remainder of this Agreement, and the application of such provision to persons or situations other than those to which it shall have been held invalid or unenforceable, shall not be affected thereby, but shall continue valid and enforceable to the fullest extent permitted by law.
8. **Non-Discrimination.** The parties hereto shall abide by the requirements of Executive Order 11246, 42 U.S.C. Section 2000d and the regulations thereto, as may be amended from time to time, the Illinois Human Rights Act, and the Rules and Regulations of the Illinois Department of Human Rights. There shall be no unlawful discrimination or treatment because of race, color, religion, sex, national origin, ancestry, military status, sexual orientation or handicap in the employment, training, or promotion of students or personnel engaged in the performance of this Agreement.
9. **Employment status.** No assigned student or School faculty member or other School representative under this Agreement shall in any way be considered an employee or agent of the Facility nor shall any such student, faculty member or representative be entitled to any fringe benefits, Worker's Compensation, disability benefits or other rights normally afforded to employees of the Facility. Nothing contained in this Agreement shall be considered or implied or construed to create an agency, joint-employer, partnership relationship, employer/employee relationship, or a joint venture relationship. No Party undertakes to perform any obligation of the other Party, whether regulatory or contractual, or to assume any responsibility for the management of the other's performance.
10. **Notice to Parties.** Any notice, demand or request required or permitted to be given under the provisions of this Agreement shall be in writing and shall be deemed to have

been duly given under the earlier of (a) the date actually received by the party in question, by whatever means and however addressed, or (b) the date sent by facsimile (receipt confirmed), or on the date of personal delivery, if delivered by hand, or on the date signed for if sent by an overnight delivery service, to the following addresses, or to such other address as either party may request, in the case of the School, by notifying the Facility, and in the case of the Facility, by notifying the School:

If to the Facility:  
Cicero Health Department  
2250 S. 49<sup>th</sup> Avenue  
Cicero, IL 60804

With a Copy to:

Facility Legal Counsel at:

If to the School:

Stanley Fields, President  
Morton College  
3801 S. Central Avenue  
Attention: Stanley Fields  
Phone: (708) 656-8000

With a Copy to:

The School Legal Counsel at:  
DelGaldo Law Group, LLC  
1441 S. Harlem Ave.  
Berwyn, IL 60402

or to such other addresses as the parties may specify in writing from time to time.

11. **Governing Law.** This Agreement shall be construed and enforced in accordance with the laws of the State of Illinois, without regard to the conflict of laws provisions thereof.

12. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.
13. **No Third-Party Beneficiaries.** This Agreement shall inure exclusively to the benefit of and be binding upon the parties hereto and their respective successors, assigns, executors and legal representatives. Nothing in this Agreement, expressed or implied, is intended to confer on any person other than the parties hereto or their respective successors and assigns any rights, remedies, obligations or liabilities under or by reason of this Agreement.
14. **Agreement binding on Parties Successors and Assigns.** This Agreement shall be binding upon the School and the Facility, their successors, employees, agents and assigns, during the initial term of this Agreement and any extensions thereof.
15. **Captions for reference only.** The captions contained in this Agreement are for convenience of reference only and do not define, describe, or limit the scope or intent of this Agreement or any of its provisions.

**IN WITNESS WHEREOF**, the parties have caused this Agreement to be executed in their respective corporate names by duly authorized officers, all on the day and year first set forth above.

For and on behalf of:

**Town of Cicero Health Department**  
Facility Name

**Morton College**  
School Name

\_\_\_\_\_  
**Administrator**

\_\_\_\_\_  
**President**

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## **EXHIBIT A**

### **[LOCATION OF FACILITY SITES]**

Town of Cicero Health Department  
2250 S. 49<sup>th</sup> Avenue  
Cicero, IL 60804

## **EXHIBIT B**

### **[LIST OF PROGRAMS]**

#### **Career Ladder Nursing**

Morton College  
3801 S. Central Avenue  
Cicero, IL 60804



## EXHIBIT C

### PROGRAM SPECIFIC REQUIREMENTS

(Each program shall have its own program specific requirement checklist)

Facility: \_\_\_\_\_

School: \_\_\_\_\_

Program: \_\_\_\_\_

#### Facility requires:

	Yes	No
1. Proof of student professional and general liability insurance (paragraph A.2)	<b>X</b>	<input type="checkbox"/>
2. Proof of comprehensive health insurance (paragraph A.2)	<b>X</b>	<input type="checkbox"/>
3. Verification that students have met requirements for: (paragraph A.4)	<b>X</b>	<input type="checkbox"/>
a. Negative annual TB test or chest x-ray	<b>X</b>	<input type="checkbox"/>
b. Rubella, Rubeola and Mumps with proof of immunization or titer	<b>X</b>	<input type="checkbox"/>
c. Varicella with proof of immunization or titer	<b>X</b>	<input type="checkbox"/>
d. Hepatitis B with proof of disease/immunization or immunity by titer	<b>X</b>	<input type="checkbox"/>
e. Current American Heart Association Healthcare Provider CPR card	<b>X</b>	<input type="checkbox"/>
f. OSHA compliance for prevention of transmission of blood born pathogens and TB	<b>X</b>	<input type="checkbox"/>
g. Other _____		<input type="checkbox"/>
4. Criminal background check (paragraph A.5) If yes, type of check _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Drug screen (paragraph A.5) If yes, type of screening _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Acceptance of faith-based provision addendum (if included)	<input type="checkbox"/>	<input type="checkbox"/>
7. Evidence of relevant faculties' certifications or licensures (paragraph E.3)	<b>X</b>	<input type="checkbox"/>
8. Additional insurance coverage (paragraph E.2) If yes, type of insurance and coverage required _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

#### School requires:

1. Copy of relevant Facility policies (paragraph B.8)	<input type="checkbox"/>	<input type="checkbox"/>
2. Evidence of academic credentials, certifications and licensures of individual(s) overseeing student(s) experiences (paragraph B.6)	<input type="checkbox"/>	<input type="checkbox"/>
3. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

## EXHIBIT D

### Confidentiality of Protected Health Information

#### 1. Definitions

The following definitions apply to this Exhibit to the Agreement.

- a. Business Associate. "Business Associate" shall mean "**Morton College**".
- b. Facility. "Facility" shall mean the "**Town of Cicero Health Department**".
- c. Individual. "Individual" shall refer to a patient and have all the same meaning as the term "individual" in 45 CFR §164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
- d. Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
- e. Protected Health Information. Protected Health Information ("**PHI**") shall have the same meaning as the term "PHI" in 45 CFR §164.501, limited to the information created or received by Business Associate from or on behalf of Facility.
- f. Required By Law. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR §164.501.
- g. Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.
- h. Capital Terms. All other capital terms referenced herein shall bear the meaning ascribed thereto in the Agreement.

#### 2. Obligations of Business Associate

- a. Business Associate agrees to not use or disclose PHI other than as permitted or required by the Agreement or as Required By Law.
- b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by the Agreement.
- c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of the Agreement.
- d. Business Associate agrees to report to the Facility any use or disclosure of the PHI not provided for by the Agreement of which it becomes aware.
- e. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of the Facility, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- f. If Business Associate obtains PHI in a Designated Record Set, Business Associate shall provide access, at the request of the Facility, and in the mutually agreed time and manner, to any such PHI in a Designated Record Set, to the Facility or, as directed by the Facility, to an Individual in order to meet the requirements under 45 CFR §164.524.

g. If Business Associate obtains PHI in a Designated Record Set, Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that the Facility directs or agrees to pursuant to 45 CFR §164.526 at the request of the Facility or an Individual, and in the mutually agreed time and manner.

h. Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of the Facility, available to the Facility or to the Secretary, in a mutually agreed time and manner or as designated by the Secretary, for purposes of the Secretary determining the Facility's compliance with the Privacy Rule.

i. Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for the Facility to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528.

j. Business Associate agrees to provide to the Facility or an Individual, in a mutually agreed time and manner, PHI obtained in accordance with this Agreement, to permit the Facility to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528.

3. **Permitted Uses and Disclosures by Business Associate** Except as otherwise limited in the Agreement, Business Associate may use or disclose PHI to perform functions related to the clinical portion of the Program under the Affiliation Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by the Facility or the minimum necessary policies and procedures of the Facility.

4. **Obligations of the Facility and Provisions for the Facility to Inform Business Associate of Privacy Practices and Restrictions if Relevant to Business Arrangement**

a. The Facility shall notify Business Associate of any limitation(s) in its notice of privacy practices of Facility in accordance with 45 CFR §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

b. The Facility shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.

c. The Facility shall notify Business Associate of any restriction to the use or disclosure of PHI that the Facility has agreed to in accordance with 45 CFR §164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

5. **Permissible Requests by the Facility.** The Facility shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by the Facility.

6. **Term and Termination**

a. **Term.** The obligations of this Attachment shall become effective, if at all, in accordance with the provisions set forth in Section C.1. of this Agreement. and shall continue until all PHI provided by Facility to Business Associate, or created or received by Business Associate on behalf of the Facility, is destroyed or returned to Facility. If it is infeasible to return or destroy PHI, all protections are extended to such PHI, in accordance with the termination provisions in this Section of the Attachment.

b. **Termination for Cause.** Upon the Facility's knowledge of a material breach of this Attachment by Business Associate, the Facility shall either:

(i) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the Agreement if Business Associate does not cure the breach or end the violation within the time specified by and to the satisfaction of the Facility;

(ii) Immediately terminate the Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or

(iii) If neither termination nor cure is feasible, the Facility shall report the violation to the Secretary.

c. Except as provided in Section 7 of this Attachment, upon termination of the Agreement, for any reason, Business Associate shall return or destroy all PHI received from the Facility, or created or received by Business Associate on behalf of the Facility. If Business Associate destroys all or some of the PHI, Business Associate shall deliver to the Facility an authorized and executed Affidavit, attesting to the facts of such destruction. Business Associate shall retain no copies of the PHI. This subsection shall also apply to PHI that is in the possession of subcontractors or agents of Business Associate

d. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to the Facility notification of the conditions that make return or destruction infeasible. Upon mutual agreement between Business Associate and the Facility, that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Attachment to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

7. **Interpretation.** Any ambiguity in this Attachment shall be resolved to permit the Facility to comply with the Privacy Rule.

#### 1.4.7 Board Member Development and Evaluation.

It is the responsibility of each Board member to devote adequate time, thought and ongoing study to the duties, responsibilities and role of a trustee so as to consistently serve in an effective and credible manner. The individual responsibility of each Board member is in addition to the collective responsibility of the entire Board to conduct a substantive and productive self-evaluation and an evaluation of the college President on an annual basis. The timeline and process for both the Board self-evaluation and evaluation of the college President shall be established each year at the January regular meeting of the Board.

#### Orientation of New Board Members

It shall be a responsibility of the Chairman of the Board and the President to plan a program to inform new members of the Board about the goals of the college, the general organization and administration of its programs, the major issues it faces, programs of development in progress and projected, and the way in which the Board functions. Such a program shall be planned and carried out following the swearing-in of a new board member and prior to the next regular meeting of the board.

Resources and training available through organizations such as the Association of Governing Boards of Colleges and Universities, the Association of Community College Trustees and the Illinois Community College Trustees Association shall support new member orientation as well as ongoing professional development for all Trustees.

#### Opportunities for Ongoing Board Development

Since the needs and nature of education at the community college level are rapidly changing, it shall be the policy of the Board of Morton College to utilize, on a planned basis, professional development opportunities to keep the Board up-to-date on best practices in college governance. The Chairman of the Board and the President shall recommend to the Board resources, including but not limited to:

1. Consultants who may confer with the Board and the administration on particularly significant areas.
2. Professional meetings and conferences on a state and national basis which Board members should attend.
3. Books, magazine articles and trustee journals that are of particular relevance.
4. Reports and publications from the staff of the college with which the Board should be familiar and engaged.
5. The work of colleges elsewhere in which new practices, programs and facilities of such significance are developing that representative Board members should visit and observe.

The expenses related to carrying out much of the foregoing and similar plans as are approved by the Board shall be considered a cost of administering the college and budgetary provision shall be made to cover such cost. Expense accounts shall be submitted to the President and the established methods of approval and accounting followed.



**DEL GALDO LAW GROUP, LLC**

*Attorneys & Counselors*

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1441 S. Harlem Avenue  
Berwyn, Illinois 60402  
Telephone (708) 222-7000 – Facsimile (708) 222-7001  
www.dlglawgroup.com

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• MEMORANDUM •

**TO: PRESIDENT STAN FIELDS**

**CC: MICHAEL T. DEL GALDO**

**FROM: COURTNEY P. WILLITS**

**DATE: OCTOBER 23, 2020**

**RE: BOARD POLICIES 4.1 AND 2.3 REVISIONS**

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Pursuant to Section 3-42 of the Public Community College Act the board shall have the authority to, “employ such personnel as may be needed, to establish policies governing their employment and dismissal, and to fix the amount of their compensation.” 110 ILCS 805/3-42. Therefore, the Board of Trustees (the “Board”) for Morton Community College No. 527 (the “College”) has the authority to adopt board policies regarding employment and dismissal regarding personnel for the College.

After further review of the Board policies, it was determined additional revisions to Board policy 4.1 and 2.3, were necessary, which policy establishes guidelines for hiring and firing of College personnel and the President’s duties. The following updated revisions are shown in a redline format.

**TITLE:** Employment

**NO.:** 4.1

**SECTION:** Classified Personnel

**PAGE:** 1 of 1

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~~The President shall recommend to the Board for approval all full-time employments and terminations.~~

~~All full-time resignations and all part-time employments, resignations and terminations will be reported to the Board by the President.~~

The President shall recommend, and the Board shall approve all full-time and part-time employments and dismissals including all terminations and retirements, except if

there is an urgent need to commence employment, the President shall be authorized to make an emergency interim hire for a period not exceeding thirty (30) days. Board approval shall be sought within the interim thirty (30) day period. If Board approval is not sought or if the Board does not approve the interim emergency hire, the appointment shall lapse, and the emergency interim hire shall be removed from the payroll.

The President shall report to the Board for informational purposes all resignations.

The Board will review and approve all requests for new classified personnel positions, with the exception of tutor positions, as tutors do not exceed nineteen (19) hours of work per week. ~~which are of excluded status because the total number of hours worked per tutor shall not exceed nineteen (19) hours per week.~~ The Board will review and approve a certain number of total hours that ~~any number of~~ tutors may work during a designated period of time. The Board gives the President or his/her designee the authority to hire tutors to provide tutoring services up to the total number of approved hours for the designated period of time.

Terms and conditions of employment shall be in writing.

The President as the Chief Executive Officer is directly responsible and accountable to the Board. In accordance with state statutes, and authority of the Board, the President executes directly or by delegation to members of the staff, all executive and administrative duties necessary for the operation of the College.

The President shall have the following duties and responsibilities:

- a. To run the day-to-day operations of the College, make all final operational decisions, and administer and direct the affairs of the College in accordance with the provisions of the laws of the United States, the State of Illinois, the Rules of the Illinois Community College Board, other authorized regulatory agencies, and the policies of the Board.
- b. To define and interpret the purposes and goals of the comprehensive two-year college in the State of Illinois to the Board, public and college staff.
- c. To assume primary responsibility for the attainment of these goals, for administrative action, and for establishing and maintaining channels of communication which link the components of the academic community.
- d. To represent the institution to the public, and be chief spokesman for the College.
- e. To provide leadership in engaging the staff in setting directions for curricular and organizational change designed for improvement of the total educational program of the College.
- f. To present to the Board employee views, including dissenting ones, in areas and on issues of significant concern. (See Board Policy 8.24.)
- g. To inform the employee of the views of the Board and the administration on the various issues which from time to time confront the College. See Board Policy 8.24.)
- h. ~~To recommend to the Board for its approval all candidates for full-time employment including part-time administrators and part-time faculty; and to report to the Board all non-faculty part-time employments and full-time overload assignments.~~ To recommend to the Board for its approval all candidates for full-time and part-time employment, including dismissal, and shall have the authority to make emergency hires for a period not exceeding thirty (30) days when there is an urgent need to commence employment.



- i. ~~To recommend to the Board for its approval all full-time terminations and retirements and to report to the Board all full-time resignations and all part-time resignations, terminations, and retirements.~~ To report to the Board all resignations.
- j. To ensure that each administrator and each full-time member of the faculty and classified staffs and each part-time member of the faculty, be evaluated in writing on an annual basis. Part-time staff members may also be evaluated.
- k. To strive for the creation of new resources as well as the maintenance of existing ones.
- l. To serve as a mediator between and among the students, the public, the college staff and the Board as appropriate.
- m. To keep the Board apprised regarding the operations of the College in a reasonable and responsible time frame.
- n. To inform the Board of any trustee's question, concern, or non-binding advice regarding the operations of the College and any answer given or action taken as a result thereof in a reasonable and responsible time frame. (See Board Policy 1.9.)

This document and the information in it is private and confidential and is only for the use and review of the designated recipient(s) named above. If you are not the designated recipient, do not read, review, disseminate, copy, or distribute this document, as it is strictly prohibited. The sender of this document hereby claims all privileges at law or in equity regarding this document, and specifically does not waive any privilege related to the secrecy of this document.

**MORTON COLLEGE BOARD OF TRUSTEES  
REQUEST FOR BOARD ACTION**

**PROPOSED ACTION:** That the board approve the fiscal year 2022 Capital Resource Allocation Management Program (RAMP) requests as submitted.

**RATIONALE:** [Required by the Illinois Community College Board]

**COST ANALYSIS:** 25% of each project as indicated on each project application\*

<b><u>Project</u></b>	<b><u>Total Project Cost</u></b>	<b><u>25% (MC's Share)*</u></b>
Allied Health Technology Project	\$76,236,400	\$19,059,100
Community Instructional Center Project	\$45,099,200	\$11,274,800
Campus Operations Building Project	\$10,728,400	\$2,682,100
Building Envelopes Upgrades Project	\$3,861,200	\$965,300

**ATTACHMENTS:**

**RESOURCE ALLOCATION MANAGEMENT PROGRAM (RAMP) REPORTS:**

**ALLIED HEALTH TECHNOLOGY  
COMMUNITY INSTRUCTIONAL CENTER  
CAMPUS OPERATIONS BUILDING  
BUILDING ENVELOPES UPGRADES**



Lazaro Lopez, Ed.D.  
Chairman

Brian Durham, Ed.D.  
Executive Director

Illinois Community College Board

**Capital Project Application**

Complete one application for each project.

**District/College:** \_\_\_\_\_

**District #:** \_\_\_\_\_  
*5 Digit Code (e.g., 50101)*

**ICCB Project # Identifier:** \_\_\_\_\_  
*District #, type (NC, R, SP, U, SI or DF), Fiscal Year – District Ranking # (e.g., 500-01NC2021-1)*

**Project Type:** \_\_\_\_\_  
*(New Construction, Remodel, Site Purchase, Utilities, Site Improvement and Deferred Maintenance)*

**Project Title:** \_\_\_\_\_

**District Project Rank # (1 of 3):** \_\_\_\_\_  
*(Top 3 receive full prioritization points, 4 and beyond are reduced progressively)*

**Estimated Local Funds:** \_\_\_\_\_  
*(25% minimum)*

**Estimated State Funds:** \_\_\_\_\_

**Estimated Total Funds:**

**Budget Detail**

**BLDGS, ADDITIONS, AND/OR STRUCTURES:** \_\_\_\_\_

**LAND:** \_\_\_\_\_

**EQUIPMENT:** \_\_\_\_\_

**UTILITIES:** \_\_\_\_\_

**REMODELING & REHABILITATION:** \_\_\_\_\_

**SITE IMPROVEMENTS:** \_\_\_\_\_

**PLANNING:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**TOTAL Funds Requested:**

**Project Scope:**

**Project Justification:**

If project includes **Missing Core Campus Components** 1501.603 h)2); **Program Considerations** 1501.603 h)1); **Prior ICCB or State obligations** 1501.603 h)6) or **Structural Considerations** 1501.603 h)7), then please use this space for justification as this will greatly affect priority status.

**Additional Documentation Required Prior to Funding (this will be required before funding is released):**

- For New Construction please see requirements referenced in Administrative Rules section 1501.603 b).
- For Remodel and Rehab please see requirements referenced in Administrative Rules section 1501.603 c).
- For Secondary Site Purchase please see requirements referenced in Administrative Rules section 1501.603 d).

**Do project criteria meet Section 1501.603 a) of ICCB Administrative Rules?**☐ Yes ☐ No**Does this project have the approval of your local governing board?**☐ Yes ☐ No **Date of Board Meeting:** \_\_\_\_\_**District Contact Name:** \_\_\_\_\_**District Contact Email Address:** \_\_\_\_\_**District Contact Phone Number:** \_\_\_\_\_*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_



Lazaro Lopez, Ed.D.  
Chairman

Brian Durham, Ed.D.  
Executive Director

Illinois Community College Board

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*(25% minimum)*

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**Estimated Total Funds:**

**Budget Detail**

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**LAND:** \_\_\_\_\_

**EQUIPMENT:** \_\_\_\_\_

**UTILITIES:** \_\_\_\_\_

**REMODELING & REHABILITATION:** \_\_\_\_\_

**SITE IMPROVEMENTS:** \_\_\_\_\_

**PLANNING:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**TOTAL Funds Requested:**

**Project Scope:**



**Project Justification:**

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Lazaro Lopez, Ed.D.  
Chairman

Brian Durham, Ed.D.  
Executive Director

Illinois Community College Board

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**BLDGS, ADDITIONS, AND/OR STRUCTURES:** \_\_\_\_\_

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**UTILITIES:** \_\_\_\_\_

**REMODELING & REHABILITATION:** \_\_\_\_\_

**SITE IMPROVEMENTS:** \_\_\_\_\_

**PLANNING:** \_\_\_\_\_

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**TOTAL Funds Requested:**

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Lazaro Lopez, Ed.D.  
Chairman

Brian Durham, Ed.D.  
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Illinois Community College Board

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**From:** [Maria Sanchez Anderson](#)  
**To:** [Ana L Valdez](#)  
**Subject:** Fwd: Request for Board Action for Athletic Training Supplies  
**Date:** Friday, October 23, 2020 8:07:35 AM  
**Attachments:** [OutlookEmoji-1567566740237\\_Panthersd4918281-d8c3-4193-b87e-171b3904f5bb.png](#)  
[REQUEST FOR BOARD ACTION Athletic Training Room Supplies.docx](#)  
[Henry Schein Statement 9-19-20.pdf](#)

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Begin forwarded message:

**From:** "John W. Treiber" <[john.treiber@morton.edu](mailto:john.treiber@morton.edu)>  
**Date:** October 23, 2020 at 12:09:17 AM CDT  
**To:** Maria Sanchez Anderson <[maria.anderson@morton.edu](mailto:maria.anderson@morton.edu)>  
**Subject:** Request for Board Action for Athletic Training Supplies

Hi Maria,

Please add this to next week's board agenda for approval. Let me know if anything else is needed.

Best Regards,

**John Treiber, M.Ed.**

**Athletic Director**

Email: [john.treiber@morton.edu](mailto:john.treiber@morton.edu)

Phone: 708.656.8000 ext. 2370

Fax: 708-656-9845

Office: 101-D

**Morton College**

[3801 S. Central Ave.](#)

[Cicero, IL. 60804](#)

# **REQUEST FOR BOARD ACTION**

**PROPOSED ACTION:** Approval of Athletic Training Room supplies and equipment from Henry Schein Inc., in the amount of **\$26,061.65**, as submitted.

**RATIONALE:** [Required by Board Policy 5.3.1 and Chapter 1 10, Act 805, section 3- 27.1 of the Illinois Community College Act]

**COST ANALYSIS:** Total \$26,061.65

All purchases made were recommended by our Board approved Athletic Training Company Athletico to replace needed supplies and equipment for the new Athletic Training Room in Building E.

**ATTACHMENT:** Henry Schein Statement from 9/19/20.



135 Duryea Rd. Melville, NY 11747-3824

Return Service Requested

010000060157136424933210000000026061650919203

PLEASE REFER TO INVOICE(S) FOR DUE DATE

Statement Date	Account Number
09/19/2020	601571
New Balance	Amount Enclosed*
26,061.65	\$

\*Unspecified remittances will be applied to the oldest balance outstanding.

7282 1 MB 0.439 E0339X I0524 D6625956349 S2 P7694509 0001:0001


☐ CHECK HERE FOR ADDRESS CHANGES OR TO INCLUDE FAX NUMBERS AND E-MAIL IDS. PLEASE MAKE UPDATES ON BACK.


MORTON COLLEGE MI  
Jessica Wargo ATL  
3801 S CENTRAL AVE  
CICERO IL 60804-4300

Henry Schein Inc.  
Dept CH 10241  
Palatine, IL 60055-0241

Please remit promptly. Past due invoices  
are subject to 1 1/2% monthly late charge.

Please detach here and return the above portion with your payment

FOR INQUIRIES REGARDING THIS STATEMENT, PLEASE CALL 1-800-472-4346

<b>Account Name</b> Morton College MI	<b>Account Number</b> 601571	<b>Statement Date</b> 09/19/2020	<b>Statement Number</b> 36424933	<b>Page</b> 1 of 2
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## AGGREGATE ACCOUNT ACTIVITY SUMMARY

PREVIOUS STATEMENT		CURRENT MONTH ACTIVITY					BALANCE DUE
Date	Balance	Purchases(+)	Payments(-)	Credits(-)	Late Charge	Adjustments (-/+)	
08/22/2020	22,638.51	3,423.14	0.00	0.00	0.00	0.00	26,061.65

CURRENT	ACCOUNT AGING*				
	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	91-120 Days Past Due	> 120 Days Past Due
3,423.14	7,107.59	15,530.92	0.00	0.00	0.00

\* Amounts in this section subject to late charges.

TRANSACTION DATE	INVOICE NUMBER	TRANSACTION TYPE	REFERENCE/ SALES ORDER	SHIP TO ACCOUNT	ORIGINAL INVOICE AMOUNT	PAYMENTS/ CREDITS	PURCHASES/ DEBITS
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## Morton College 3801 S Central Ave

## Remaining Prior Period Open Items

07/14/2020	79761364	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	6.35
07/14/2020	79723632	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	8322.00
07/15/2020	79723633	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	729.16
07/16/2020	79837262	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	45.08
07/16/2020	79880341	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	544.09
07/16/2020	79932370	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	5514.73
07/16/2020	79887015	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	63.12
07/17/2020	79952978	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	238.52
07/20/2020	79997212	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	6.06
07/20/2020	80002558	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	58.22
07/20/2020	80025557	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	3.59
07/21/2020	80104468	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	131.74
07/21/2020	80143214	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	848.43
07/21/2020	80152382	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	41.90
07/21/2020	80063203	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	8.57
07/21/2020	80117217	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	19.29
07/22/2020	80104613	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	1126.38
07/23/2020	80238449	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	213.27
07/23/2020	80296445	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	11.22
07/23/2020	80296506	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	31.07
07/23/2020	80309904	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	205.82
07/24/2020	80348525	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	403.02
07/27/2020	80355406	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	10.15
07/28/2020	80308510	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	15.08
07/28/2020	80515365	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	9.03
07/31/2020	80493995	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	50.24
08/03/2020	80730952	INVOICE	OWEN STIFF ATHLETICO	00601571	0.00	0.00	3919.40

(continued on next page)

New Payment Option! Check By Phone Is Now Available



Account Name  
Morton College MI

Account Number  
601571

Statement Date  
09/19/2020

Statement Number  
36424933

Page  
2 of 2

TRANSACTION DATE	INVOICE NUMBER	TRANSACTION TYPE	REFERENCE/ SALES ORDER	SHIP TO ACCOUNT	ORIGINAL INVOICE AMOUNT	PAYMENTS/ CREDITS	PURCHASES/ DEBITS
<i>Continued</i>							
08/04/2020	80748616	<u>INVOICE</u>	OWEN STIFF ATHLETICO	00601571	0.00	0.00	62.98
Current Period Activity							
08/24/2020	81706536	<u>INVOICE</u>	OWEN STIFF ATHLETICO	00601571	0.00	0.00	41.72
08/27/2020	81981837	<u>INVOICE</u>	OWEN STIFF	00601571	0.00	0.00	192.82
08/27/2020	81998594	<u>INVOICE</u>	OWEN STIFF ATHLETICO	00601571	0.00	0.00	88.76
09/01/2020	80730953	<u>INVOICE</u>	OWEN STIFF ATHLETICO	00601571	0.00	0.00	2699.29
09/09/2020	82627670	<u>INVOICE</u>	OWEN STIFF ATHLETICO	00601571	0.00	0.00	7.78
09/09/2020	82688309	<u>INVOICE</u>	OWEN STIFF ATHLETICO	00601571	0.00	0.00	54.71
09/14/2020	82915446	<u>INVOICE</u>	OWEN STIFF ATHLETICO	00601571	0.00	0.00	86.67
09/17/2020	83094244	<u>INVOICE</u>	JESSICA WARGO 09152020	00601571	0.00	0.00	240.67
09/18/2020	83223134	<u>INVOICE</u>	OWEN STIFF ATHLETICO	00601571	0.00	0.00	10.72

Remaining Prior Period Open Items	Total Purchases	Total Payments	Total Credits	Total Adjustments
<b>22,638.51</b>	<b>3,423.14</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

**\*\* HENRY SCHEIN APPRECIATES YOUR BUSINESS \*\***

**From:** [Mireya Perez](#)  
**To:** [Ana L Valdez](#)  
**Subject:** RE: FOR BOARD APPROVAL - Recommendation for Whole Life Insurance  
**Date:** Monday, October 19, 2020 2:41:16 PM

---

Yes, approved.

*Thanks,*

*Mireya Perez  
Chief Financial Officer/ Treasurer  
Morton College  
3801 South Central Ave  
Cicero, IL 60804  
Phone (708) 656-8000 ext 2289  
Fax (708) 656-3194*

---

**From:** Ana L Valdez <ana.valdez@morton.edu>  
**Sent:** Monday, October 19, 2020 2:41 PM  
**To:** Mireya Perez <mireya.perez@morton.edu>  
**Subject:** FW: FOR BOARD APPROVAL - Recommendation for Whole Life Insurance

Hi Mireya

Please let me know if this is approved to be included in the October BOT agenda.

Thanks,



**Ana Valdez**  
Executive Assistant - Provost  
**P:** (708) 656-8000, Ext. 2241  
**E:** [Ana.Valdez@morton.edu](mailto:Ana.Valdez@morton.edu)  
[www.morton.edu](http://www.morton.edu)

---

**From:** Wendy Vega-Huezo  
**Sent:** Friday, October 16, 2020 11:10 AM  
**To:** Board Materials <[board.materials@morton.edu](mailto:board.materials@morton.edu)>  
**Cc:** Mireya Perez <[mireya.perez@morton.edu](mailto:mireya.perez@morton.edu)>  
**Subject:** FOR BOARD APPROVAL - Recommendation for Whole Life Insurance

**PROPOSED ACTION:** That the Board approve a new benefit for Morton College eligible employees.

**RATIONALE:**

[Required by Board-Union Agreements and Board Policy 1.1.1]

To offer Whole Life Insurance for year around paycheck employees. Rates provided by Mass Mutual.

**COST ANALYSIS:**

No administrative fees

**ATTACHMENTS:**

Rate Sheet

Thanks,

Wendy Vega-Huezo

Associate Director of Human Resources

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# MassMutual@WORK Group Critical Illness Insurance Rates

## Non-Tobacco Rates, Bi-Weekly Premium

*Employee, Spouse, and Dependent Child Rates for employees issue ages 18-75*

### Employee Rates\*

Age <sup>1</sup>	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-24	\$2.75	\$3.64	\$4.53	\$5.42	\$6.31	\$7.20	\$8.09	\$8.98	\$9.87	\$10.76
25-29	\$3.16	\$4.46	\$5.77	\$7.07	\$8.37	\$9.68	\$10.98	\$12.29	\$13.59	\$14.89
30-34	\$3.65	\$5.45	\$7.25	\$9.05	\$10.85	\$12.64	\$14.44	\$16.24	\$18.04	\$19.84
35-39	\$4.40	\$6.95	\$9.50	\$12.05	\$14.60	\$17.14	\$19.69	\$22.24	\$24.79	\$27.34
40-44	\$5.33	\$8.81	\$12.29	\$15.77	\$19.25	\$22.73	\$26.21	\$29.69	\$33.16	\$36.64
45-49	\$6.39	\$10.93	\$15.47	\$20.01	\$24.55	\$29.09	\$33.62	\$38.16	\$42.70	\$47.24
50-54	\$7.38	\$12.90	\$18.42	\$23.95	\$29.47	\$34.99	\$40.52	\$46.04	\$51.56	\$57.09
55-59	\$8.56	\$15.27	\$21.98	\$28.69	\$35.40	\$42.11	\$48.82	\$55.53	\$62.24	\$68.95
60-64	\$9.46	\$17.07	\$24.68	\$32.29	\$39.90	\$47.51	\$55.12	\$62.73	\$70.34	\$77.95
65-65	\$13.55	\$25.25	\$36.94	\$48.64	\$60.34	\$72.03	\$83.73	\$95.42	\$107.12	\$118.82
66-69	\$13.55	\$25.25	\$36.94	\$48.64	\$60.34	N/A	N/A	N/A	N/A	N/A
70-75	\$22.83	\$43.80	\$64.77	\$85.74	\$106.71	N/A	N/A	N/A	N/A	N/A

\*Maximum coverage for employees issue ages 66-75 is \$25,000.

### Spouse Rates

Age <sup>1</sup>	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-24	\$0.89	\$1.78	\$2.67	\$3.56	\$4.45	\$5.34
25-29	\$1.30	\$2.61	\$3.91	\$5.22	\$6.52	\$7.82
30-34	\$1.80	\$3.60	\$5.39	\$7.19	\$8.99	\$10.79
35-39	\$2.55	\$5.10	\$7.64	\$10.19	\$12.74	\$15.29
40-44	\$3.48	\$6.96	\$10.44	\$13.92	\$17.39	\$20.87
45-49	\$4.54	\$9.08	\$13.62	\$18.15	\$22.69	\$27.23
50-54	\$5.52	\$11.05	\$16.57	\$22.09	\$27.62	\$33.14
55-59	\$6.71	\$13.42	\$20.13	\$26.84	\$33.55	\$40.26
60-60	\$7.61	\$15.22	\$22.83	\$30.44	\$38.05	\$45.66

Spouse coverage is limited to 100% of the employee coverage not to exceed \$30,000.

### Dependent Child Rates

Employee Coverage	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Age <sup>1</sup>	\$2,500	\$2,500	\$3,750	\$5,000	\$6,250	\$7,500	\$8,750	\$10,000	\$11,250	\$12,500
All Ages	\$0.39	\$0.39	\$0.58	\$0.77	\$0.97	\$1.16	\$1.35	\$1.54	\$1.74	\$1.93

Dependent Child coverage is the greater of \$2,500 or 25% of the employee coverage.

# MassMutual@WORK Group Critical Illness Insurance Rates

## Tobacco Rates, Bi-Weekly Premium

*Employee, Spouse, and Dependent Child Rates for employees issue ages 18-75*

### Employee Rates\*

Age <sup>1</sup>	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-24	\$3.24	\$4.63	\$6.01	\$7.40	\$8.79	\$10.17	\$11.56	\$12.95	\$14.33	\$15.72
25-29	\$3.82	\$5.79	\$7.76	\$9.72	\$11.69	\$13.66	\$15.63	\$17.59	\$19.56	\$21.53
30-34	\$4.62	\$7.38	\$10.15	\$12.91	\$15.67	\$18.44	\$21.20	\$23.96	\$26.73	\$29.49
35-39	\$5.83	\$9.80	\$13.77	\$17.74	\$21.71	\$25.68	\$29.65	\$33.62	\$37.60	\$41.57
40-44	\$7.57	\$13.29	\$19.01	\$24.73	\$30.45	\$36.17	\$41.89	\$47.61	\$53.33	\$59.05
45-49	\$10.01	\$18.16	\$26.31	\$34.46	\$42.61	\$50.77	\$58.92	\$67.07	\$75.22	\$83.37
50-54	\$13.10	\$24.35	\$35.60	\$46.85	\$58.10	\$69.34	\$80.59	\$91.84	\$103.09	\$114.34
55-59	\$16.06	\$30.27	\$44.47	\$58.68	\$72.88	\$87.09	\$101.30	\$115.50	\$129.71	\$143.91
60-64	\$19.03	\$36.20	\$53.37	\$70.55	\$87.72	\$104.89	\$122.07	\$139.24	\$156.41	\$173.59
65-65	\$19.75	\$37.64	\$55.53	\$73.42	\$91.32	\$109.21	\$127.10	\$144.99	\$162.89	\$180.78
66-69	\$19.75	\$37.64	\$55.53	\$73.42	\$91.32	N/A	N/A	N/A	N/A	N/A
70-75	\$30.70	\$59.54	\$88.38	\$117.22	\$146.06	N/A	N/A	N/A	N/A	N/A

\*Maximum coverage for employees issue ages 66-75 is \$25,000.

### Spouse Rates

Age <sup>1</sup>	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-24	\$1.39	\$2.77	\$4.16	\$5.55	\$6.93	\$8.32
25-29	\$1.97	\$3.93	\$5.90	\$7.87	\$9.84	\$11.80
30-34	\$2.76	\$5.53	\$8.29	\$11.05	\$13.82	\$16.58
35-39	\$3.97	\$7.94	\$11.91	\$15.88	\$19.86	\$23.83
40-44	\$5.72	\$11.44	\$17.16	\$22.88	\$28.60	\$34.32
45-49	\$8.15	\$16.30	\$24.46	\$32.61	\$40.76	\$48.91
50-54	\$11.25	\$22.50	\$33.74	\$44.99	\$56.24	\$67.49
55-59	\$14.21	\$28.41	\$42.62	\$56.82	\$71.03	\$85.23
60-60	\$17.17	\$34.35	\$51.52	\$68.69	\$85.87	\$103.04

Spouse coverage is limited to 100% of the employee coverage not to exceed \$30,000.

### Dependent Child Rates

Employee Coverage	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Age <sup>1</sup>	\$2,500	\$2,500	\$3,750	\$5,000	\$6,250	\$7,500	\$8,750	\$10,000	\$11,250	\$12,500
All Ages	\$0.39	\$0.39	\$0.58	\$0.77	\$0.97	\$1.16	\$1.35	\$1.54	\$1.74	\$1.93

Dependent Child coverage is the greater of \$2,500 or 25% of the employee coverage.

<sup>1</sup>The ages(s) of the insured(s) on the certificate date as shown in the certificate specification. For an insured who becomes insured after the certificate date, the age of the insured on his or her coverage effective date.

Rates for use in IL.

	<b>\$10,000 Death Benefit Non-Tobacco</b>			<b>\$25,000 Death Benefit Non-Tobacco</b>			<b>\$50,000 Death Benefit Non-Tobacco</b>			<b>\$75,000 Death Benefit Non-Tobacco</b>		
<i>Issue Age</i> <sup>1</sup>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value</i> <sup>2</sup>	<i>Guaranteed RPU Value</i> <sup>2,3</sup>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value</i> <sup>2</sup>	<i>Guaranteed RPU Value</i> <sup>2,3</sup>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value</i> <sup>2</sup>	<i>Guaranteed RPU Value</i> <sup>2,3</sup>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value</i> <sup>2</sup>	<i>Guaranteed RPU Value</i> <sup>2,3</sup>
18	\$4.62	\$3,819	\$8,743	\$8.51	\$9,549	\$21,859	\$14.98	\$19,098	\$43,719	\$21.45	\$28,647	\$65,578
19	\$4.68	\$3,800	\$8,699	\$8.64	\$9,500	\$21,749	\$15.24	\$19,001	\$43,498	\$21.84	\$28,502	\$65,247
20	\$4.73	\$3,780	\$8,653	\$8.76	\$9,450	\$21,633	\$15.49	\$18,901	\$43,267	\$22.22	\$28,351	\$64,901
21	\$4.78	\$3,759	\$8,605	\$8.89	\$9,397	\$21,512	\$15.74	\$18,795	\$43,025	\$22.60	\$28,193	\$64,537
22	\$4.83	\$3,736	\$8,554	\$9.02	\$9,341	\$21,385	\$16.00	\$18,683	\$42,770	\$22.98	\$28,025	\$64,155
23	\$4.88	\$3,713	\$8,500	\$9.14	\$9,283	\$21,250	\$16.25	\$18,566	\$42,501	\$23.36	\$27,849	\$63,751
24	\$4.93	\$3,688	\$8,443	\$9.27	\$9,220	\$21,108	\$16.50	\$18,441	\$42,216	\$23.74	\$27,662	\$63,324
25	\$4.98	\$3,662	\$8,383	\$9.40	\$9,155	\$20,958	\$16.76	\$18,310	\$41,916	\$24.12	\$27,466	\$62,874
26	\$5.08	\$3,634	\$8,319	\$9.65	\$9,086	\$20,799	\$17.27	\$18,172	\$41,598	\$24.88	\$27,258	\$62,397
27	\$5.28	\$3,604	\$8,251	\$10.16	\$9,011	\$20,628	\$18.28	\$18,022	\$41,256	\$26.40	\$27,033	\$61,884
28	\$5.44	\$3,572	\$8,178	\$10.54	\$8,931	\$20,445	\$19.04	\$17,862	\$40,890	\$27.55	\$26,794	\$61,335
29	\$5.59	\$3,538	\$8,100	\$10.92	\$8,846	\$20,251	\$19.80	\$17,693	\$40,503	\$28.69	\$26,540	\$60,755
30	\$5.79	\$3,502	\$8,018	\$11.43	\$8,757	\$20,046	\$20.82	\$17,514	\$40,093	\$30.21	\$26,271	\$60,139
31	\$6.00	\$3,464	\$7,931	\$11.94	\$8,662	\$19,828	\$21.84	\$17,324	\$39,657	\$31.74	\$25,986	\$59,486
32	\$6.20	\$3,424	\$7,840	\$12.44	\$8,562	\$19,600	\$22.85	\$17,124	\$39,200	\$33.26	\$25,686	\$58,800
33	\$6.45	\$3,382	\$7,743	\$13.08	\$8,457	\$19,359	\$24.12	\$16,914	\$38,719	\$35.16	\$25,371	\$58,079
34	\$6.60	\$3,338	\$7,643	\$13.46	\$8,347	\$19,108	\$24.88	\$16,694	\$38,216	\$36.30	\$25,041	\$57,324
35	\$6.66	\$3,293	\$7,538	\$13.59	\$8,232	\$18,845	\$25.14	\$16,465	\$37,691	\$36.69	\$24,697	\$56,536
36	\$6.96	\$3,245	\$7,428	\$14.35	\$8,113	\$18,572	\$26.66	\$16,226	\$37,144	\$38.97	\$24,339	\$55,716
37	\$7.37	\$3,195	\$7,315	\$15.36	\$7,989	\$18,288	\$28.69	\$15,978	\$36,576	\$42.02	\$23,967	\$54,864
38	\$7.72	\$3,143	\$7,196	\$16.25	\$7,859	\$17,992	\$30.47	\$15,719	\$35,984	\$44.68	\$23,579	\$53,976
39	\$8.08	\$3,089	\$7,072	\$17.14	\$7,724	\$17,682	\$32.24	\$15,448	\$35,364	\$47.35	\$23,172	\$53,046
40	\$8.48	\$3,032	\$6,942	\$18.15	\$7,581	\$17,355	\$34.27	\$15,163	\$34,711	\$50.39	\$22,745	\$52,066
41	\$8.84	\$2,972	\$6,804	\$19.04	\$7,430	\$17,010	\$36.05	\$14,861	\$34,021	\$53.06	\$22,292	\$51,031
42	\$9.19	\$2,908	\$6,658	\$19.93	\$7,271	\$16,646	\$37.83	\$14,543	\$33,293	\$55.72	\$21,815	\$49,940
43	\$9.60	\$2,841	\$6,505	\$20.95	\$7,104	\$16,262	\$39.86	\$14,208	\$32,525	\$58.77	\$21,312	\$48,787
44	\$9.96	\$2,770	\$6,342	\$21.84	\$6,926	\$15,856	\$41.64	\$13,853	\$31,712	\$61.44	\$20,780	\$47,568
45	\$10.01	\$2,695	\$6,170	\$21.96	\$6,738	\$15,425	\$41.89	\$13,476	\$30,850	\$61.82	\$20,214	\$46,275
46	\$10.67	\$2,615	\$5,986	\$23.61	\$6,537	\$14,966	\$45.19	\$13,075	\$29,932	\$66.77	\$19,613	\$44,898
47	\$11.33	\$2,529	\$5,791	\$25.26	\$6,324	\$14,478	\$48.49	\$12,649	\$28,956	\$71.72	\$18,974	\$43,434
48	\$12.04	\$2,439	\$5,583	\$27.04	\$6,097	\$13,958	\$52.04	\$12,195	\$27,917	\$77.05	\$18,293	\$41,876
49	\$12.75	\$2,342	\$5,362	\$28.82	\$5,856	\$13,405	\$55.60	\$11,712	\$26,811	\$82.38	\$17,568	\$40,217
50	\$13.41	\$2,239	\$5,126	\$30.47	\$5,598	\$12,816	\$58.90	\$11,197	\$25,633	\$87.33	\$16,796	\$38,450
51	\$14.12	\$2,129	\$4,875	\$32.24	\$5,324	\$12,188	\$62.45	\$10,649	\$24,377	\$92.66	\$15,973	\$36,566

	<b>\$10,000 Death Benefit Non-Tobacco</b>			<b>\$25,000 Death Benefit Non-Tobacco</b>			<b>\$50,000 Death Benefit Non-Tobacco</b>			<b>\$75,000 Death Benefit Non-Tobacco</b>		
<i>Issue Age<sup>1</sup></i>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value<sup>2</sup></i>	<i>Guaranteed RPU Value<sup>2,3</sup></i>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value<sup>2</sup></i>	<i>Guaranteed RPU Value<sup>2,3</sup></i>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value<sup>2</sup></i>	<i>Guaranteed RPU Value<sup>2,3</sup></i>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value<sup>2</sup></i>	<i>Guaranteed RPU Value<sup>2,3</sup></i>
52	\$14.83	\$2,013	\$4,608	\$34.02	\$5,033	\$11,522	\$66.00	\$10,066	\$23,044	\$97.99	\$15,099	\$34,566
53	\$15.49	\$1,889	\$4,325	\$35.67	\$4,723	\$10,813	\$69.30	\$9,447	\$21,627	\$102.94	\$14,171	\$32,441
54	\$16.20	\$1,758	\$4,024	\$37.45	\$4,395	\$10,061	\$72.86	\$8,790	\$20,122	\$108.27	\$13,185	\$30,183
55	\$16.25	\$1,617	\$3,703	\$37.57	\$4,044	\$9,259	\$73.11	\$8,089	\$18,519	\$108.65	\$12,134	\$27,778
56	\$17.37	\$1,696	\$3,753	\$40.37	\$4,241	\$9,384	\$78.70	\$8,483	\$18,768	\$117.03	\$12,725	\$28,152
57	\$18.54	\$1,778	\$3,804	\$43.29	\$4,446	\$9,510	\$84.54	\$8,892	\$19,021	\$125.79	\$13,339	\$28,532
58	\$19.70	\$1,863	\$3,855	\$46.20	\$4,659	\$9,639	\$90.37	\$9,318	\$19,278	\$134.54	\$13,978	\$28,917
59	\$20.87	\$1,952	\$3,908	\$49.12	\$4,881	\$9,770	\$96.21	\$9,762	\$19,540	\$143.30	\$14,643	\$29,310
60	\$22.04	\$2,044	\$3,961	\$52.04	\$5,111	\$9,903	\$102.05	\$10,223	\$19,806	\$152.06	\$15,334	\$29,709
61*	\$21.10	\$2,140	\$4,015	\$49.97	\$5,350	\$10,039	\$98.08	\$10,701	\$20,078	\$146.20	\$16,052	\$30,117
62*	\$22.20	\$2,239	\$4,071	\$52.74	\$5,598	\$10,179	\$103.62	\$11,197	\$20,358	\$154.51	\$16,795	\$30,537
63*	\$23.27	\$2,341	\$4,128	\$55.39	\$5,854	\$10,321	\$108.93	\$11,708	\$20,642	\$162.47	\$17,562	\$30,963
64*	\$24.33	\$2,446	\$4,186	\$58.04	\$6,117	\$10,465	\$114.24	\$12,234	\$20,931	\$170.43	\$18,351	\$31,396
65*	\$24.37	\$2,554	\$4,244	\$58.16	\$6,386	\$10,611	\$114.47	\$12,773	\$21,222	\$170.77	\$19,159	\$31,833
66*	\$25.94	\$2,665	\$4,303	\$62.08	\$6,662	\$10,758	\$122.31	\$13,325	\$21,517	\$182.54	\$19,987	\$32,276
67*	\$28.11	\$2,778	\$4,363	\$67.50	\$6,945	\$10,909	\$133.16	\$13,891	\$21,818	\$198.81	\$20,837	\$32,727
68*	\$29.59	\$2,894	\$4,425	\$71.20	\$7,236	\$11,063	\$140.54	\$14,473	\$22,126	\$209.89	\$21,710	\$33,189
69*	\$31.90	\$3,027	\$4,507	\$76.97	\$7,567	\$11,269	\$152.08	\$15,135	\$22,538	\$227.20	\$22,703	\$33,807
70*	\$33.28	\$3,172	\$4,605	\$80.43	\$7,930	\$11,512	\$159.01	\$15,861	\$23,025	\$237.58	\$23,791	\$34,537
71*	\$34.71	\$3,321	\$4,704	\$84.00	\$8,302	\$11,760	\$166.16	\$16,605	\$23,521	\$248.31	\$24,908	\$35,281
72*	\$36.24	\$3,474	\$4,806	\$87.81	\$8,687	\$12,017	\$173.77	\$17,374	\$24,034	\$259.74	\$26,061	\$36,051
73*	\$37.90	\$3,634	\$4,915	\$91.97	\$9,087	\$12,288	\$182.08	\$18,174	\$24,576	\$272.20	\$27,261	\$36,864
74*	\$39.74	\$3,801	\$5,030	\$96.58	\$9,504	\$12,576	\$191.31	\$19,008	\$25,152	\$286.04	\$28,513	\$37,728
75*	\$41.82	\$3,974	\$5,151	\$101.77	\$9,935	\$12,879	\$201.70	\$19,871	\$25,758	\$301.62	\$29,806	\$38,637

<sup>1</sup>Age as of Certificate Effective Date.

<sup>2</sup>Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

<sup>3</sup>Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

Applicable to certificates issued in the state of IL.

\*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

When N/A is shown above, that Death Benefit is below the minimum required or above the maximum allowed Death Benefit amount for the applicable issue age.

Group whole life insurance (GPWL), (MM-GCWL-2014 and MM-GCWL-2014 (NC) in North Carolina), is level-premium, participating permanent life insurance.

The GPWL policy and GCWL certificates are issued by Massachusetts Mutual Life Insurance Company, Springfield, MA 01111-0001.

Bi-Weekly premiums have been calculated assuming payments paid 26 times a year.

	\$100,000 Death Benefit Non-Tobacco			\$150,000 Death Benefit Non-Tobacco			\$200,000 Death Benefit Non-Tobacco			\$250,000 Death Benefit Non-Tobacco		
Issue Age <sup>1</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>
18	\$27.93	\$38,196	\$87,438	\$40.87	\$57,295	\$131,157	\$53.82	\$76,393	\$174,876	\$66.77	\$95,492	\$218,595
19	\$28.44	\$38,003	\$86,996	\$41.64	\$57,005	\$130,494	\$54.84	\$76,007	\$173,992	\$68.04	\$95,009	\$217,490
20	\$28.94	\$37,802	\$86,535	\$42.40	\$56,703	\$129,802	\$55.85	\$75,604	\$173,070	\$69.30	\$94,505	\$216,337
21	\$29.45	\$37,590	\$86,050	\$43.16	\$56,386	\$129,075	\$56.87	\$75,181	\$172,100	\$70.57	\$93,976	\$215,125
22	\$29.96	\$37,367	\$85,540	\$43.92	\$56,051	\$128,310	\$57.88	\$74,735	\$171,080	\$71.84	\$93,419	\$213,850
23	\$30.47	\$37,132	\$85,002	\$44.68	\$55,698	\$127,503	\$58.90	\$74,265	\$170,004	\$73.11	\$92,831	\$212,505
24	\$30.97	\$36,883	\$84,432	\$45.44	\$55,325	\$126,648	\$59.91	\$73,767	\$168,864	\$74.38	\$92,209	\$211,080
25	\$31.48	\$36,621	\$83,833	\$46.20	\$54,932	\$125,749	\$60.93	\$73,243	\$167,666	\$75.65	\$91,554	\$209,582
26	\$32.50	\$36,344	\$83,197	\$47.73	\$54,516	\$124,795	\$62.96	\$72,688	\$166,394	\$78.19	\$90,860	\$207,992
27	\$34.53	\$36,044	\$82,512	\$50.77	\$54,067	\$123,768	\$67.02	\$72,089	\$165,024	\$83.27	\$90,111	\$206,280
28	\$36.05	\$35,725	\$81,781	\$53.06	\$53,588	\$122,671	\$70.07	\$71,450	\$163,562	\$87.07	\$89,313	\$204,452
29	\$37.57	\$35,387	\$81,007	\$55.34	\$53,081	\$121,510	\$73.11	\$70,774	\$162,014	\$90.88	\$88,468	\$202,517
30	\$39.60	\$35,028	\$80,186	\$58.39	\$52,543	\$120,279	\$77.17	\$70,057	\$160,372	\$95.96	\$87,572	\$200,465
31	\$41.64	\$34,648	\$79,315	\$61.44	\$51,972	\$118,972	\$81.24	\$69,296	\$158,630	\$101.04	\$86,621	\$198,287
32	\$43.67	\$34,248	\$78,400	\$64.48	\$51,373	\$117,600	\$85.30	\$68,497	\$156,800	\$106.11	\$85,622	\$196,000
33	\$46.20	\$33,828	\$77,439	\$68.29	\$50,743	\$116,158	\$90.37	\$67,657	\$154,878	\$112.46	\$84,571	\$193,597
34	\$47.73	\$33,388	\$76,432	\$70.57	\$50,083	\$114,648	\$93.42	\$66,777	\$152,864	\$116.27	\$83,472	\$191,080
35	\$48.24	\$32,930	\$75,382	\$71.34	\$49,395	\$113,073	\$94.44	\$65,860	\$150,764	\$117.54	\$82,325	\$188,455
36	\$51.28	\$32,452	\$74,289	\$75.90	\$48,679	\$111,433	\$100.53	\$64,905	\$148,578	\$125.15	\$81,131	\$185,722
37	\$55.34	\$31,956	\$73,153	\$82.00	\$47,934	\$109,729	\$108.65	\$63,913	\$146,306	\$135.30	\$79,891	\$182,882
38	\$58.90	\$31,438	\$71,968	\$87.33	\$47,158	\$107,952	\$115.76	\$62,877	\$143,936	\$144.19	\$78,597	\$179,920
39	\$62.45	\$30,897	\$70,728	\$92.66	\$46,345	\$106,092	\$122.87	\$61,794	\$141,456	\$153.07	\$77,242	\$176,820
40	\$66.51	\$30,326	\$69,422	\$98.75	\$45,490	\$104,133	\$130.99	\$60,653	\$138,844	\$163.23	\$75,816	\$173,555
41	\$70.07	\$29,723	\$68,042	\$104.08	\$44,585	\$102,063	\$138.10	\$59,447	\$136,084	\$172.11	\$74,309	\$170,105
42	\$73.62	\$29,087	\$66,587	\$109.41	\$43,631	\$99,880	\$145.20	\$58,175	\$133,174	\$181.00	\$72,719	\$166,467
43	\$77.68	\$28,416	\$65,050	\$115.50	\$42,625	\$97,575	\$153.33	\$56,833	\$130,100	\$191.15	\$71,041	\$162,625
44	\$81.24	\$27,707	\$63,425	\$120.84	\$41,560	\$95,137	\$160.44	\$55,414	\$126,850	\$200.04	\$69,267	\$158,562
45	\$81.74	\$26,953	\$61,700	\$121.60	\$40,429	\$92,550	\$161.45	\$53,906	\$123,400	\$201.30	\$67,383	\$154,250
46	\$88.34	\$26,151	\$59,865	\$131.50	\$39,227	\$89,797	\$174.65	\$52,303	\$119,730	\$217.80	\$65,379	\$149,662
47	\$94.94	\$25,299	\$57,913	\$141.40	\$37,948	\$86,869	\$187.85	\$50,598	\$115,826	\$234.30	\$63,247	\$144,782
48	\$102.05	\$24,391	\$55,835	\$152.06	\$36,586	\$83,752	\$202.07	\$48,782	\$111,670	\$252.07	\$60,978	\$139,587
49	\$109.16	\$23,424	\$53,623	\$162.72	\$35,137	\$80,434	\$216.28	\$46,849	\$107,246	\$269.84	\$58,562	\$134,057
50	\$115.76	\$22,395	\$51,267	\$172.62	\$33,593	\$76,900	\$229.48	\$44,790	\$102,534	\$286.34	\$55,988	\$128,167
51	\$122.87	\$21,298	\$48,755	\$183.28	\$31,947	\$73,132	\$243.70	\$42,596	\$97,510	\$304.11	\$53,246	\$121,887

	\$100,000 Death Benefit Non-Tobacco			\$150,000 Death Benefit Non-Tobacco			\$200,000 Death Benefit Non-Tobacco			\$250,000 Death Benefit Non-Tobacco		
Issue Age <sup>1</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>
52	\$129.97	\$20,133	\$46,088	\$193.94	\$30,199	\$69,132	\$257.91	\$40,266	\$92,176	\$321.88	\$50,332	\$115,220
53	\$136.57	\$18,895	\$43,255	\$203.84	\$28,343	\$64,882	\$271.11	\$37,790	\$86,510	\$338.38	\$47,238	\$108,137
54	\$143.68	\$17,580	\$40,244	\$214.50	\$26,370	\$60,366	\$285.33	\$35,160	\$80,488	\$356.15	\$43,951	\$100,610
55	\$144.19	\$16,179	\$37,038	\$215.27	\$24,269	\$55,557	\$286.34	\$32,359	\$74,076	\$357.42	\$40,449	\$92,595
56	\$155.36	\$16,966	\$37,537	\$232.02	\$25,450	\$56,305	\$308.68	\$33,933	\$75,074	\$385.34	\$42,416	\$93,842
57	\$167.04	\$17,785	\$38,043	\$249.54	\$26,678	\$57,064	\$332.04	\$35,571	\$76,086	\$414.54	\$44,463	\$95,107
58	\$178.71	\$18,637	\$38,557	\$267.05	\$27,956	\$57,835	\$355.39	\$37,275	\$77,114	\$443.73	\$46,594	\$96,392
59	\$190.39	\$19,524	\$39,080	\$284.57	\$29,286	\$58,620	\$378.74	\$39,049	\$78,160	\$472.92	\$48,811	\$97,700
60	\$202.07	\$20,446	\$39,613	\$302.08	\$30,669	\$59,419	\$402.10	\$40,892	\$79,226	\$502.11	\$51,115	\$99,032
61*	\$194.31	\$21,402	\$40,157	\$290.54	\$32,104	\$60,235	\$386.77	\$42,805	\$80,314	\$483.00	\$53,506	\$100,392
62*	\$205.39	\$22,394	\$40,716	\$307.16	\$33,591	\$61,074	\$408.93	\$44,788	\$81,432	\$510.70	\$55,985	\$101,790
63*	\$216.01	\$23,416	\$41,285	\$323.08	\$35,125	\$61,927	\$430.16	\$46,833	\$82,570	\$537.24	\$58,542	\$103,212
64*	\$226.62	\$24,468	\$41,862	\$339.01	\$36,702	\$62,793	\$451.39	\$48,937	\$83,724	\$563.77	\$61,171	\$104,655
65*	\$227.08	\$25,546	\$42,445	\$339.70	\$38,319	\$63,667	\$452.31	\$51,092	\$84,890	\$564.93	\$63,865	\$106,112
66*	\$242.77	\$26,650	\$43,035	\$363.24	\$39,975	\$64,552	\$483.70	\$53,300	\$86,070	\$604.16	\$66,626	\$107,587
67*	\$264.47	\$27,783	\$43,636	\$395.77	\$41,674	\$65,454	\$527.08	\$55,566	\$87,272	\$658.39	\$69,458	\$109,090
68*	\$279.24	\$28,947	\$44,253	\$417.93	\$43,421	\$66,379	\$556.62	\$57,895	\$88,506	\$695.31	\$72,369	\$110,632
69*	\$302.31	\$30,271	\$45,077	\$452.54	\$45,407	\$67,615	\$602.77	\$60,542	\$90,154	\$753.00	\$75,678	\$112,692
70*	\$316.16	\$31,722	\$46,050	\$473.31	\$47,583	\$69,075	\$630.47	\$63,445	\$92,100	\$787.62	\$79,306	\$115,125
71*	\$330.47	\$33,211	\$47,042	\$494.77	\$49,817	\$70,563	\$659.08	\$66,422	\$94,084	\$823.39	\$83,028	\$117,605
72*	\$345.70	\$34,748	\$48,069	\$517.62	\$52,122	\$72,103	\$689.54	\$69,496	\$96,138	\$861.47	\$86,870	\$120,172
73*	\$362.31	\$36,348	\$49,153	\$542.54	\$54,522	\$73,729	\$722.77	\$72,697	\$98,306	\$903.00	\$90,871	\$122,882
74*	\$380.77	\$38,017	\$50,305	\$570.24	\$57,026	\$75,457	\$759.70	\$76,035	\$100,610	\$949.16	\$95,044	\$125,762
75*	\$401.54	\$39,742	\$51,516	\$601.39	\$59,613	\$77,274	\$801.24	\$79,484	\$103,032	\$1,001.08	\$99,355	\$128,790

<sup>1</sup>Age as of Certificate Effective Date.

<sup>2</sup>Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

<sup>3</sup>Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

Applicable to certificates issued in the state of IL.

\*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

When N/A is shown above, that Death Benefit is below the minimum required or above the maximum allowed Death Benefit amount for the applicable issue age.

Group whole life insurance (GPWL), (MM-GCWL-2014 and MM-GCWL-2014 (NC) in North Carolina), is level-premium, participating permanent life insurance.

The GPWL policy and GCWL certificates are issued by Massachusetts Mutual Life Insurance Company, Springfield, MA 01111-0001.

Bi-Weekly premiums have been calculated assuming payments paid 26 times a year.

	\$10,000 Death Benefit Tobacco			\$25,000 Death Benefit Tobacco			\$50,000 Death Benefit Tobacco			\$75,000 Death Benefit Tobacco		
Issue Age <sup>1</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>
18	\$5.69	\$4,698	\$8,851	\$11.17	\$11,746	\$22,129	\$20.31	\$23,492	\$44,259	\$29.45	\$35,238	\$66,388
19	\$5.74	\$4,674	\$8,806	\$11.30	\$11,685	\$22,015	\$20.57	\$23,371	\$44,031	\$29.83	\$35,057	\$66,047
20	\$5.79	\$4,649	\$8,758	\$11.43	\$11,622	\$21,896	\$20.82	\$23,245	\$43,793	\$30.21	\$34,867	\$65,690
21	\$6.15	\$4,622	\$8,708	\$12.32	\$11,556	\$21,771	\$22.60	\$23,112	\$43,543	\$32.88	\$34,668	\$65,314
22	\$6.30	\$4,594	\$8,656	\$12.70	\$11,486	\$21,640	\$23.36	\$22,972	\$43,280	\$34.02	\$34,458	\$64,920
23	\$6.35	\$4,565	\$8,600	\$12.82	\$11,412	\$21,502	\$23.61	\$22,825	\$43,004	\$34.40	\$34,238	\$64,506
24	\$6.50	\$4,534	\$8,542	\$13.20	\$11,335	\$21,356	\$24.37	\$22,671	\$42,713	\$35.54	\$34,007	\$64,070
25	\$6.66	\$4,502	\$8,481	\$13.59	\$11,255	\$21,204	\$25.14	\$22,510	\$42,408	\$36.69	\$33,765	\$63,612
26	\$6.86	\$4,467	\$8,417	\$14.09	\$11,169	\$21,043	\$26.15	\$22,339	\$42,086	\$38.21	\$33,508	\$63,129
27	\$7.11	\$4,431	\$8,349	\$14.73	\$11,079	\$20,872	\$27.42	\$22,158	\$41,745	\$40.11	\$33,237	\$62,618
28	\$7.26	\$4,393	\$8,276	\$15.11	\$10,983	\$20,691	\$28.18	\$21,966	\$41,383	\$41.25	\$32,949	\$62,075
29	\$7.47	\$4,352	\$8,199	\$15.62	\$10,881	\$20,499	\$29.20	\$21,762	\$40,999	\$42.78	\$32,643	\$61,499
30	\$7.67	\$4,309	\$8,118	\$16.12	\$10,773	\$20,296	\$30.21	\$21,546	\$40,592	\$44.30	\$32,319	\$60,888
31	\$7.67	\$4,263	\$8,032	\$16.12	\$10,658	\$20,080	\$30.21	\$21,317	\$40,161	\$44.30	\$31,975	\$60,242
32	\$8.03	\$4,215	\$7,941	\$17.01	\$10,537	\$19,853	\$31.99	\$21,075	\$39,706	\$46.97	\$31,613	\$59,559
33	\$8.33	\$4,164	\$7,845	\$17.77	\$10,410	\$19,613	\$33.51	\$20,821	\$39,226	\$49.25	\$31,231	\$58,839
34	\$8.64	\$4,110	\$7,744	\$18.54	\$10,276	\$19,360	\$35.04	\$20,552	\$38,721	\$51.54	\$30,829	\$58,081
35	\$8.94	\$4,054	\$7,637	\$19.30	\$10,135	\$19,094	\$36.56	\$20,270	\$38,188	\$53.82	\$30,405	\$57,282
36	\$9.30	\$3,994	\$7,525	\$20.19	\$9,986	\$18,814	\$38.34	\$19,972	\$37,628	\$56.49	\$29,958	\$56,442
37	\$9.70	\$3,931	\$7,407	\$21.20	\$9,829	\$18,519	\$40.37	\$19,659	\$37,039	\$59.53	\$29,489	\$55,558
38	\$10.16	\$3,866	\$7,283	\$22.34	\$9,665	\$18,209	\$42.65	\$19,330	\$36,419	\$62.96	\$28,996	\$54,628
39	\$10.46	\$3,797	\$7,153	\$23.10	\$9,492	\$17,883	\$44.17	\$18,985	\$35,767	\$65.24	\$28,477	\$53,651
40	\$10.97	\$3,724	\$7,017	\$24.37	\$9,311	\$17,542	\$46.71	\$18,623	\$35,085	\$69.05	\$27,934	\$52,628
41	\$11.28	\$3,648	\$6,873	\$25.14	\$9,121	\$17,184	\$48.24	\$18,243	\$34,369	\$71.34	\$27,364	\$51,554
42	\$11.73	\$3,568	\$6,723	\$26.28	\$8,921	\$16,808	\$50.52	\$17,843	\$33,617	\$74.76	\$26,765	\$50,426
43	\$12.14	\$3,484	\$6,564	\$27.29	\$8,711	\$16,412	\$52.55	\$17,423	\$32,824	\$77.81	\$26,134	\$49,236
44	\$12.54	\$3,395	\$6,397	\$28.31	\$8,488	\$15,992	\$54.58	\$16,977	\$31,985	\$80.85	\$25,466	\$47,978
45	\$13.10	\$3,300	\$6,218	\$29.70	\$8,251	\$15,546	\$57.37	\$16,503	\$31,092	\$85.04	\$24,755	\$46,638
46	\$13.66	\$3,199	\$6,028	\$31.10	\$7,999	\$15,071	\$60.17	\$15,999	\$30,142	\$89.23	\$23,998	\$45,213
47	\$14.32	\$3,092	\$5,826	\$32.75	\$7,731	\$14,565	\$63.47	\$15,462	\$29,131	\$94.18	\$23,193	\$43,696
48	\$14.93	\$2,978	\$5,611	\$34.27	\$7,445	\$14,027	\$66.51	\$14,891	\$28,055	\$98.75	\$22,337	\$42,082
49	\$15.44	\$2,856	\$5,381	\$35.54	\$7,141	\$13,454	\$69.05	\$14,282	\$26,909	\$102.56	\$21,424	\$40,363
50	\$16.25	\$2,726	\$5,137	\$37.57	\$6,817	\$12,843	\$73.11	\$13,634	\$25,687	\$108.65	\$20,451	\$38,531
51	\$16.76	\$2,588	\$4,877	\$38.84	\$6,471	\$12,192	\$75.65	\$12,943	\$24,385	\$112.46	\$19,415	\$36,577



	\$10,000 Death Benefit Tobacco			\$25,000 Death Benefit Tobacco			\$50,000 Death Benefit Tobacco			\$75,000 Death Benefit Tobacco		
Issue Age <sup>1</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>
52	\$17.42	\$2,441	\$4,599	\$40.49	\$6,103	\$11,498	\$78.95	\$12,206	\$22,996	\$117.41	\$18,309	\$34,494
53	\$18.18	\$2,283	\$4,303	\$42.40	\$5,709	\$10,757	\$82.76	\$11,419	\$21,515	\$123.12	\$17,129	\$32,272
54	\$18.99	\$2,115	\$3,986	\$44.43	\$5,289	\$9,966	\$86.82	\$10,579	\$19,932	\$129.21	\$15,869	\$29,898
55	\$19.86	\$1,936	\$3,648	\$46.59	\$4,841	\$9,120	\$91.14	\$9,682	\$18,241	\$135.69	\$14,523	\$27,361
56	\$20.77	\$1,993	\$3,656	\$48.87	\$4,983	\$9,141	\$95.70	\$9,967	\$18,283	\$142.54	\$14,950	\$27,425
57	\$21.58	\$2,048	\$3,662	\$50.90	\$5,122	\$9,155	\$99.77	\$10,244	\$18,311	\$148.63	\$15,367	\$27,467
58	\$23.00	\$2,103	\$3,666	\$54.45	\$5,258	\$9,165	\$106.87	\$10,517	\$18,330	\$159.29	\$15,776	\$27,495
59	\$24.07	\$2,157	\$3,668	\$57.12	\$5,393	\$9,171	\$112.20	\$10,786	\$18,342	\$167.29	\$16,180	\$27,513
60	\$25.34	\$2,210	\$3,670	\$60.29	\$5,526	\$9,175	\$118.55	\$11,052	\$18,351	\$176.81	\$16,579	\$27,526
61*	\$24.47	\$2,262	\$3,670	\$58.39	\$5,656	\$9,176	\$114.93	\$11,313	\$18,353	\$171.47	\$16,969	\$27,529
62*	\$25.76	\$2,312	\$3,669	\$61.62	\$5,782	\$9,173	\$121.39	\$11,564	\$18,346	\$181.16	\$17,346	\$27,519
63*	\$27.28	\$2,375	\$3,689	\$65.43	\$5,939	\$9,222	\$129.01	\$11,879	\$18,445	\$192.58	\$17,819	\$27,668
64*	\$29.27	\$2,443	\$3,716	\$70.39	\$6,108	\$9,290	\$138.93	\$12,217	\$18,581	\$207.47	\$18,326	\$27,872
65*	\$30.60	\$2,510	\$3,743	\$73.74	\$6,276	\$9,357	\$145.62	\$12,552	\$18,715	\$217.51	\$18,829	\$28,072
66*	\$31.90	\$2,579	\$3,771	\$76.97	\$6,447	\$9,429	\$152.08	\$12,895	\$18,858	\$227.20	\$19,342	\$28,287
67*	\$35.17	\$2,651	\$3,805	\$85.16	\$6,627	\$9,512	\$168.47	\$13,255	\$19,025	\$251.77	\$19,883	\$28,537
68*	\$37.53	\$2,729	\$3,845	\$91.04	\$6,823	\$9,614	\$180.24	\$13,646	\$19,228	\$269.43	\$20,470	\$28,842
69*	\$39.42	\$2,816	\$3,896	\$95.77	\$7,040	\$9,740	\$189.70	\$14,080	\$19,481	\$283.62	\$21,121	\$29,222
70*	\$41.08	\$2,913	\$3,959	\$99.93	\$7,283	\$9,897	\$198.01	\$14,567	\$19,795	\$296.08	\$21,850	\$29,692
71*	\$42.79	\$3,022	\$4,035	\$104.20	\$7,557	\$10,089	\$206.54	\$15,114	\$20,178	\$308.89	\$22,671	\$30,267
72*	\$44.59	\$3,148	\$4,130	\$108.70	\$7,871	\$10,325	\$215.54	\$15,742	\$20,651	\$322.39	\$23,613	\$30,977
73*	\$46.53	\$3,287	\$4,240	\$113.54	\$8,219	\$10,601	\$225.24	\$16,439	\$21,202	\$336.93	\$24,659	\$31,803
74*	\$48.65	\$3,436	\$4,360	\$118.85	\$8,591	\$10,901	\$235.85	\$17,183	\$21,803	\$352.85	\$25,775	\$32,704
75*	\$51.00	\$3,596	\$4,492	\$124.74	\$8,990	\$11,232	\$247.62	\$17,981	\$22,464	\$370.50	\$26,971	\$33,696

<sup>1</sup>Age as of Certificate Effective Date.

<sup>2</sup>Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

<sup>3</sup>Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

Applicable to certificates issued in the state of IL.

\*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

When N/A is shown above, that Death Benefit is below the minimum required or above the maximum allowed Death Benefit amount for the applicable issue age.

Group whole life insurance (GPWL), (MM-GCWL-2014 and MM-GCWL-2014 (NC) in North Carolina), is level-premium, participating permanent life insurance.

The GPWL policy and GCWL certificates are issued by Massachusetts Mutual Life Insurance Company, Springfield, MA 01111-0001.

Bi-Weekly premiums have been calculated assuming payments paid 26 times a year.



	\$100,000 Death Benefit Tobacco			\$150,000 Death Benefit Tobacco			\$200,000 Death Benefit Tobacco			\$250,000 Death Benefit Tobacco		
Issue Age <sup>1</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>
18	\$38.59	\$46,984	\$88,518	\$56.87	\$70,476	\$132,777	\$75.14	\$93,968	\$177,036	\$93.42	\$117,460	\$221,295
19	\$39.10	\$46,743	\$88,063	\$57.63	\$70,114	\$132,094	\$76.16	\$93,486	\$176,126	\$94.69	\$116,857	\$220,157
20	\$39.60	\$46,490	\$87,587	\$58.39	\$69,735	\$131,380	\$77.17	\$92,980	\$175,174	\$95.96	\$116,225	\$218,967
21	\$43.16	\$46,224	\$87,086	\$63.72	\$69,336	\$130,629	\$84.28	\$92,449	\$174,172	\$104.84	\$115,561	\$217,715
22	\$44.68	\$45,945	\$86,560	\$66.00	\$68,917	\$129,840	\$87.33	\$91,890	\$173,120	\$108.65	\$114,863	\$216,400
23	\$45.19	\$45,651	\$86,008	\$66.77	\$68,477	\$129,012	\$88.34	\$91,303	\$172,016	\$109.92	\$114,129	\$215,020
24	\$46.71	\$45,343	\$85,427	\$69.05	\$68,015	\$128,140	\$91.39	\$90,687	\$170,854	\$113.73	\$113,359	\$213,567
25	\$48.24	\$45,020	\$84,817	\$71.34	\$67,530	\$127,225	\$94.44	\$90,040	\$169,634	\$117.54	\$112,550	\$212,042
26	\$50.27	\$44,678	\$84,173	\$74.38	\$67,017	\$126,259	\$98.50	\$89,356	\$168,346	\$122.61	\$111,695	\$210,432
27	\$52.80	\$44,316	\$83,491	\$78.19	\$66,474	\$125,236	\$103.57	\$88,632	\$166,982	\$128.96	\$110,790	\$208,727
28	\$54.33	\$43,932	\$82,767	\$80.47	\$65,898	\$124,150	\$106.62	\$87,864	\$165,534	\$132.77	\$109,830	\$206,917
29	\$56.36	\$43,524	\$81,999	\$83.52	\$65,286	\$122,998	\$110.68	\$87,048	\$163,998	\$137.84	\$108,810	\$204,997
30	\$58.39	\$43,092	\$81,185	\$86.57	\$64,638	\$121,777	\$114.74	\$86,184	\$162,370	\$142.92	\$107,730	\$202,962
31	\$58.39	\$42,634	\$80,323	\$86.57	\$63,951	\$120,484	\$114.74	\$85,269	\$160,646	\$142.92	\$106,586	\$200,807
32	\$61.94	\$42,151	\$79,413	\$91.90	\$63,227	\$119,119	\$121.85	\$84,302	\$158,826	\$151.80	\$105,378	\$198,532
33	\$64.99	\$41,642	\$78,453	\$96.47	\$62,463	\$117,679	\$127.94	\$83,284	\$156,906	\$159.42	\$104,105	\$196,132
34	\$68.04	\$41,105	\$77,442	\$101.04	\$61,658	\$116,163	\$134.04	\$82,210	\$154,884	\$167.04	\$102,763	\$193,605
35	\$71.08	\$40,540	\$76,377	\$105.60	\$60,810	\$114,565	\$140.13	\$81,080	\$152,754	\$174.65	\$101,350	\$190,942
36	\$74.64	\$39,945	\$75,256	\$110.94	\$59,917	\$112,884	\$147.24	\$79,890	\$150,512	\$183.54	\$99,862	\$188,140
37	\$78.70	\$39,319	\$74,078	\$117.03	\$58,979	\$111,117	\$155.36	\$78,639	\$148,156	\$193.69	\$98,299	\$185,195
38	\$83.27	\$38,661	\$72,838	\$123.88	\$57,992	\$109,257	\$164.50	\$77,323	\$145,676	\$205.11	\$96,654	\$182,095
39	\$86.31	\$37,970	\$71,535	\$128.45	\$56,955	\$107,302	\$170.59	\$75,940	\$143,070	\$212.73	\$94,925	\$178,837
40	\$91.39	\$37,246	\$70,171	\$136.07	\$55,869	\$105,256	\$180.74	\$74,492	\$140,342	\$225.42	\$93,115	\$175,427
41	\$94.44	\$36,486	\$68,739	\$140.64	\$54,729	\$103,108	\$186.84	\$72,972	\$137,478	\$233.04	\$91,215	\$171,847
42	\$99.00	\$35,687	\$67,235	\$147.49	\$53,531	\$100,852	\$195.97	\$71,374	\$134,470	\$244.46	\$89,218	\$168,087
43	\$103.07	\$34,846	\$65,649	\$153.58	\$52,269	\$98,473	\$204.10	\$69,692	\$131,298	\$254.61	\$87,115	\$164,122
44	\$107.13	\$33,955	\$63,971	\$159.67	\$50,932	\$95,956	\$212.22	\$67,910	\$127,942	\$264.77	\$84,887	\$159,927
45	\$112.71	\$33,007	\$62,185	\$168.05	\$49,510	\$93,277	\$223.39	\$66,014	\$124,370	\$278.73	\$82,517	\$155,462
46	\$118.30	\$31,998	\$60,284	\$176.43	\$47,997	\$90,426	\$234.56	\$63,996	\$120,568	\$292.69	\$79,995	\$150,710
47	\$124.90	\$30,924	\$58,262	\$186.33	\$46,387	\$87,393	\$247.76	\$61,849	\$116,524	\$309.19	\$77,312	\$145,655
48	\$130.99	\$29,782	\$56,110	\$195.47	\$44,674	\$84,165	\$259.94	\$59,565	\$112,220	\$324.42	\$74,456	\$140,275
49	\$136.07	\$28,565	\$53,818	\$203.08	\$42,848	\$80,727	\$270.10	\$57,131	\$107,636	\$337.11	\$71,414	\$134,545
50	\$144.19	\$27,269	\$51,375	\$215.27	\$40,903	\$77,062	\$286.34	\$54,538	\$102,750	\$357.42	\$68,172	\$128,437
51	\$149.27	\$25,886	\$48,770	\$222.88	\$38,830	\$73,155	\$296.50	\$51,773	\$97,540	\$370.11	\$64,716	\$121,925

	\$100,000 Death Benefit Tobacco			\$150,000 Death Benefit Tobacco			\$200,000 Death Benefit Tobacco			\$250,000 Death Benefit Tobacco		
Issue Age <sup>1</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>	Bi-Weekly Premium	Guaranteed Cash Value <sup>2</sup>	Guaranteed RPU Value <sup>2,3</sup>
52	\$155.87	\$24,412	\$45,993	\$232.78	\$36,618	\$68,989	\$309.70	\$48,825	\$91,986	\$386.61	\$61,031	\$114,982
53	\$163.48	\$22,839	\$43,030	\$244.20	\$34,259	\$64,545	\$324.93	\$45,679	\$86,060	\$405.65	\$57,099	\$107,575
54	\$171.60	\$21,159	\$39,864	\$256.39	\$31,738	\$59,796	\$341.17	\$42,318	\$79,728	\$425.96	\$52,898	\$99,660
55	\$180.24	\$19,364	\$36,482	\$269.34	\$29,046	\$54,723	\$358.44	\$38,728	\$72,964	\$447.54	\$48,410	\$91,205
56	\$189.37	\$19,934	\$36,567	\$283.04	\$29,901	\$54,850	\$376.71	\$39,868	\$73,134	\$470.38	\$49,835	\$91,417
57	\$197.50	\$20,489	\$36,623	\$295.23	\$30,734	\$54,934	\$392.96	\$40,979	\$73,246	\$490.69	\$51,224	\$91,557
58	\$211.71	\$21,035	\$36,660	\$316.55	\$31,552	\$54,990	\$421.39	\$42,070	\$73,320	\$526.23	\$52,587	\$91,650
59	\$222.37	\$21,573	\$36,685	\$332.54	\$32,360	\$55,027	\$442.71	\$43,147	\$73,370	\$552.88	\$53,934	\$91,712
60	\$235.07	\$22,105	\$36,702	\$351.58	\$33,158	\$55,053	\$468.10	\$44,211	\$73,404	\$584.61	\$55,264	\$91,755
61*	\$228.01	\$22,626	\$36,706	\$341.08	\$33,939	\$55,059	\$454.16	\$45,252	\$73,412	\$567.24	\$56,565	\$91,765
62*	\$240.93	\$23,128	\$36,692	\$360.47	\$34,692	\$55,038	\$480.00	\$46,257	\$73,384	\$599.54	\$57,821	\$91,730
63*	\$256.16	\$23,759	\$36,891	\$383.31	\$35,639	\$55,336	\$510.47	\$47,519	\$73,782	\$637.62	\$59,399	\$92,227
64*	\$276.01	\$24,434	\$37,163	\$413.08	\$36,652	\$55,744	\$550.16	\$48,869	\$74,326	\$687.24	\$61,087	\$92,907
65*	\$289.39	\$25,105	\$37,430	\$433.16	\$37,658	\$56,145	\$576.93	\$50,210	\$74,860	\$720.70	\$62,763	\$93,575
66*	\$302.31	\$25,790	\$37,717	\$452.54	\$38,685	\$56,575	\$602.77	\$51,580	\$75,434	\$753.00	\$64,476	\$94,292
67*	\$335.08	\$26,511	\$38,050	\$501.70	\$39,767	\$57,075	\$668.31	\$53,023	\$76,100	\$834.93	\$66,279	\$95,125
68*	\$358.62	\$27,293	\$38,456	\$537.00	\$40,940	\$57,684	\$715.39	\$54,587	\$76,912	\$893.77	\$68,234	\$96,140
69*	\$377.54	\$28,161	\$38,963	\$565.39	\$42,242	\$58,444	\$753.24	\$56,323	\$77,926	\$941.08	\$70,403	\$97,407
70*	\$394.16	\$29,134	\$39,590	\$590.31	\$43,701	\$59,385	\$786.47	\$58,268	\$79,180	\$982.62	\$72,835	\$98,975
71*	\$411.24	\$30,229	\$40,356	\$615.93	\$45,343	\$60,534	\$820.62	\$60,458	\$80,712	\$1,025.31	\$75,572	\$100,890
72*	\$429.24	\$31,485	\$41,303	\$642.93	\$47,227	\$61,954	\$856.62	\$62,970	\$82,606	\$1,070.31	\$78,712	\$103,257
73*	\$448.62	\$32,879	\$42,404	\$672.00	\$49,319	\$63,606	\$895.39	\$65,759	\$84,808	\$1,118.77	\$82,199	\$106,010
74*	\$469.85	\$34,367	\$43,606	\$703.85	\$51,550	\$65,409	\$937.85	\$68,734	\$87,212	\$1,171.85	\$85,917	\$109,015
75*	\$493.39	\$35,962	\$44,928	\$739.16	\$53,943	\$67,392	\$984.93	\$71,924	\$89,856	\$1,230.70	\$89,905	\$112,320

<sup>1</sup>Age as of Certificate Effective Date.

<sup>2</sup>Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

<sup>3</sup>Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

Applicable to certificates issued in the state of IL.

\*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

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Bi-Weekly premiums have been calculated assuming payments paid 26 times a year.

	<b>\$25,000 Death Benefit Non-Tobacco</b>		
<i>Issue Age<sup>1</sup></i>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value<sup>2</sup></i>	<i>Guaranteed RPU Value<sup>2,3</sup></i>
18	\$7.74	\$9,549	\$21,859
19	\$7.85	\$9,500	\$21,749
20	\$7.97	\$9,450	\$21,633
21	\$8.08	\$9,397	\$21,512
22	\$8.20	\$9,341	\$21,385
23	\$8.31	\$9,283	\$21,250
24	\$8.43	\$9,220	\$21,108
25	\$8.54	\$9,155	\$20,958
26	\$8.77	\$9,086	\$20,799
27	\$9.24	\$9,011	\$20,628
28	\$9.58	\$8,931	\$20,445
29	\$9.93	\$8,846	\$20,251
30	\$10.39	\$8,757	\$20,046
31	\$10.85	\$8,662	\$19,828
32	\$11.31	\$8,562	\$19,600
33	\$11.89	\$8,457	\$19,359
34	\$12.24	\$8,347	\$19,108
35	\$12.35	\$8,232	\$18,845
36	\$13.04	\$8,113	\$18,572
37	\$13.97	\$7,989	\$18,288
38	\$14.77	\$7,859	\$17,992
39	\$15.58	\$7,724	\$17,682
40	\$16.50	\$7,581	\$17,355
41	\$17.31	\$7,430	\$17,010
42	\$18.12	\$7,271	\$16,646
43	\$19.04	\$7,104	\$16,262
44	\$19.85	\$6,926	\$15,856
45	\$19.97	\$6,738	\$15,425
46	\$21.47	\$6,537	\$14,966
47	\$22.97	\$6,324	\$14,478
48	\$24.58	\$6,097	\$13,958
49	\$26.20	\$5,856	\$13,405
50	\$27.70	\$5,598	\$12,816
51	\$29.31	\$5,324	\$12,188

	<b>\$25,000 Death Benefit Non-Tobacco</b>		
<i>Issue Age<sup>1</sup></i>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value<sup>2</sup></i>	<i>Guaranteed RPU Value<sup>2,3</sup></i>
52	\$30.93	\$5,033	\$11,522
53	\$32.43	\$4,723	\$10,813
54	\$34.04	\$4,395	\$10,061
55	\$34.16	\$4,044	\$9,259
56	\$36.70	\$4,241	\$9,384
57	\$39.35	\$4,446	\$9,510
58	\$42.00	\$4,659	\$9,639
59	\$44.66	\$4,881	\$9,770
60	\$47.31	\$5,111	\$9,903

<sup>1</sup>Age as of Certificate Effective Date.

<sup>2</sup>Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

<sup>3</sup>Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

Applicable to certificates issued in the state of IL.

\*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

When N/A is shown above, that Death Benefit is below the minimum required or above the maximum allowed Death Benefit amount for the applicable issue age.

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Bi-Weekly premiums have been calculated assuming payments paid 26 times a year.

	<b>\$25,000 Death Benefit Tobacco</b>		
<i>Issue Age<sup>1</sup></i>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value<sup>2</sup></i>	<i>Guaranteed RPU Value<sup>2,3</sup></i>
18	\$10.16	\$11,746	\$22,129
19	\$10.27	\$11,685	\$22,015
20	\$10.39	\$11,622	\$21,896
21	\$11.20	\$11,556	\$21,771
22	\$11.54	\$11,486	\$21,640
23	\$11.66	\$11,412	\$21,502
24	\$12.00	\$11,335	\$21,356
25	\$12.35	\$11,255	\$21,204
26	\$12.81	\$11,169	\$21,043
27	\$13.39	\$11,079	\$20,872
28	\$13.74	\$10,983	\$20,691
29	\$14.20	\$10,881	\$20,499
30	\$14.66	\$10,773	\$20,296
31	\$14.66	\$10,658	\$20,080
32	\$15.47	\$10,537	\$19,853
33	\$16.16	\$10,410	\$19,613
34	\$16.85	\$10,276	\$19,360
35	\$17.54	\$10,135	\$19,094
36	\$18.35	\$9,986	\$18,814
37	\$19.27	\$9,829	\$18,519
38	\$20.31	\$9,665	\$18,209
39	\$21.00	\$9,492	\$17,883
40	\$22.16	\$9,311	\$17,542
41	\$22.85	\$9,121	\$17,184
42	\$23.89	\$8,921	\$16,808
43	\$24.81	\$8,711	\$16,412
44	\$25.74	\$8,488	\$15,992
45	\$27.00	\$8,251	\$15,546
46	\$28.27	\$7,999	\$15,071
47	\$29.77	\$7,731	\$14,565
48	\$31.16	\$7,445	\$14,027
49	\$32.31	\$7,141	\$13,454
50	\$34.16	\$6,817	\$12,843
51	\$35.31	\$6,471	\$12,192

	<b>\$25,000 Death Benefit Tobacco</b>		
<i>Issue Age<sup>1</sup></i>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value<sup>2</sup></i>	<i>Guaranteed RPU Value<sup>2,3</sup></i>
52	\$36.81	\$6,103	\$11,498
53	\$38.54	\$5,709	\$10,757
54	\$40.39	\$5,289	\$9,966
55	\$42.35	\$4,841	\$9,120
56	\$44.43	\$4,983	\$9,141
57	\$46.27	\$5,122	\$9,155
58	\$49.50	\$5,258	\$9,165
59	\$51.93	\$5,393	\$9,171
60	\$54.81	\$5,526	\$9,175

<sup>1</sup>Age as of Certificate Effective Date.

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<sup>3</sup>Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

Applicable to certificates issued in the state of IL.

\*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

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Bi-Weekly premiums have been calculated assuming payments paid 26 times a year.

	<b>\$25,000 Death Benefit Non-Tobacco</b>		
<i>Issue Age<sup>1</sup></i>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value<sup>2</sup></i>	<i>Guaranteed RPU Value<sup>2,3</sup></i>
1	\$6.12	\$10,190	\$23,326
2	\$6.12	\$10,164	\$23,269
3	\$6.24	\$10,138	\$23,207
4	\$6.24	\$10,109	\$23,142
5	\$6.35	\$10,079	\$23,073
6	\$6.47	\$10,048	\$23,002
7	\$6.70	\$10,015	\$22,926
8	\$6.93	\$9,980	\$22,846
9	\$7.16	\$9,944	\$22,763
10	\$7.27	\$9,905	\$22,675
11	\$7.50	\$9,865	\$22,583
12	\$7.50	\$9,823	\$22,487
13	\$7.50	\$9,779	\$22,387
14	\$7.50	\$9,734	\$22,283
15	\$7.50	\$9,688	\$22,178
16	\$7.50	\$9,641	\$22,071
17	\$7.62	\$9,595	\$21,965
18	\$7.74	\$9,549	\$21,859
19	\$7.85	\$9,500	\$21,749
20	\$7.97	\$9,450	\$21,633
21	\$8.08	\$9,397	\$21,512
22	\$8.20	\$9,341	\$21,385
23	\$8.31	\$9,283	\$21,250
24	\$8.43	\$9,220	\$21,108
25	\$8.54	\$9,155	\$20,958
26	\$8.77	\$9,086	\$20,799

<sup>1</sup>Age as of Certificate Effective Date.

<sup>2</sup>Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

<sup>3</sup>Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

Applicable to certificates issued in the state of IL.

\*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

When N/A is shown above, that Death Benefit is below the minimum required or above the maximum allowed Death Benefit amount for the applicable issue age.

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Bi-Weekly premiums have been calculated assuming payments paid 26 times a year.

	<b>\$25,000 Death Benefit Tobacco</b>		
<i>Issue Age<sup>1</sup></i>	<i>Bi-Weekly Premium</i>	<i>Guaranteed Cash Value<sup>2</sup></i>	<i>Guaranteed RPU Value<sup>2,3</sup></i>
1	N/A	N/A	N/A
2	N/A	N/A	N/A
3	N/A	N/A	N/A
4	N/A	N/A	N/A
5	N/A	N/A	N/A
6	N/A	N/A	N/A
7	N/A	N/A	N/A
8	N/A	N/A	N/A
9	N/A	N/A	N/A
10	N/A	N/A	N/A
11	N/A	N/A	N/A
12	N/A	N/A	N/A
13	N/A	N/A	N/A
14	N/A	N/A	N/A
15	N/A	N/A	N/A
16	N/A	N/A	N/A
17	N/A	N/A	N/A
18	\$10.16	\$11,746	\$22,129
19	\$10.27	\$11,685	\$22,015
20	\$10.39	\$11,622	\$21,896
21	\$11.20	\$11,556	\$21,771
22	\$11.54	\$11,486	\$21,640
23	\$11.66	\$11,412	\$21,502
24	\$12.00	\$11,335	\$21,356
25	\$12.35	\$11,255	\$21,204
26	\$12.81	\$11,169	\$21,043

<sup>1</sup>Age as of Certificate Effective Date.

<sup>2</sup>Values shown are at the later of 10 years after the certificate date or the end of the certificate year which starts when the insured is age 65.

<sup>3</sup>Reduced Paid-Up (RPU) Value is the amount of fully paid up life insurance that is provided at time of lapse.

Applicable to certificates issued in the state of IL.

\*Waiver of Premium: For issue ages 18 - 60, this benefit will waive premiums during an insured's total disability prior to age 67.

When N/A is shown above, that Death Benefit is below the minimum required or above the maximum allowed Death Benefit amount for the applicable issue age.

Group whole life insurance (GPWL), (MM-GCWL-2014 and MM-GCWL-2014 (NC) in North Carolina), is level-premium, participating permanent life insurance.

The GPWL policy and GCWL certificates are issued by Massachusetts Mutual Life Insurance Company, Springfield, MA 01111-0001.

Bi-Weekly premiums have been calculated assuming payments paid 26 times a year.



**MORTON COLLEGE BOARD OF  
TRUSTEES REQUEST FOR BOARD  
ACTION**

**PROPOSED ACTION:** To hire Peter LoGalbo as a Part Time Campus Police Officer, effective September 22, 2020.

**RATIONALE:** Required to sustain coverage of Morton College Campus Facilities.

**COST ANALYSIS:** Pay \$14.26 per hour. To not exceed \$22,500 a fy. No increase in Campus Police budget

None.

**MORTON COLLEGE BOARD OF  
TRUSTEES REQUEST FOR BOARD  
ACTION**

**PROPOSED ACTION:** To hire Antonio Munoz IV as a Part Time Campus Police Officer, effective September 22, 2020.

**RATIONALE:** Required to sustain coverage of Morton College Campus Facilities.

**COST ANALYSIS:** Pay \$14.26 per hour. To not exceeded \$22,500 a fy.  
No increase in Campus Safety budget

**MORTON COLLEGE BOARD OF  
TRUSTEES REQUEST FOR BOARD  
ACTION**

**PROPOSED ACTION:** To hire Patrick Spoerry as a Part Time Campus Police Officer, effective September 22, 2020.

**RATIONALE:** Required to sustain coverage of Morton College Campus Facilities.

**COST ANALYSIS:** Pay \$14.26 per hour. To not exceed \$22,500 a fiscal year.  
No increase in Campus Safety budget.

None.

**MORTON COLLEGE BOARD OF  
TRUSTEES REQUEST FOR BOARD  
ACTION**

**PROPOSED ACTION:** To hire Joseph Marigliano as a Part Time Campus Police Officer, effective September 22, 2020.

**RATIONALE:** Required to sustain coverage of Morton College Campus Facilities.

**COST ANALYSIS:** Pay \$14.26 per hour. To not exceed \$22,500 a fiscal year.  
No increase in Campus Safety Budget

None.

**MORTON COLLEGE BOARD OF  
TRUSTEES REQUEST FOR BOARD  
ACTION**

**PROPOSED ACTION:** To hire Danielle Heinz as a Part Time Campus Police Officer, effective September 22, 2020.

**RATIONALE:** Required to sustain coverage of Morton College Campus Facilities.

**COST ANALYSIS:** Pay \$14.26 per hour. To not exceed \$22,500 a fiscal year.  
No increase in Campus Safety budget.

None.

**MORTON COLLEGE BOARD OF  
TRUSTEES REQUEST FOR BOARD  
ACTION**

**PROPOSED ACTION:** To hire Angelica Alvarado, Service Aide Office of Admissions and Records (OAR), effective September 28, 2020.

**RATIONALE:** Crucial need for the enrollment of students and OAR functions.

**COST ANALYSIS:** Pay \$14.26 per hour. To not exceed \$22,500 a fiscal year.

**ATTACHMENTS:** None.

**PROPOSED ACTION:**

THAT THE BOARD APPROVE HEALTH SCIENCE PART-TIME EMPLOYEE ANITHA AKPAN

**RATIONALE:**

ADJUNCT FACULTY FOR ASSOCIATE DEGREE NURSING PROGRAM, EFFECTIVE  
OCTOBER 26, 2020.

[Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section  
3-26 of the *Illinois Compiled Statutes*]

**COST ANALYSIS:**

\$ 0.00

**ATTACHMENT:**

**PROPOSED ACTION:**

THAT THE BOARD APPROVE HEALTH SCIENCE PART-TIME EMPLOYEE CHARLEEN YEAGER

**RATIONALE:**

ADJUNCT FACULTY FOR ASSOCIATE DEGREE NURSING PROGRAM, EFFECTIVE OCTOBER 26, 2020.

[Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section 3-26 of the *Illinois Compiled Statutes*]

**COST ANALYSIS:**

\$ 0.00

**ATTACHMENT:**



**PROPOSED ACTION:**

THAT THE BOARD APPROVE HEALTH SCIENCE PART-TIME EMPLOYEE ARIANA SANDOVAL

**RATIONALE:**

ADJUNCT FACULTY FOR ASSOCIATE DEGREE NURSING PROGRAM, EFFECTIVE OCTOBER 26, 2020.

[Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section 3-26 of the *Illinois Compiled Statutes*]

**COST ANALYSIS:**

\$ 0.00

**ATTACHMENT:**

**PROPOSED ACTION:**

THAT THE BOARD APPROVE HEALTH SCIENCE PART-TIME EMPLOYEE ROSE VAZQUEZ

**RATIONALE:**

ADJUNCT FACULTY FOR ASSOCIATE DEGREE NURSING PROGRAM, EFFECTIVE  
OCTOBER 26, 2020.

[Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section  
3-26 of the *Illinois Compiled Statutes*]

**COST ANALYSIS:**

\$ 0.00

**ATTACHMENT:**

**PROPOSED ACTION:**

THAT THE BOARD APPROVE HEALTH SCIENCE PART-TIME EMPLOYEE WILLIAM MCCRACKEN

**RATIONALE:**

ADJUNCT FACULTY FOR ASSOCIATE DEGREE NURSING PROGRAM, EFFECTIVE OCTOBER 26, 2020.

[Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section 3-26 of the *Illinois Compiled Statutes*]

**COST ANALYSIS:**

\$ 0.00

**ATTACHMENT:**

**PROPOSED ACTION:**

THAT THE BOARD APPROVE HEALTH SCIENCE PART-TIME EMPLOYEE JENNIFER KUBELKA

**RATIONALE:**

ADJUNCT FACULTY FOR ASSOCIATE DEGREE NURSING PROGRAM, EFFECTIVE OCTOBER 26, 2020.

[Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section 3-26 of the *Illinois Compiled Statutes*]

**COST ANALYSIS:**

\$ 0.00

**ATTACHMENT:**

**PROPOSED ACTION:**

THAT THE BOARD APPROVE HEALTH SCIENCE PART-TIME EMPLOYEE REY BERNANDO

**RATIONALE:**

ADJUNCT FACULTY FOR ASSOCIATE DEGREE NURSING PROGRAM, EFFECTIVE  
OCTOBER 26, 2020.

[Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section  
3-26 of the *Illinois Compiled Statutes*]

**COST ANALYSIS:**

\$ 0.00

**ATTACHMENT:**

**PROPOSED ACTION:**

THAT THE BOARD APPROVE HEALTH SCIENCE PART-TIME EMPLOYEE MICHELLE SOSA

**RATIONALE:**

ADJUNCT FACULTY PTA PEDIATRIC, EFFECTIVE NOVEMBER 2, 2020.

[Required by Board Policy 2.3, the Board-Union Agreement, and Chapter 110, Act 805, Section 3-26 of the *Illinois Compiled Statutes*]

**COST ANALYSIS:**

\$ 0.00

**ATTACHMENT:**

## **MORTON COLLEGE BOARD OF TRUSTEES**

### **REQUEST FOR BOARD ACTION**

**PROPOSED ACTION:** The hiring of Michael Posey as Adjunct faculty.

**RATIONALE:** Mr. Posey possesses subject matter expertise in various aspects of Supply Chain Management.

**COST ANALYSIS:** Rate of \$980

**ATTACHMENTS:**