



**Regular Meeting of the  
Board of Trustees**

**Agenda**

**Tuesday, February 17, 2026**

- I. CALL TO ORDER** February 17, 2026 at 6:30 p.m.  
Boardroom, A-300
- II. PLEDGE OF ALLEGIANCE**
- III. ROLL CALL**
- IV. APPROVAL OF BOARD MINUTES – VOLUME LXII**  
Minutes of the Regular Board Meeting of January 27, 2026, No. 10
- V. COMMENTS ON THIS AGENDA**
- VI. CITIZEN PARTICIPATION**
- VII. REPORTS/ANNOUNCEMENTS – Employee Groups**
- VIII. STUDENT SENATE REPORT**
- IX. BOARD COMMITTEE REPORTS**
  - A. Academic Affairs/Student Affairs
  - B. Finance/Maintenance & Operations
- X. ADMINISTRATIVE REPORT**
- XI. PRESIDENT’S REPORT**
- XII. CHAIRMAN’S REPORT**
- XIII. NEW BUSINESS**
  - A. Action Exhibits
    - 17331 Board of Trustees Travel
    - 17332 Budget Transfers
    - 17333 Agreement with Garrick Michael Consulting
    - 17334 River Forest Civic Center Authority Rental Space
    - 17335 Wolters Kluwer Health Vendor Limit Increase

- 17336 Affiliation Agreement with University of Chicago Medical Center
- 17337 Cooperative Affiliation Agreement with AdaptHealth, LLC
- 17338 Approval and Release of Closed Session Minutes of the Board of Trustees
- 17339 Destruction of Closed Session Verbatim Recordings

B. Purchasing Schedules

C. Bills and Invoices

D. Closed Session – To discuss and consider the hiring, discipline, performance, and compensation of certain personnel, matters of collective bargaining, acquisition of real property, and matters of pending, probable, or imminent litigation.

E. Human Resources Report

**XIV. COMMUNICATIONS – INFORMATION**

- A. Human Resources Information Materials
- B. Informational Material

**XV. ADJOURNMENT**

**CALL TO ORDER/ROLL CALL**

Chairman Stephens called the regular meeting of the Board of Trustees to order in the Boardroom at 6:47 p.m. The following roll call was taken.

Present: Mr. Luke Casson, Mr. Jarrell David, Mr. Tracy Jennings, Mr. Glover Johnson, Mrs. Elizabeth Potter, Mr. Rich Regan, Ms. Diane Viverito, Mr. Mark Stephens.

**APPROVAL OF BOARD MINUTES**

Ms. Viverito made a motion, seconded by Mr. Jennings, to approve the minutes of the Regular Board Meeting of December 16, 2025. Voice vote carried the motion unanimously.

**COMMENTS ON THIS AGENDA**

None.

**CITIZEN PARTICIPATION**

None.

**REPORTS/ANNOUNCEMENTS – Employee Groups**

Chairman Stephens presented a report on behalf of Faculty Association President Leslie Wester, who extended New Year’s greetings and apologized for her absence due to a last-minute personal matter. Dr. Wester reported that the Spring 2026 semester has begun positively, highlighting strong faculty engagement during the Teaching and Learning Day workshop. She also noted effective communication between faculty and administration during the first week of the semester, all in support of our students. Additionally, she reported that most courses with an online component are on track to meet ADA compliance standards ahead of the April 2026 deadline.

Adjunct Faculty Association President Bill Justiz welcomed attendees to 2026 and noted the positive student enrollment trends.

**STUDENT SENATE REPORT**

Student Trustee Jarrell David provided the following report on behalf of TCSA President Dmytriy Havrylyak. The spring semester has begun and classes are running smoothly. Student clubs and organizations are actively engaged, with many events and initiatives planned for the term. Overall, the start of the semester is positive, and students are showing enthusiasm for both academic and extracurricular activities.

**BOARD COMMITTEE REPORTS**

Academic Affairs/Student Affairs

Ms. Viverito reported that the committee does not meet in January.

Finance/Maintenance & Operations

Mrs. Potter reported that the committee met on January 14, 2026, and reviewed ten new business items and three purchasing schedules that were unanimously approved and sent to the Board with a recommendation for approval.

## ADMINISTRATIVE REPORT

None.

## PRESIDENT'S REPORT

President Moore reported that the Triton College Child Development Center, under the leadership of Director Misti Sanchez, received the Gold Circle of Quality designation in recognition of its commitment to excellence in early childhood education, including high standards in instruction, learning environments, and overall child care quality.

She also expressed appreciation to all staff members, including Operations and Maintenance personnel and those working both on the front lines and behind the scenes, for their efforts in maintaining a safe environment for students and staff during recent severe weather.

## CHAIRMAN'S REPORT

Chairman Stephens noted that the winter holidays provided an opportunity for quality time with family and friends. He added that it was encouraging to see students back on campus as classes resumed last Tuesday, January 20.

The Chairman expressed his appreciation to the faculty, staff, and administration for their continued dedication and collaboration in advancing new initiatives and projects to support student success and strengthen the College in the months ahead.

## NEW BUSINESS

### ACTION EXHIBITS

The following action exhibits were taken as a group.

**17321 Budget Transfers**

**17322 Certificate of Final Completion and Authorization of Final Payment for Window Replacements Phase 1 Project**

**17323 Certificate of Final Completion and Authorization of Final Payment for the Residential HVAC Lab Renovation Building T Project**

**17324 Purchase of Used 2024 Ford F-150 Lightning**

**17325 Agreement with Sign Language Interpreters Inc.**

**17326 Agreement with Otter.AI**

**17327 Hamilton Medical - Purchase of the Hamilton-G5 Ventilator Package**

**17328 2026 College for Kids Camp for School District 97**

**17329 Increase in Contractual Tuition for Courses Offered for IUOE Local 399 Educational Training Fund**

**17330 Anthology Blackboard Application Renewal**

Ms. Viverito made a motion, seconded by Mr. Johnson, to approve the Action Exhibits. Voice vote carried the motion unanimously.

### PURCHASING SCHEDULES

B48.09 Mobile X-Ray & C-Arm

B48.10 Summer 2026 Triton College Continuing Education Guide

B48.11 Summer 2026 Triton College Credit Schedule

B48.12 Radiology Equipment Replacement - Building F

Mr. Johnson made a motion, seconded by Mr. Casson, to approve the Purchasing Schedules. Voice vote carried the motion unanimously.

### **BILLS AND INVOICES**

Mr. Jennings made a motion, seconded by Mr. Johnson, to pay the Bills and Invoices in the amount of \$3,518,700.72.

Roll Call Vote:

Affirmative: Mr. Casson, Mr. David, Mr. Jennings, Mr. Johnson, Mrs. Potter, Mr. Regan, Ms. Viverito, Mr. Stephens.

Motion carried 7-0 with the Student Trustee voting yes.

### **CLOSED SESSION**

Mr. Johnson made a motion, seconded by Mr. Regan, to go into Closed Session to discuss and consider the hiring, discipline, performance and compensation of certain personnel, matters of collective bargaining, acquisition of real property, and matters of pending, probable, or imminent litigation.

Roll Call Vote:

Affirmative: Mr. Casson, Mr. David, Mr. Jennings, Mr. Johnson, Mrs. Potter, Mr. Regan, Ms. Viverito, Mr. Stephens.

Motion carried 7-0 with the Student Trustee voting yes. The Board went into Closed Session at 6:56 p.m.

### **RETURN TO OPEN SESSION**

Ms. Viverito made a motion to return to Open Session, seconded by Mrs. Potter.

Roll Call Vote:

Affirmative: Mr. Casson, Mr. David, Mr. Jennings, Mr. Johnson, Mrs. Potter, Mr. Regan, Ms. Viverito, Mr. Stephens.

Motion carried 7-0 with the Student Trustee voting yes. The Board returned to Open Session at 7:21 p.m.

### **HUMAN RESOURCES REPORT**

#### **1.0 Faculty**

Ms. Viverito made a motion, seconded by Mr. Regan, to approve pages 1-2 of the Human Resources Report, item 1.1.01 through 1.6.01. Voice vote carried the motion unanimously.

#### **2.0 Adjunct Faculty**

Mr. Johnson made a motion, seconded by Mr. Jennings, to approve pages 3-6 of the Human Resources Report, items 2.1.01 through 2.7.01. Voice vote carried the motion unanimously.

**3.0 Administration**

Ms. Viverito made a motion, seconded by Mrs. Potter, to approve page 7 of the Human Resources Report, items 3.1.01 through 3.3.01. Voice vote carried the motion unanimously.

**4.0 Classified, Police & Engineers**

Mr. Regan made a motion, seconded by Mr. Johnson, to approve pages 8-9 of the Human Resources Report, items 4.1.01 through 4.5.01. Voice vote carried the motion unanimously.

**5.0 Mid-Management**

Ms. Viverito made a motion, seconded by Mr. Jennings, to approve page 10 of the Human Resources Report, items 5.1.01 through 5.4.02. Voice vote carried the motion unanimously.

**6.0 Hourly Employees**

Ms. Viverito made a motion, seconded by Mr. David, to approve pages 11-13 of the Human Resources Report, items 6.1.01 through 6.4.01. Voice vote carried the motion unanimously.

**7.0 Other**

Mr. Johnson made a motion, seconded by Mr. Regan, to approve page 14 of the Human Resources Report, items 7.1.01 through 7.4.01. Voice vote carried the motion unanimously.

**ADJOURNMENT**

Motion was made by Ms. Viverito to adjourn the Regular Meeting of the Board, seconded by Mr. Johnson. Voice vote carried the motion unanimously. Chairman Stephens adjourned the meeting at 7:25 p.m.

Submitted by: Chairman Stephens  
Board Chair

Tracy Jennings  
Board Secretary

Margaret Kluza  
Margaret Kluza, Recording Secretary

**TRITON COLLEGE, District 504  
Board of Trustees**

Meeting of February 17, 2026

ACTION EXHIBIT NO. 17331

**SUBJECT: BOARD OF TRUSTEES TRAVEL**

**RECOMMENDATION:** That the Board of Trustees approve travel for Trustee Tracy Jennings to attend a meeting of the Illinois Community College Trustees Association (ICCTA) in Palos Hills, Illinois on March 20-21, 2026. Total cost of travel will not exceed \$330, itemized as follows: registration - \$165; transportation - \$90; lodging - \$0; meals - \$75.

**RATIONALE:** In keeping with the Local Government Travel Expense Control Act, the Board of Trustees reviews the travel expenses of all Board members. Mr. Jennings is the Board's appointed representative to the ICCTA and he will interact with community college trustees from across the state on topics pertinent to trusteeship and issues affecting higher education.

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**Submitted to Board by:** Mary-Rita Moore  
Mary-Rita Moore, President

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**Board Officers' Signatures Required:**

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<b>Mark R. Stephens Chairman</b>	<b>Tracy Jennings Secretary</b>	<b>Date</b>
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Related forms requiring Board signature: Yes  No

**TRITON COLLEGE, District 504  
Board of Trustees**

Meeting of February 17, 2026

ACTION EXHIBIT NO. 17332

**SUBJECT: BUDGET TRANSFERS**

**RECOMMENDATION:** That the Board of Trustees approve the attached proposed budget transfers to reallocate funds to object codes as required.

**RATIONALE:** Transfers are recommended to accommodate institutional priorities.  
See description on attached forms.

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*Sean Sullivan*

**Submitted to Board by:** \_\_\_\_\_  
Sean O'Brien Sullivan, Vice President of Business Services

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**Board Officers' Signatures Required:**

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**Mark R. Stephens**  
**Chairman**

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**Tracy Jennings**  
**Secretary**

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**Date**

Related forms requiring Board signature: Yes  No

**PROPOSED BUDGET TRANSFERS - FY 2026  
FOR THE PERIOD 1/1/26 to1/31/26**

FROM		
ID#	AREA	ACCT #
<b>EDUCATION FUND</b>		
1	Diag. Med. Sono: Instruct. Supplies	01-10401015-540100210
2	Barbering: Other Materials	01-10401053-540900510
3	Dean of Retention: Other Contractual	01-30200520-530900010
4	VP Student Affairs: Other Materials	01-80100510-540900505
5	VP Student Affairs: Comp. Equipment	01-80100510-540901005
6	Marketing: Office Supplies	01-80300520-540100110
7	Information Systems: Office >5k	01-80800510-580500005

TO		
AREA	ACCT #	AMOUNT
Diag. Med. Sono: Other Contractual	01-10401015-530900010	150.00
Barbering: Meeting Expense	01-10401053-550100005	77.00
Dean of Retention: Meeting Expense	01-30200520-550100005	1,000.00
VP Student Affairs: Other Contractual	01-80100510-530900010	5,536.00
VP Student Affairs: Other Contractual	01-80100510-530900010	870.00
Marketing: Other Contractual	01-80300520-530900010	7,335.00
Information Systems: Travel Out of State	01-80800510-550300005	500.00
<b>TOTAL EDUCATION FUND</b>		<b>\$ 15,468.00</b>

FROM		
ID#	AREA	ACCT #
<b>MAINTENANCE FUND</b>		
8	Grounds Maint.: Service Equip >5k	02-70300510-580700005

TO		
AREA	ACCT #	AMOUNT
Building Ops 1: Maintenance Services	02-70100510-530400010	107,361.00
<b>TOTAL MAINTENANCE FUND</b>		<b>\$ 107,361.00</b>

FROM		
ID#	AREA	ACCT #
<b>AUXILIARY FUND</b>		
9	Athletics: Travel In-State	05-60400505-550200005
10	Athletics: Travel Out of State	05-60400505-550300005
11	Men's Basketball: Travel Out of State	05-60401015-550300005
12	Women's Basketball: Travel Out	05-60401030-550300005
13	Wrestling: Travel Out of State	05-60401045-550300005

TO		
AREA	ACCT #	AMOUNT
Athletics: Rental Equipment	05-60400505-560200005	24,000.00
Athletics: Rental Equipment	05-60400505-560200005	5,600.00
Athletics: Rental Equipment	05-60400505-560200005	8,500.00
Women's Basketball: Other Contractual	05-60401030-530900010	920.00
Athletics: Rental Equipment	05-60400505-560200005	3,500.00
<b>TOTAL AUXILIARY FUND</b>		<b>\$ 42,520.00</b>

<b>TOTAL PROPOSED TRANSFERS</b>		<b>\$ 165,349.00</b>
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### Budget Transfer Form

Dollar Amount

\$150.00

From what Budget Account

01 10401015 540100210

Object Code Description

Instructional Supplies

To what Budget Account

01 10401015 530900010

Other Contractual Services

Is this a Grant?  
Yes ( ) No (X)

\*If you are submitting a grant transfer, the following statement must appear in the Rationale:  
"This is an allowable transfer under the (name of grant) guidelines"

Grant Accountant?

Include Attachments: Yes ( ) No (X)

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**

This request transfers \$150 from the DMS Instructional Supplies line item to the Other Contractual Services line item to appropriately compensate a consultant for a one-hour guest lecture on pediatric ultrasound. The DMS budget does not include a Contractual Services line item, and consultant fees cannot be charged to Instructional Supplies. This transfer maintains the original instructional intent of the funds while ensuring proper budget classification and compliance with institutional fiscal guidelines.

**Explain specifically why additional funds are needed in the receiving account:**

Inviting the Lead Ultrasound Technologist from Ann & Robert H. Lurie Children's Hospital to deliver a one-hour guest lecture on pediatric ultrasound will expose senior Diagnostic Medical Sonography students to specialized pediatric imaging techniques and pathology. The lecture will highlight differences from adult imaging, including scanning methods, patient communication, and developmental anatomy, while helping students connect coursework to real-world practice and prepare for professional expectations in a tertiary pediatric setting.

**Required Signatures**

Requestor

Signed by: *Simon Martinez* 1/8/2026  
84204P145D0E49D

Cost Center Manager

Signed by: *Heather Amwora* 1/8/2026  
245A1F85FF0949A

Associate Dean (if Applicable)

Signed by: *Ty Perkins* 1/9/2026  
28C0FD2A1B94E04

Dean (if Applicable)

Signed by: *Susan Campos* 1/9/2026

Associate Vice President

Signed by: *Paul Jensen* 1/9/2026  
87D0745E0B4446

Area Vice President

Signed by: *Susan Campos* 1/13/2026  
87D0745E0B4446

### BUSINESS OFFICE APPROVALS

Grant Accountant: \_\_\_\_\_

Asst. Director of Finance: \_\_\_\_\_ *Ar*

Exec. Director of Finance: \_\_\_\_\_ *CR*

Exec. Dir. of Bus. Operations: \_\_\_\_\_ *CR*

VP of Business Services: *[Signature]* 1/14/26

Entered by: *B8479 JS* 1/15/26

## Budget Transfer Form

Dollar Amount

\$77.00

From what Budget Account

01 - 10401053 - 540900510

Object Code Description

Other Materials & Supplies(Laundry)

To what Budget Account

01 - 10401053 - 550100005

Meeting Expense

Is this a Grant?

Yes [ ] No [X]

\*If you are submitting a grant transfer, the following statement must appear in the Rationale:  
 "This is an allowable transfer under the (name of grant) guidelines"

Grant Accountant?

Include Attachments: Yes [ ] No [X]

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**

The budgeted funds are no longer required for this fiscal year because we do not expect to use the full allocation in the laundry account. Therefore, the unused balance remains unencumbered and is available to be transferred.

**Explain specifically why additional funds are needed in the receiving account:**

Additional funds are needed in the receiving account to pay an outstanding invoice for the Cosmetology Advisory Board meeting (Meeting Expense account). The current balance is insufficient to cover the remaining charges, so a transfer of funds is required.

**Required Signatures**

Requestor

Signed by: Susan Martinez 12/8/2025  
34204F14500E49D

Cost Center Manager

Signed by: Donita Mitchell 1/14/2026  
5EEB5135353344B

Associate Dean (if Applicable)

Signed by: Ty Perkins 1/14/2026  
28C0FD2A1B94404

Dean (if Applicable)

Signed by: Susan Campos 1/15/2026  
87D6743E0BA6449

Associate Vice President

Signed by: Paul Jensen 1/15/2026  
315C006B1974DE

Area Vice President

Signed by: Susan Campos 1/15/2026  
87D6743E0BA6449

### BUSINESS OFFICE APPROVALS

Grant Accountant: \_\_\_\_\_

Asst. Director of Finance: \_\_\_\_\_

Exec. Director of Finance: \_\_\_\_\_

Exec. Dir. of Bus. Operations: OK

VP of Business Services: [Signature] 1/15/26

Entered by: B6484 73 1-16-26

**Budget Transfer Form**

Dollar Amount \$1000

From what Budget Account 01 30200520 530900010 Object Code Description Dean of Retention other contractual services

To what Budget Account 01 30200520 550100005 Object Code Description Dean of Retention: Meeting Expense

Is this a Grant? Yes ( ) No (X) \*If you are submitting a grant transfer, the following statement must appear in the Rationale: "This is an allowable transfer under the (name of grant) guidelines"

Grant Accountant? \_\_\_\_\_ Include Attachments: Yes ( ) No (X)

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**

Funding is needed in Dean of Retention meeting expense account to cover the cost of staff professional development conference and registration fees and remaining expenses from new student orientation. Our department is reallocating funds from other contractual expense due to need.

**Explain specifically why additional funds are needed in the receiving account:**

Funding is needed in Dean of Retention for the remainder of the fiscal year to the cost of staff professional development conference and registration fees and remaining expenses from new student orientation

**Required Signatures**

**Requestor** Tatiana King 1/12/2026  
62C563AEC9CF41A

**Cost Center Manager** Denise Jones 1/12/2026  
1F03B48912A849E

**Associate Dean (If Applicable)** \_\_\_\_\_

**Dean (If Applicable)** \_\_\_\_\_

**Associate Vice President** Hilary Meyer 1/12/2026  
8CDEF78E0DF47D

**Area Vice President** Jodi Koslow Martin 1/12/2026  
7F7DBB84BAE4FC

**BUSINESS OFFICE APPROVALS**

Grant Accountant: \_\_\_\_\_

Asst. Director of Finance \_\_\_\_\_

Exec. Director of Finance: \_\_\_\_\_

Exec. Dir. of Bus. Operations: \_\_\_\_\_

VP of Business Services: RL 1/14/20

Entered by: B8478 B 1-14-26

### Budget Transfer Form

Dollar Amount \$5536.00

			<b>Object Code Description</b>
<b>From what Budget Account</b>	01 - 80100510 - 540900505		Other Materials and Supplies
<b>To what Budget Account</b>	01 - 80100510 - 530900010		Other Contractuals

Is this a Grant?  Yes  No **\*If you are submitting a grant transfer, the following statement must appear in the Rationale:**  
 Yes [ ] No [X] **"This is an allowable transfer under the (name of grant) guidelines"**

Grant Accountant? Include Attachments: Yes [ ] No [X]

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**  
 A budget transfer is needed to cover a partial payment of \$6,000 for Sign Language Interpreting services. This invoice is typically paid from Other Contractuals, but the current balance is insufficient. Funds are being moved from Materials and Supplies to ensure timely payment and continued support for accessibility services.

**Explain specifically why additional funds are needed in the receiving account:**  
 Additional funds are needed in the receiving account to cover a partial payment of the Sign Language Interpreting invoice. This expense exceeds the current available balance, requiring a transfer to ensure timely payment and continued support of required interpreting services.

**Required Signatures**

<b>Requestor</b>	<small>Signed by:</small> <u>Tatiana Costa Meda</u>	1/7/2026
<b>Cost Center Manager</b>	<small>DBA9DBCC04819431...</small> <small>Signed by:</small> <u>Jodi Koslow Martin</u>	1/7/2026
<b>Associate Dean (If Applicable)</b>	_____	
<b>Dean (If Applicable)</b>	_____	
<b>Associate Vice President</b>	<small>Signed by:</small> <u>Paul Jensen</u>	1/7/2026
<b>Area Vice President</b>	<small>B15C0068B1974DE...</small> <small>Signed by:</small> <u>Susan M. Campos</u>	1/7/2026

#### BUSINESS OFFICE APPROVALS

**Grant Accountant:** \_\_\_\_\_

**Asst. Director of Finance** \_\_\_\_\_

**Exec. Director of Finance:** \_\_\_\_\_ *N*

**Exec. Dir. of Bus. Operations:** \_\_\_\_\_ *CR*

**VP of Business Services:** \_\_\_\_\_ *1/12/26*

Entered by: B8474 1.12.26

### Budget Transfer Form

Dollar Amount

\$870.00

From what Budget Account

01 80100510 540901005

Object Code Description

Computer Equipment

To what Budget Account

01 80100510 530900010

Other Contractuals

Is this a Grant?  
Yes [ ] No [X]

\*If you are submitting a grant transfer, the following statement must appear in the Rationale:  
"This is an allowable transfer under the (name of grant) guidelines"

Grant Accountant?

Include Attachments: Yes [ ] No [X]

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**

A budget transfer is needed to cover a partial payment of \$870.00 for Sign Language Interpreting services. This invoice is typically paid from Other Contractual, but the current balance is insufficient. Funds are being moved from Computer Equipment to ensure timely payment and continued support for accessibility services.

**Explain specifically why additional funds are needed in the receiving account:**

Additional funds are needed in the receiving account to cover a partial payment of the Sign Language Interpreting an invoice. This expense exceeds the current available balance, requiring a transfer to ensure timely payment and continued support of required interpreting services.

**Required Signatures**

Requestor

Signed by: Tatiana Castañeda 1/20/2026  
DEASDB004819431...

Cost Center Manager

Signed by: Jodi Koslow Martin 1/20/2026  
7F70BB84BAE4FC...

Associate Dean (If Applicable)

\_\_\_\_\_

Dean (If Applicable)

\_\_\_\_\_

Associate Vice President

Signed by: Paul Jensen 1/20/2026  
815C0088B1974DE...

Area Vice President

Signed by: Susan M. Campos 1/20/2026  
FCSA451F884T495...

### BUSINESS OFFICE APPROVALS

Grant Accountant: \_\_\_\_\_

Asst. Director of Finance \_\_\_\_\_

Exec. Director of Finance: \_\_\_\_\_ *ML*

Exec. Dir. of Bus. Operations: \_\_\_\_\_ *CR*

VP of Business Services: \_\_\_\_\_ *1/20/26*

Entered by: B8490 73 1/21/26



### Budget Transfer Form

<b>Dollar Amount</b>	<u>\$500</u>	
<b>From what Budget Account</b>	<u>01 - 80800510 - 580500005</u>	<b>Object Code Description</b> <u>Equipment - Office &gt;5K</u>
<b>To what Budget Account</b>	<u>01 - 80800510 - 550300005</u>	<u>Travel - Out of State</u>
<b>Is this a Grant?</b> Yes [ ] No [X]	<b>*If you are submitting a grant transfer, the following statement must appear in the Rationale:</b> "This is an allowable transfer under the (name of grant) guidelines"	
<b>Grant Accountant?</b>	<b>Include Attachments:</b> Yes [ ] No [X]	

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**

Due to encumbrances, we are transferring funds from Equipment-Office >5K to Travel-Out of State to cover Jo Perez's travel expenses for the Ellucian Conference.

**Explain specifically why additional funds are needed in the receiving account:**

Due to encumbrances, we are transferring funds from Equipment-Office >5K to Travel-Out of State to cover Jo Perez's travel expenses for the Ellucian Conference.

**Required Signatures**

<b>Requestor</b>	<small>Signed by:</small> <u>Sarah Goydas</u>	<u>12/8/2025</u>
<b>Cost Center Manager</b>	<small>Signed by:</small> <u>Michael Garity</u>	<u>12/23/2025</u>
<b>Associate Dean (If Applicable)</b>	_____	
<b>Dean (If Applicable)</b>	_____	
<b>Associate Vice President</b>	<small>Signed by:</small> <u>Colleen Rockafellow</u>	<u>12/23/2025</u>
<b>Area Vice President</b>	<small>Signed by:</small> <u>Sean Sullivan</u>	<u>1/9/2026</u>

#### BUSINESS OFFICE APPROVALS

<b>Grant Accountant:</b>	_____
<b>Asst. Director of Finance</b>	_____
<b>Exec. Director of Finance:</b>	<u>[Signature]</u>
<b>Exec. Dir. of Bus. Operations:</b>	<u>[Signature]</u>
<b>VP of Business Services:</b>	<u>[Signature]</u>

**Entered by:** 138476 JB 1/4/26

### Budget Transfer Form

**Dollar Amount** \$107,361

**From what Budget Account** 02 70300510 58070 0005 **Object Code Description** Ground Maintenance: Service Equipment > 5K

**To what Budget Account** 02 70100510 530400010 **Object Code Description** Building Ops 1: Maintenance Services

**Is this a Grant?** Yes  No  **\*If you are submitting a grant transfer, the following statement must appear in the Rationale:**  
**Yes  No**  "This is an allowable transfer under the (name of grant) guidelines"

**Grant Accountant?** \_\_\_\_\_ **Include Attachments:** Yes  No

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**  
Funds are available as a result of the decision to forgo the purchase of a new golf cart as well as the decision to acquire two used police vehicles instead of new.

**Explain specifically why additional funds are needed in the receiving account:**  
Funds are needed to cover various regular maintenance cost such as Electrician Services, Plumbing Services, Elevator Contract Costs, Fire Alarm System Repairs, Backflow Testing, and other Miscellaneous Repairs such as Carpentry, Underground Utility Locating, Masonry Repairs, Gate Repairs, etc.

**Required Signatures**

**Requestor** DocuSigned by: John Lambrecht 1/14/2026

**Cost Center Manager** DocuSigned by: John Lambrecht 1/14/2026

**Associate Dean (if Applicable)** \_\_\_\_\_

**Dean (if Applicable)** \_\_\_\_\_

**Associate Vice President** Signed by: Colleen Rockafellow 1/14/2026

**Area Vice President** Signed by: Sean Sullinan 1/15/2026

### BUSINESS OFFICE APPROVALS

**Grant Accountant:** \_\_\_\_\_

**Asst. Director of Finance** \_\_\_\_\_

**Exec. Director of Finance:** IR

**Exec. Dir. of Bus. Operations:** CR

**VP of Business Services:** [Signature] 1/21/26

**Entered by:** B8487 JB 1/21/26

### Budget Transfer Form

Dollar Amount

\$24,000

From what Budget Account

05 60400505 550200005

Object Code Description

Athletics: Travel - In State

To what Budget Account

05 60400505 560200005

Athletics: Rental - Equipment

Is this a Grant?  
Yes [ ] No [X]

\*If you are submitting a grant transfer, the following statement must appear in the Rationale:  
"This is an allowable transfer under the (name of grant) guidelines"

Grant Accountant?

Include Attachments: Yes [ ] No [X]

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**

This budget has sufficient available funds to cover the additional expenses required for the receiving account. The funds in this account are not needed for this fiscal year.

**Explain specifically why additional funds are needed in the receiving account:**

The receiving account needs the additional funds to cover the leasing of three sprinter vans. The current budget was underbudgeted to meet our financial obligations.

**Required Signatures**

**Requestor**

Signed by: Yareni Hernandez 1/14/2026  
0F1001971000434

**Cost Center Manager**

Signed by: Andrew Blahut 1/15/2026  
B4788B9D377C48U

**Associate Dean (If Applicable)**

\_\_\_\_\_

**Dean (If Applicable)**

\_\_\_\_\_

**Associate Vice President**

Signed by: Colleen Rockafellow 1/15/2026  
857C88A0F3454E1

**Area Vice President**

Signed by: Sean Sullivan 1/15/2026  
842220251EC74A1

### BUSINESS OFFICE APPROVALS

Grant Accountant: \_\_\_\_\_

Asst. Director of Finance \_\_\_\_\_

Exec. Director of Finance: \_\_\_\_\_ *NS*

Exec. Dir. of Bus. Operations: \_\_\_\_\_ *CR*

VP of Business Services: *[Signature]* 1/21/26

Entered by: B8491 JB 1/21/26

### Budget Transfer Form

Dollar Amount

\$5,600

From what Budget Account

05 60400505 550300005

Object Code Description

Athletics: Travel- Out of State

To what Budget Account

05 60400505 560200005

Athletics: Rental- Equipment

Is this a Grant?  
Yes [ ] No [X]

\*If you are submitting a grant transfer, the following statement must appear in the Rationale:  
"This is an allowable transfer under the (name of grant) guidelines"

Grant Accountant?

Include Attachments: Yes [ ] No [X]

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**

This budget has sufficient available funds to cover the additional expenses required for the receiving account. The funds in this account are not needed for this fiscal year

**Explain specifically why additional funds are needed in the receiving account:**

The receiving account needs the additional funds to cover the leasing of three sprinter vans. The current budget was underbudgeted to meet our financial obligations.

**Required Signatures**

**Requestor**

Signed by: Yaren Hernandez 1/14/2026  
8F10819716D0434

**Cost Center Manager**

Signed by: Andrew Blalut 1/15/2026  
8478855D377C440

**Associate Dean (If Applicable)**

\_\_\_\_\_

**Dean (If Applicable)**

\_\_\_\_\_

**Associate Vice President**

Signed by: Colleen Rockafellow 1/15/2026  
857C5300F3454E1

**Area Vice President**

Signed by: Sean Sullivan 1/15/2026  
842220251EC74A1

### BUSINESS OFFICE APPROVALS

Grant Accountant: \_\_\_\_\_

Asst. Director of Finance: \_\_\_\_\_

Exec. Director of Finance: \_\_\_\_\_ *AV*

Exec. Dir. of Bus. Operations: \_\_\_\_\_ *CR*

VP of Business Services: *[Signature]* 1/21/26

Entered by: *BB492 JB* 1/21/26

### Budget Transfer Form

<b>Dollar Amount</b>	<u>\$8,500</u>	
<b>From what Budget Account</b>	<u>05 60401015 550300005</u>	<b>Object Code Description</b> <u>Men's Basketball: Travel- Out of State</u>
<b>To what Budget Account</b>	<u>05 60400505 560200005</u>	<u>Athletics: Rental- Equipment</u>
<b>Is this a Grant?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>*If you are submitting a grant transfer, the following statement must appear in the Rationale:</b> "This is an allowable transfer under the (name of grant) guidelines"	
<b>Grant Accountant?</b>	<b>Include Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>	

**Rationale:**

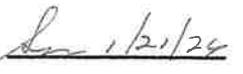
**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**  
 This budget has sufficient available funds to cover the additional expenses required for the receiving account. The funds in this account are not needed for this fiscal year

**Explain specifically why additional funds are needed in the receiving account:**  
 The receiving account needs the additional funds to cover the leasing of three sprinter vans. The current budget was underbudgeted to meet our financial obligations.

**Required Signatures**

<b>Requestor</b>	<small>Signed by:</small> <u>Yaren Hernandez</u>	<u>1/14/2026</u>
<b>Cost Center Manager</b>	<small>Signed by:</small> <u>Andrew Blalut</u>	<u>1/15/2026</u>
<b>Associate Dean (If Applicable)</b>	_____	
<b>Dean (If Applicable)</b>	_____	
<b>Associate Vice President</b>	<small>Signed by:</small> <u>Colleen Rockafellow</u>	<u>1/15/2026</u>
<b>Area Vice President</b>	<small>Signed by:</small> <u>Sean Sullivan</u>	<u>1/15/2026</u>

### BUSINESS OFFICE APPROVALS

<b>Grant Accountant:</b>	_____	
<b>Asst. Director of Finance</b>	_____	
<b>Exec. Director of Finance:</b>		
<b>Exec. Dir. of Bus. Operations:</b>		<b>Entered by:</b> <u>B9493 TS 1/21/26</u>
<b>VP of Business Services:</b>		



### Budget Transfer Form

Dollar Amount

\$3,500

From what Budget Account

05 60401045 550300005

Object Code Description

Wrestling: Travel - Out of State

To what Budget Account

05 60400505 560200005

Athletics: Rental- Equipment

Is this a Grant?  
Yes ( ) No (X)

\*If you are submitting a grant transfer, the following statement must appear in the Rationale:  
"This is an allowable transfer under the (name of grant) guidelines"

Grant Accountant?

Include Attachments: Yes ( ) No (X)

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**

This budget has sufficient available funds to cover the additional expenses required for the receiving account. The funds in this account are not needed for this fiscal year

**Explain specifically why additional funds are needed in the receiving account:**

The receiving account needs the additional funds to cover the leasing of three sprinter vans. The current budget was underbudgeted to meet our financial obligations.

**Required Signatures**

Requestor

Signed by: Yareu Hernandez 1/14/2026  
8F1601B716D0434...

Cost Center Manager

Signed by: Andrew Blalock 1/15/2026  
B4786B5D377C440...

Associate Dean (If Applicable)

\_\_\_\_\_

Dean (If Applicable)

Signed by: \_\_\_\_\_ 1/15/2026

Associate Vice President

Signed by: Colleen Rockafellow 1/15/2026  
857C58AAAF3454E1...

Area Vice President

Signed by: Sean Sullivan 1/15/2026  
B42220251EC74A1...

### BUSINESS OFFICE APPROVALS

Grant Accountant: \_\_\_\_\_

Asst. Director of Finance \_\_\_\_\_

Exec. Director of Finance: NR

Exec. Dir. of Bus. Operations: CR

Entered by: B30494 JB 1/21/26

VP of Business Services: [Signature] 1/21/26

**TRITON COLLEGE, District 504  
Board of Trustees**

Meeting of February 17, 2026

ACTION EXHIBIT NO. 17333

**SUBJECT: AGREEMENT WITH GARRICK MICHAEL CONSULTING**

**RECOMMENDATION:** That the Board of Trustees approve an agreement of \$25,000 with Garrick Michael Consulting services to assist the Athletic Department in planning athletic events and providing reports on facility usage for the balance of Fiscal Year 2026, with total cost to not exceed \$37,000.

**RATIONALE:** Under College policy, the Vice President of Business Services is authorized to approve up to \$25,000. An existing contract with Garrick Michael Consulting is in place for Fiscal Year 2026 in the amount of \$12,000. Total services to be provided during the Fiscal Year will exceed the Vice President's authority, therefore Board approval is required to authorize the additional expenditures.

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*Sean Sullivan*

**Submitted to Board by:** \_\_\_\_\_  
Sean O'Brien Sullivan, Vice President of Business Services

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**Board Officers' Signatures Required:**

\_\_\_\_\_  
**Mark R. Stephens  
Chairman**

\_\_\_\_\_  
**Tracy Jennings  
Secretary**

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

Related forms requiring Board signature: Yes  No



# Agreement Between Triton College and Independent Contractor

Start date: 1 / 2 / 2026  
Maximum value: \$ \$50/hr \$25,000 Max

This Agreement made this 2nd day of January, 2026, between Community College District No. 504 (hereinafter referred to as "Triton College"), located at 2000 Fifth Ave., River Grove, Ill. 60171 and Independent Contractor Garrick Michael Consulting (hereinafter referred to as "Independent Contractor"), located at 1233 S. Fairview, Park Ridge, IL 60068

In consideration of the mutual promises of the parties hereinafter specified, it is agreed by the parties as follows:

- Independent Contractor shall perform the following services under this Agreement: Business and Athletic Contractor
- The location of the services to be performed shall be at the Triton College Campus, \_\_\_\_\_ (building and room number), 2000 Fifth Ave., River Grove, Ill.; OR if off-campus location, 1233 S. Fairview, Park Ridge, IL 60068
- Independent Contractor shall perform the services on: date(s) 1 / 2 / 2026 to 6 / 30 / 2026 and time(s) 8:00am to 11:00pm. Triton College agrees to pay to Independent Contractor the maximum amount of \$ \$50/hr \$25,000 Max, which shall be paid within 60\* days of receipt of accurate and detailed invoices of all work performed, with a narrative of work completed as requested. Invoices shall be submitted within 10 college business days from the latest date specified in paragraph three (3) above. Failure to submit proper or accurate invoices will delay the issuance of payment. Triton College shall have the right to review and request clarification of any invoice prior to issuance of payment (\*60 days is standard).
- Independent Contractor agrees to hold harmless and indemnify Triton College, its officers, agents, trustees and employees against any losses, damages, judgments, claims, expenses, costs and liabilities imposed upon or incurred by or asserted against Triton College, its officers, agents, trustees or employees including reasonable attorneys fees and expenses arising out of the acts or omissions of Independent Contractor, its officers, agents or employees under this Agreement.
- Independent Contractor shall perform its obligations under this Agreement as an independent contractor and shall not be considered an employee of Triton College for any purpose. Further, Independent Contractor expressly agrees that neither it, nor any of its employees, shall be entitled to or make a claim for any benefits that may be available to employees of Triton College, including but not limited to, SURS, accrual of tenure, pension, retirement, health, life or worker's compensation coverage. In the event a claim is made for any such benefits, Independent Contractor shall fully indemnify Triton College, its officers, trustees, employees and agents from all costs and responsibilities associated with the claim for benefits.
- Independent Contractor assumes full responsibility for the payment of all federal, state or local taxes incurred by Independent Contractor as a result of this Agreement.
- This Agreement is executed by an authorized representative of Triton College in the representative's official capacity only and the representative shall have no personal liability under this Agreement.
- Independent Contractor represents that it possesses all professional or business licenses required by law, if any, and all qualifications necessary to fully perform its obligations hereunder in accordance with accepted industry standards and agrees to perform in accordance with accepted industry standards.
- In no event shall Triton College be liable for any incidental, indirect, special or consequential damages, including, but not limited to, loss of use, revenue, profit or savings. The entire liability of Triton College and Independent Contractor's exclusive remedy for breach of this contract shall not exceed the initial deposit paid to Independent Contractor which the parties acknowledge is an appropriate measure of liquidated damages and said amount shall not be construed as a penalty.
- This Agreement shall be governed by and construed in accordance with the substantive laws of the State of Illinois regardless of any "conflict of laws" provision. All disputes arising out of this Agreement, wherever derived, shall be resolved in the Circuit Court of Cook County, Illinois.
- Independent Contractor, pursuant to 720 ILCS 5/33E-11 as amended, hereby certifies that neither it nor any of its partners, officers or owners has been convicted in the past five years of the offense of bid rigging under 720 ILCS 5/33E-3 as amended; that neither it nor any of its partners, officers or owners has ever been convicted of the offense of bid rotating under Section 720 ILCS 5/33E-4 as amended; and that neither it nor any of its partners, officers or owners have ever been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois, or has made an admission of guilt of such conduct which is a matter of record.
- Independent Contractor certifies that, if applicable, it complies with each of the following Federal, State and local laws, rules and regulations:
  - Title VII of the Civil Rights Act of 1964, as amended, in all matters of hiring, employment, promotion, or training;
  - The Illinois Human Rights Act, 775 ILCS 5/1 et seq., which shall also include the obligation to maintain a written sexual harassment policy in compliance with the law;
  - The Illinois Drug Free Workplace Act, 30 ILCS 580/1 et seq.;
  - Web Content Accessibility Guidelines 2.1 (WCAG), as currently written or amended, including all services and materials; and appropriately responding to any complaints which may arise; and
  - All Policies and Procedures as set forth by the Triton College Board of Trustees.
 Independent Contractor certifies that it is an equal opportunity employer and specifically agrees as set forth in Section 4 to indemnify the College for any claim arising from or related to the obligations of this Section 12.
- Independent Contractor shall maintain liability and WC insurance in minimum limits of \$2,000,000 per occurrence and \$5,000,000 in the aggregate with a waiver of subrogation and shall name Triton College, District No. 504, its affiliates, officers, directors, trustees, volunteers, employees, and students as additional insured on a Primary and Non-Contributory basis on a separate endorsement.
- Instruction, if any, rendered by the Independent Contractor under this Agreement shall not in any manner be used towards attaining tenure or seniority as a faculty member employed by Triton College.
- Time is of the essence of this Agreement.
- The use of the word "it" in this Agreement shall include the feminine or masculine, and the singular and plural, in reference to the parties to this Agreement.
- Assignment of this Agreement or assignment of any right or obligation contained herein by Independent Contractor is strictly prohibited.
- Triton College, as an entity and on behalf of its employees, agents, and students, claims any and all governmental immunity as may be established by or set forth under Federal or Illinois law, rule or regulation.
- There are Zero Riders to this Agreement. This Agreement and any riders attached hereto constitute the entire Agreement of the parties, and there are no other Agreements, representations or understanding, or written instruments between the parties with respect to the subject of this Agreement. No alteration, modification or amendment to this Agreement shall be valid unless in writing on this Independent Contractor Agreement, which shall be signed by both parties.
- Any provision hereof which is construed by a court of competent jurisdiction to be illegal or unenforceable shall be reduced to the maximum time, area or scope necessary to render such clause legal and enforceable, or if same is incapable of being so reduced, such clause shall be deemed severed here from and shall not affect or impair the operability of any other provision of this Agreement.
- Either party may terminate the Agreement upon written notice to the other party with or without cause. In the event of termination by either party, the balance due shall be determined based upon work performed and approved by the College, in writing, prior to the effective date of termination. In the event of partial work, whether based upon days of work or project completion, any amount due shall be prorated based upon the percentage of the approved work completed prior to the effective date of termination.

MAX value: \$ 25,000 Contract manager approval: \_\_\_\_\_

In witness whereof, the parties have executed this Agreement upon the day and year first above written. (PRINT OR TYPE ONLY)

Community College District No. 504 (Triton College) Representative' \_\_\_\_\_ Date \_\_\_\_\_  
 Sean Sullivan VP Business Services  
 Contract is not valid unless each page bears initials of contract manager.  
 Administrator CR 1/16/26  
 Dean \_\_\_\_\_ / /  
 Vice President \_\_\_\_\_ / /  
 Other \_\_\_\_\_ / /

Independent Contractor: Garrick Michael Consulting  
 Signature [Signature] Date 1/16/26  
 Address 1233 S. Fairview, Park Ridge, IL 60068  
 Telephone 847-309-4982 Email address abezetian@comcast.net  
 Social Security no. or FEIN 39-3819743

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <span style="font-size: 1.2em; font-family: cursive;">Garrick M Aberetian</span>	
<b>2</b> Business name/disregarded entity name, if different from above <span style="font-size: 1.2em; font-family: cursive;">Garrick Michael Consulting</span>	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <span style="font-size: 1.2em; font-family: cursive;">1233 S. Fairview Ave</span>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <span style="font-size: 1.2em; font-family: cursive;">Park Ridge, IL 60068</span>	
<b>7</b> List account number(s) here (optional)	

**Part I**

**Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 2px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 2px;"></div>
or	
Employer identification number	
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 2px; font-family: monospace; font-size: 1.2em;">39</div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 2px; font-family: monospace; font-size: 1.2em;">-</div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 2px; font-family: monospace; font-size: 1.2em;">3819743</div>	

**Part II**

**Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <span style="font-size: 1.5em; font-family: cursive;">GMA</span>	Date ▶ <span style="font-size: 1.2em; font-family: cursive;">9/8/25</span>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

**TRITON COLLEGE, District 504  
Board of Trustees**

Meeting of February 17, 2026

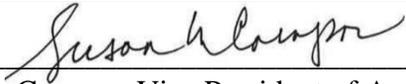
ACTION EXHIBIT NO. 17334

**SUBJECT: RIVER FOREST CIVIC CENTER AUTHORITY RENTAL SPACE**

**RECOMMENDATION:** That the Board of Trustees approve the Agreement for the use of the meeting space at the River Forest Civic Center Authority for the Triton College Retired & Senior Volunteer Program (RSVP) Tax Assistance Program for the period of February 20, 2026, through April 10, 2026. There is no cost to the College, as the RSVP Tax Assistance Program is funded through a federal grant, qualifies as a government entity, and therefore does not incur a usage fee.

**RATIONALE:** The Triton College RSVP Tax Assistance Program is a federally supported, nonprofit service that provides free tax preparation services to older adults, many of whom reside in River Forest. Approving this Agreement for the use of the River Forest Civic Center Authority meeting space provides a convenient and accessible location to serve community members. The River Forest Civic Center Authority provides insurance coverage of \$1 million per occurrence and \$5 million aggregate.

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**Submitted to Board by:**   
Dr. Susan Campos, Vice President of Academic Affairs

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**Board Officers' Signatures Required:**

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<b>Mark R. Stephens</b> <b>Board Chairman</b>	<b>Tracy Jennings</b> <b>Secretary</b>	<b>Date</b>
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Related forms requiring Board signature: Yes  No

## River Forest Civic Center Authority - 2nd Floor Rentals T&Cs

An organization not operating under an agreement with the River Forest Civic Center Authority ("Authority") or River Forest Township ("Township") that is seeking to use any Authority rooms located at 8020 Madison Street, River Forest, IL 60305 must submit a **Room Reservation Request Form** to [Supervisor@RiverForestTownship.org](mailto:Supervisor@RiverForestTownship.org) at least 30 days in advance. The reservation form must be completed, dated and signed with any applicable required attachments in order to be considered.

**RESERVATIONS REQUIRED** - Reservation requests generally will be considered by the Authority's representatives if under 24 hours or by the Board if over 24 hours long. It is the policy of the Authority that Township events, Township-related events, the events of organizations contractually affiliated with River Forest Township and events of other public institutions or governmental entities such as the village, library, park district, township, county, state or federal-affiliated groups will be given preference for meeting room use. Submission of a reservation request does not guarantee approval of the request. The Authority reserves the right to grant priority as follows: (1) non-profit organizations that fall into the statutory purpose of the Authority or Township, (2) organizations composed predominantly of residents of River Forest, (3) other organizations or individuals. The following guidelines will apply when a party not affiliated with the Authority or Township seeks to reserve an Authority meeting room:

1. Reservation requests will not be accepted more than 6 months prior to the scheduled event or less than 30 days prior to the scheduled event.
2. Submission of a reservation request form does not guarantee approval of the request for use of a room.
3. Reservation applications must be made by a member of the interested organization who is at least 23 years of age and a resident of River Forest Township or Oak Park Township. This individual will be the only person authorized to make changes to the application and will also serve as the primary contact for the Authority.
4. A group may not assign its reservation to another group.
5. Authority meeting rooms shall not be used for the following purposes: 1. Political rallies, caucuses, campaigns for specific policy or political issues or candidates or political fundraising. 2. Religious services. For purposes of this policy, "religious services" mean a non secular ceremony or occasion for worship. 3. Meetings or other events that interfere with the functioning of Authority or Township business and those working at Authority facilities. 4. Commercial purposes including, without limitation, solicitations, money-raising activities and/or sales, whether or not undertaken by a for-profit or a non-profit entity. 5. Classes or demonstrations involving the use of hazardous or other dangerous materials. 6. Activities and presentation of materials that are obscene, lewd, pornographic, defamatory, invade a particular person's right to privacy, or directly incite disorder.
6. The Authority is not responsible for the content of the organization's events. The use of Authority space does not constitute Authority endorsement of the philosophies, practices or viewpoints of presenters, participants or attendees.

**TIME** - Each reservation request form must contain a minimum of 3 hours of total reservations to be considered. When designating the starting and ending times for an event, User must include 30 minutes for set-up and an additional 30 minutes for clean-up at the usage rates charged. Any person(s) and/or company(ies) contracted by or associated with User to assist with all or any part of User's event including, but not limited to, event planners, decorators, set-up or take down staff, etc. will have access to the usage room(s) or area(s) only during the times specified. If User extends usage time for the usage area beyond the time specified, User shall pay the Authority an additional charge of one and one half (1½) times the hourly usage rate set forth in the rental request form.

**PAYMENT** - Once a reservation form has been submitted, a representative from the Authority then will conditionally approve or deny the request via email. The User must make full payment of the applicable Usage Fee to the Authority. Check and ACH payment or money order will be the only forms of payment accepted by the Authority for rentals. The User shall make checks or other forms of payment payable to "River Forest Civic Center Authority" or "RFCCA". Only after payment has been received will the reservation be entered into the calendar system and fully reserved. **Failing to pay for the space in a timely manner at least 30 days in advance of the event will result in the reservation being canceled.**

**CHANGES / CANCELLATION** - A group that would like to cancel its reservation must notify the Authority as soon as possible by email and at a minimum ten (10) days before the event. Cancellation notices shall be in writing and may not be rescinded. Reservations canceled by the User within ten (10) days of the event will not be refunded. The Authority reserves the right to change or cancel any reservation if circumstances warrant. The Authority also reserves the right to preempt, change, cancel, or relocate any meeting as needed as emergencies arise. If such a change happens, the Authority will refund any fees paid for the space.

**NO ADMISSION CHARGES** - User may not and shall not charge any type of admission or other fee to attend an event scheduled pursuant to this Agreement without the prior written approval of the Authority prior to the event. If User intends to charge others for attending an event, Authority written approval of the charge must be obtained concurrent with the rental request form.

**NO SMOKING** - User understands and agrees that, in accordance with the Smoke Free Illinois Act (410 ILCS 82/1), NO SMOKING is allowed inside the Civic Center Building or within 20 feet of the exterior of the Civic Center Building.

**SUPERVISION REQUIRED** - User is solely responsible for the supervision of all individuals attending its event. Lack of supervision of event attendees may result in loss of the security deposit. Adult sponsors (over 21) must be present at all times and must maintain a ratio of no less than one adult per ten children. Any group members who are under 18 years of age must have an adult sponsor(s) present at all times. In the event emergency responders are called in response to User's use of the premises, any fee imposed by said emergency responders shall be paid by User or, in the event of medical emergency responders, User's invitee requiring medical care.

**MARKETING MATERIALS** - If User intends to distribute an announcement, invitation, marketing materials, or any other notices or correspondence regarding its event (hereinafter referred to as "Correspondence"), User must provide an accurate copy of the Correspondence via email to the Authority ([%Supervisor@RiverForestTownship.org](mailto:%Supervisor@RiverForestTownship.org)) at least five (5) days prior to its distribution. No Correspondence or other materials may be posted by User in the Civic Center Building without the express written approval of the Authority. Nails, tape, putty, tacks, etc. will not be used on the walls or windows of a meeting room without the express written permission of the Authority Administrator.

**NO LOITERING** - User also understands and agrees that loitering is prohibited in the Civic Center Building, including in its gymnasium, and on its parking lot, and that no weapons of any kind may be brought onto the Civic Center Building premises, or onto the parking lot, unless the person carrying the weapon identifies himself/herself to the satisfaction of the Authority as a member of local, county, state, or federal law enforcement. User understands and agrees that no illegal drugs, recreational marijuana or alcohol may be present or consumed at User's event.

**FOOD AND DRINK** - User assumes full liability and responsibility for any food and/or refreshments that are prepared for, served to, or consumed by attendees during or in connection with User's event. User holds the Authority and the Township harmless for any injury or damage caused to attendees of User's event by reason of any food and/or refreshments prepared for, served to, or consumed by attendees during or in connection with User's event. The Authority does not provide any food or beverages as part of any room reservations. If food or beverages are to be made available to participants, they shall be responsible for clean-up and proper disposal of refuse. If food or beverages will be served, the group requesting the reservation must notify the Authority at the time of application. **NO ALCOHOLIC BEVERAGES ARE ALLOWED** without the expressed written approval of the Authority.

**LIABILITY** - User assumes full liability and responsibility for any physical damage to the Civic Center Building that is caused by its or its event attendees' use of Civic Center Building space during its event, and for all damage to or loss of any item(s), User or any of its attendees own or rent, or bring onto the premises for or in connection with User's event, including, but not limited to, any stereo or electronic equipment, dinnerware, cups, saucers, pictures, or other type or kind of personal property. Excessive noise or disruption of other activities in the Authority building shall result in a direction to leave the premises and future reservation requests and future meeting room space may be cancelled. Sound amplification systems that allow sound to be heard outside the room being used are not allowed. The Authority is not responsible for the loss of or damage to any equipment or materials owned or rented by a group using Authority rooms. The Authority is not responsible for the storage of any equipment or supplies and any items left behind may be disposed of. The Authority is not responsible for answering questions about a meeting or taking messages related to any meeting.

**INSURANCE** - A certificate of insurance may be required from a group or individual using an Authority facility. If required, the certificate of insurance must name the River Forest Civic Center Authority and River Forest Township as additional insured parties. Additionally, the Authority is not responsible for loss of or damage to personal property or the personal injury to persons attending an event in an Authority meeting room. Users of Authority meeting rooms must agree to hold harmless, defend and indemnify the Authority, the Authority Board of Trustees, officers, employees and agents from and against any and all claims, demands, causes of action, losses liabilities, damages and expenses, including attorney's fees and costs, arising from or related to the use of the facility. In the event any such claim, demand, cause of action, loss, liability, damage, or expense is incurred, the Authority, its Board of Managers, officers, and agents, shall have their own choice of counsel and the right to direct their own defense. Each organization or group using Authority rooms is responsible for reimbursing the Authority for any and all damage done or presumed to have been done to Authority owned furniture, equipment and/or the facility.

River Forest Civic Center Authority and River Forest Township shall maintain adequate insurance coverage for the premises of at least \$1,000,000 per occurrence and \$5,000,000 aggregate, which shall serve as primary insurance in the event of any claim arising from or related to the condition of the premises. A certificate of insurance evidencing such coverage shall be made available to Triton College prior to any use of Authority or Township property.

**FOLLOW ALL REGULATIONS / POLICIES / LAWS** - User understands and agrees that User and its event attendees must follow all regulations and policies set forth in the Township Policy Handbook, including but not limited to Facilities Use, found on the Township website ([www.RiverForestTownship.org](http://www.RiverForestTownship.org)). User understands that it and its event attendees must also abide by all federal, state and local laws and all other River Forest Township rules, policies, ordinances and regulations.

**VIOLATIONS** - Any violations of this Agreement by User may result in revocation of User's allowed use of space at the Civic Center Building for its scheduled event, and so a cancellation of the event, and in case of such cancellation the Community Center and the Authority shall not be responsible for any costs or damages, including but not limited to consequential damages, resulting to User or any other person on account of such cancellation. The Authority reserves the right to limit or prohibit future use of its Authority rooms by groups or organizations that have caused damage to the building (including hallways, bathrooms, elevator, stairs), flooring, equipment, furniture or that have caused a disturbance, and/or failed to comply with the meeting room rules established by the Authority.

**AGREEMENT BY SUBMITTING REQUEST FORM** - User understands and agrees to all the terms and conditions in this River Forest Civic Center Authority 2nd Floor Rentals T&Cs and agrees to pay all applicable charges in the Room Reservation

**Request Form.**

**INDEMNIFICATION** – Each party agrees to hold harmless and indemnify the other party, its officers, agents, trustees and employees against any losses, damages, judgments, claims, expenses, costs and liabilities imposed upon or incurred by or asserted against the party, its officers, agents, trustees or employees, including reasonable attorneys' fees and expenses, arising out of the acts or omissions of the other party, its officers, agents or employees, under this Agreement.

Each party, as an entity and on behalf of its employees, agents, and students, claims any and all governmental immunity as may be established by or set forth under Federal or Illinois law, rule or regulation.

ROOM RESERVATION REQUEST FORM FOR SECOND FLOOR SPACE AT  
8020 MADISON STREET, RIVER FOREST, ILLINOIS (THE "CIVIC CENTER BUILDING")

Contact Person: Mario Porras, RSVP Director  
User Organization: Triton College-Retired & Senior Volunteer Program (RSVP)  
Address: 2000 Fifth Ave; R-221  
River Grove, IL 60171  
Cell Phone: 785-845-0353  
Email: marioporras@triton.edu  
Today's Date: 01/29/2026

CHECK or CIRCLE applicable Usage Fee rate per hour:

- \$0 / hr for government entities including Township programming
- \$0 / hr for RFCCA year-round tenants weekdays before 6PM when space available
- \$30 / hr for non-profit rental of 20 or more hours per year without charging participants
- \$40 / hr for other non-profit rentals
- \$60 / hr for all other rentals of 20 or more hours per year
- \$80 / hr for all other rentals

Room Requested: Dance Studio \_\_\_\_\_ Other: Room 202 (specify)

Date(s): February 20, 2026 to April 10, 2026

Time(s): 1 day a week (Fridays), 8:30am to 2pm

Total # of Hours of Use (including set-up and clean-up time) 5.5 hours

- A minimum of 3 hours rental hours total required per Room Reservation Request Form
- Rental time must include :30 minutes of set-up and :30 minutes of clean-up time

Maximum Attendance Per Day: 15

Approximate # Attendees who reside in River Forest: 10

Approximate age range of Attendees: 60+

Will Food or Drink be present or offered attendees: No

Will participants be charged to attend the event:  NO / YES - If yes, attach details

Number of Tables / Chairs needed and configuration: 5 tables with 2 chairs at each table

Total Rental Cost: (Hours x Rate) \_\_\_\_\_

Requester signature acknowledging have read and agreed to the River Forest Civic Center Authority 2nd Floor Rentals T&Cs *(sign here)* \_\_\_\_\_

- If User is a not-for-profit corporation, attach a copy of User's certificate of good standing with the Illinois Secretary of State, its IRS 501.c.3 certificate, or equivalent evidence of its not-for-profit status.
- If Certificate of Insurance is not on file from a prior reservation request, please attach one naming the RFCCA as an additional insured party when submitting payment.



**TRITON COLLEGE, District 504  
Board of Trustees**

Meeting of February 17, 2026

ACTION EXHIBIT NO. 17335

**SUBJECT: WOLTERS KLUWER HEALTH VENDOR LIMIT INCREASE**

**RECOMMENDATION:** That the Board of Trustees approve a \$5,000 vendor increase for Wolters Kluwer Health. Software programs, exempt from bidding (3-27.1 (f)), provide NCLEX test preparation materials and lab skill support for the nursing students while in the program. Increase up to \$30,000 for Fiscal Year 2026. These materials are purchased through Perkins Grant.

**RATIONALE:** Wolters Kluwer Health (WKH) is a vendor for Triton's Nursing Program, part of the Health Careers and Public Service division. These materials will enable Triton College's Nursing program students to utilize and incorporate the latest technology, including innovative learning and assessment activities, to enhance student success. The college has currently spent \$22,000 for WKH materials.

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**Submitted to Board by:**   
Dr. Susan Campos, Vice President of Academic Affairs

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**Board Officers' Signatures Required:**

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<b>Mark R. Stephens</b> <b>Board Chairman</b>	<b>Tracy Jennings</b> <b>Secretary</b>	<b>Date</b>
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Related forms requiring Board signature: Yes  No

**TRITON COLLEGE, District 504  
Board of Trustees**

Meeting of February 17, 2026

ACTION EXHIBIT NO. 17336

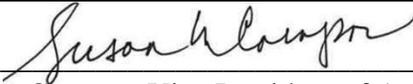
**SUBJECT: AFFILIATION AGREEMENT WITH UNIVERSITY OF CHICAGO  
MEDICAL CENTER**

RECOMMENDATION: That the Board of Trustees approve an Affiliation Agreement with University of Chicago Medical Center. The term of this Agreement shall commence February 18, 2026 and shall have an initial term of one (1) year. This Agreement will automatically renew thereafter for additional one (1) year terms unless either party provides notice of intent to terminate the Agreement as provided herein. Either party may terminate the Agreement upon written notice of one (1) semester or five (5) months, whichever is less, to the other party with or without cause. Any students enrolled in a clinical experience at the time of termination shall be permitted to complete their current clinical rotation under the terms and conditions stated herein. There is no cost to the college for this Agreement.

RATIONALE: This Agreement will enable students in all of Triton College's Health Career programs to participate in clinical education experiences at University of Chicago Medical Center.

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Submitted to Board by: \_\_\_\_\_

  
Dr. Susan Campos, Vice President of Academic Affairs

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**Board Officers' Signatures Required:**

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**Mark R. Stephens**  
**Board Chairman**

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**Tracy Jennings**  
**Secretary**

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**Date**

Related forms requiring Board signature: Yes  No

**AFFILIATION AGREEMENT BETWEEN:**

**UNIVERSITY OF CHICAGO MEDICAL CENTER,  
AND  
COMMUNITY COLLEGE DISTRICT #504, TRITON COLLEGE,  
RIVER GROVE, ILLINOIS**

Agreement made by and between **University of Chicago Medical Center** hereinafter referred to as “Hospital” and **Community College District 504, commonly known as Triton College**, hereinafter referred to as “Triton”.

In consideration of the mutual promises and agreements hereinafter set forth, Hospital and Triton agree as follows:

**I. GENERAL PROVISIONS:**

- A. This affiliation is for the sole and limited purpose of providing clinical training in Program to students enrolled at Triton under the auspices of Hospital.
- B. Nothing herein shall be deemed to create any association, partnership, or joint venture or employment relationship between Hospital and Triton, and each parties employees, agents or students.
- C. Students or trainees enrolled at Triton who participate in this program at Hospital shall be referred to herein as “students”. Employees of Triton who are involved in the instruction or supervision of the training of the students shall be referred to herein as “faculty”. Nothing herein shall be deemed to create an employee-employer relationship between the students and Hospital or faculty and Hospital, and such students and faculty are not to be considered as employees of Hospital for any purpose, and are not entitled to any of the benefits that accrue to or are provided by Hospital to its employees. Further, none of the benefits of employment at Triton shall accrue to any employee of Hospital, including the accrual of tenure.
- D. No student, faculty or staff will be discriminated against by either party hereto on the basis of sex, race, creed, religion, national origin, age, or disability or any other factor as protected by law, rule or regulation in any aspect of this affiliation.
- E. Triton shall maintain in force for the duration of this Agreement comprehensive malpractice or professional liability insurance providing coverage against all claims, demands, loss of judgments arising out of any act or omission of students or faculty, with respect to the rendering or failure to render medical or nursing treatment or any other health-related care, and the administration of drugs or use of medical supplies, apparatus, appliances and equipment. This policy shall provide coverage against the aforementioned risks in the amount of not less than two million dollars (\$2,000,000) per occurrence, and five million dollars (\$5,000,000) aggregate. Triton will provide proof of insurance to Hospital upon request.

Hospital shall maintain in force for the duration of this Agreement comprehensive malpractice or professional liability insurance providing coverage against all claims, demands, loss of judgments arising out of any act or omission of students or faculty, with respect to the rendering or failure to render medical or nursing treatment or any other health-related care, and the administration of drugs or use of medical supplies, apparatus, appliances and equipment. This policy shall provide coverage against the aforementioned risks in the amount of not less than two million dollars (\$2,000,000) per occurrence, and five million dollars (\$5,000,000) aggregate. Hospital will provide proof of insurance to Triton upon request.

- F. Hospital agrees to hold harmless and indemnify Triton, its officers, trustees, faculty, employees, agents and students against any losses, damages, judgments, claims, expenses, costs and liabilities imposed upon or incurred by or asserted against Triton, its officers, trustees, faculty, employees, agents and students, including reasonable attorney's fees and expenses, arising out of the acts or omissions of Hospital, its officers, agents, faculty or employees, under this Agreement.

Triton agrees to hold harmless and indemnify Hospital against any losses, damages, judgments, claims, expenses, costs and liabilities imposed upon or incurred by or asserted against Hospital, including reasonable attorney's fees and expenses, arising out of the acts or omissions of Triton, its trustees, officers, agents, students, faculty or employees, under this Agreement.

## **II. HOSPITAL SHALL:**

- A. Maintain the standards required for approval and/or accreditation for the educational program(s).
- B. Make available, and permit the use of, the following by Triton faculty and students:
1. Patient care and patient service facilities, clinical areas;
  2. Rooms, or areas, in which groups of students may hold discussions and receive clinical instruction;
  3. Supplies and equipment commonly available for patient care, and sources of information for educational purposes;
  4. Conference room and library.
- C. Provide emergency medical care in cases of accidents occurring on duty; however, all students are solely responsible for their own medical fees.
- D. Designate a member of its staff qualified in Program to serve as coordinator. The coordinator will represent Hospital in matters related to Program.

- E. Provide services of its staff when/where possible on a guest lecturer basis with the mutual agreement of Hospital and Triton.
- F. Assure that students, while performing as such, will not replace members of Hospital staff and that Hospital shall remain solely responsible for the administration of patient care.

**III. TRITON SHALL:**

- A. Assume responsibility for any necessary approval by the Illinois Community College Board.
- B. Provide qualified faculty members, who are competent practitioners.
- C. Plan all clinical instruction, hours, days, and places of assignment in cooperation with, and with the approval of, the Medical Director of the Department or his/her designated representative.
- D. Be responsible for student grading and determination regarding the awarding of academic credit.
- E. Advise students of the requirement to observe policies, procedures, and other regulations imposed by Hospital in connection with professional conduct and patient welfare. These rules and regulations shall be covered by the immediate supervisor of the students during the first day of clinical study and/or during the orientation. Hospital may resolve any problem situation in favor of the patient's welfare and restrict, limit, or end student involvement until any incident in question can be clarified by Hospital staff and any involved faculty member. Triton shall withdraw, upon recommendation, any student(s) who fail(s) to meet the standards agreed upon.
- F. Make all reasonable efforts to assure that students will be subject to the authority, policies, and regulations of Hospital.
- G. Advise students of the requirement to submit complete physical examination forms to the Hospital, as required by Hospital.
- H. Comply with the removal of a student from Hospital if after a conference it is the reasonable opinion of Hospital that the student's performance or conduct is detrimental to patients or Hospital personnel.
- I. Require students to carry hospitalization insurance.
- J. Require students to maintain current CPR certification

**IV. HOSPITAL AND TRITON SHALL:**

- A. Jointly develop a clinical instruction guide designed to meet the educational aims of the entire Program curriculum. The clinical instruction guide shall describe the proposed clinical areas, patient care, and patient service facilities to be utilized by Triton.
- B. Have the right to request conferences to be scheduled at regular intervals for the purpose of planning, discussing, and enhancing the Program.

**V. IT IS FURTHER AGREED THAT:**

- A. The terms and conditions of the Agreement may be amended, deleted, or new provisions added from time to time upon written agreement of the authorized agents of the parties.
- B. This writing shall constitute the sole agreement between the parties.
- C. This Agreement shall commence upon execution by duly authorized officer of the parties hereto, in their official capacities only, and shall have an initial term of one (1) year.
- D. This Agreement will automatically renew for additional one (1) year terms unless either party provides notice of intent to terminate the Agreement as provided herein.
- E. Either party may terminate the Agreement upon written notice of one (1) semester or five (5) months, whichever is less, to the other party with or without cause. Any students enrolled in a clinical experience at the time of termination shall be permitted to complete the then current clinical rotation under the terms and conditions stated herein.
- F. This Agreement shall be construed under the laws of Illinois. If any provision shall be invalid under such laws, such invalidity shall not invalidate the entire agreement, but it shall be construed as if not containing the particular provisions held to be invalid, and all rights and obligations of the parties shall be construed and enforced accordingly. All disputes shall be resolved in the Circuit Court of Cook County.
- G. Each of the parties hereto, and the individuals executing the Agreement for them, represent to the other party that they have the requisite power and authority to make and enter into this agreement and to perform its obligations thereunder, and that this agreement does not violate any provisions of the corporate charter or bylaws of any corporate party or any statute, act, or ordinance under which any unincorporated institution party hereto is organized, or violate any agreement or commitment executed or made by any party.
- H. Hospital assumes full responsibility for the payment of all federal, state and local taxes incurred by Hospital as a result of this Agreement.

- I. This Agreement is executed by an authorized representative of Triton College in the representative's official capacity only and the representative shall have no personal liability under this Agreement.
- J. Hospital represents that it possesses all professional or business licenses required by law, if any, and all qualifications and accreditations necessary to fully perform its obligations.
- K. In no event shall either party be liable for any incidental, indirect, special or consequential damages, including, but not limited to, loss of use, revenue, profit or savings.
- L. Hospital certifies that it maintains a written sexual harassment policy in conformance with 775 ILCS 5/2-105.
- M. If Hospital has more than 25 employees, Hospital certifies that it provides a Drug Free Workplace in compliance with the Drug Free Workplace Act. 30 ILCS 580/1 et seq.
- N. Time is of the essence of this Agreement
- O. Notices required to be sent hereunder shall be sent by prepaid registered mail with return receipt requested, and are effective upon receipt.

**NOTICES TO HOSPITAL SHALL BE SENT TO:**

University of Chicago  
5700 S. Maryland Avenue CCD10-410A  
Chicago, Illinois 60637  
Attn: Respiratory Care Director

**NOTICES TO TRITON COLLEGE SHALL BE SENT TO:**

Triton College  
2000 North Fifth Avenue, RM H-120  
River Grove, Illinois 60171  
Attn: Dean of Health Careers and Public Service Programs  
Facsimile: (708) 779-4902

With a copy to:  
Sarie Winner

Winner Law  
2344 W Melrose St.  
Chicago, IL 60618

**University of Chicago Medical Center**

Signature: 

*University of Chicago Medical Center*

Title: ACNO & Executive Director

Date: 11/18/2025

**FOR TRITON COLLEGE:**

Signature:

Title: Mark R. Stephens, Chairman

Signature:

Title: Tracy Jennings, Secretary

Date:

## **ADDENDUM A**

### **SPECIFIC HEALTH REQUIREMENTS**

- 1. Rubeola (measles):** Proof of immunity (serologic titers or documentation of physician• diagnosed measles) OR documentation of two (2) doses of live measles vaccine on or after the student's first birthday.
- 2. Rubella:** Proof of immunity (serologic titer) OR documentation of vaccination. Documentation of disease is NOT acceptable.
- 3. Varicella (chicken pox):** Proof of immunity (serologic titers or documentation of physician-diagnosed chicken pox) OR documentation of two (2) doses of varicella vaccine.
- 4. TB skin testing:** Negative two (2)-step TB skin test. The Hospital will accept documentation of two (2) TB skin tests (and the results of both) done within the past twelve (12) months; one (1) must be within the past three (3) months. If the student has a history of positive skin testing, then a chest x-ray is required. The Hospital will accept documentation of a chest x-ray done within the past 3 months.
- 5. Hepatitis B vaccination:** A Hepatitis B surface antibody titer must be provided for those who have received the three (3) dose series of Hepatitis B vaccine.
- 6. Influenza & COVID-19 vaccination:** Documentation of administration of seasonal influenza vaccination and COVID-19 vaccination (documentation can include the date, lot#, and type, as available) **OR** documentation of a medical or religious contraindication to vaccination.
- 7. Drug screening:** Ten (10) panels were completed through a National Institute of Drug Abuse (NIDA) Laboratory. These results can be completed up to twelve (12) months prior to the student's placement at Hospital. These results must be either sent or faxed to CCCE. The results cannot be brought by the student. **The student is responsible for the cost of the testing if done at Hospital.**
- 8. Color Blindness Screening-** done at no cost to students.
- 9. Respirator Fit test-** done by Occupational Medicine during the medical screening process. **The cost is the student's responsibility.**

**ADDENDUM B STUDENT**

**AGREEMENT**

I, \_\_\_\_\_ am a student who will be performing an education rotation at The University of Chicago Medical Center ("**Hospital**"). I understand that in that role, I may have access to confidential patient information or confidential information about patients as defined by this agreement ("**Agreement**").

I understand that any information that I learn about a patient is confidential under the laws of Illinois and that information about a patient cannot be disclosed to anyone. I understand that Illinois law provides possible civil and criminal penalties for the disclosure of confidential patient information. I agree that I will not: (a) reveal to anyone the name or identity of a patient; (b) repeat to anyone any statements or communications made by or about the patient outside of education presentations; (c) reveal to anyone any information that I learn about the patient as a result of reviewing medical records or from discussions with others providing care to the patient; or (d) write or publish any articles, papers, stories or other written materials, which will contain the names of any patient or information from which the names or identities of any patient can be discerned. If a paper is written about my work at The University of Chicago Medical Center and submitted for publication in any journal, I agree that I will submit it to the program coordinator for Hospital approval prior to submission for publication and that the program coordinator may approve or disapprove of such submission, in his or her sole reasonable discretion.

I will wear appropriate attire, including an identification badge identifying me as a student, as requested by Hospital.

I understand that by signing this Agreement, I am not guaranteed participation in any activities at Hospital; eligibility for participation shall be determined exclusively by Hospital, at its sole discretion. The hospital may require me to immediately withdraw from the activities in the event Hospital determines, in its sole reasonable discretion, that my conduct, demeanor, or cooperation is unsatisfactory or that I have violated Hospital policies or rules, including, but not limited to, Hospital's policy on confidentiality of health-related information.

I have read this Agreement. I understand my obligation to maintain patient confidentiality and I agree to meet that obligation. I have been provided with a copy of The University of Chicago Medical Center's policy on confidentiality, I have read that policy, and I agree to follow that policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**TRITON COLLEGE, District 504  
Board of Trustees**

Meeting of February 17, 2026

ACTION EXHIBIT NO. 17337

**SUBJECT: COOPERATIVE AFFILIATION AGREEMENT WITH ADAPTHEALTH, LLC**

**RECOMMENDATION:** That the Board of Trustees approve an Affiliation Agreement with AdaptHealth, LLC. The term of this Agreement shall commence February 18, 2026 and shall have an initial term of one (1) year. This Agreement will automatically renew thereafter for additional one (1) year terms unless either party provides notice of intent to terminate the Agreement as provided herein. Either party may terminate the Agreement upon written notice of one (1) semester or five (5) months, whichever is less, to the other party with or without cause. Any students enrolled in a clinical experience at the time of termination shall be permitted to complete their current clinical rotation under the terms and conditions stated herein. There is no cost to the college for this Agreement.

**RATIONALE:** This Agreement will enable students in Triton College's Respiratory Care program to participate in clinical education experiences at AdaptHealth, LLC.

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**Submitted to Board by:**   
Dr. Susan Campos, Vice President of Academic Affairs

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**Board Officers' Signatures Required:**

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<b>Mark R. Stephens</b> <b>Board Chairman</b>	<b>Tracy Jennings</b> <b>Secretary</b>	<b>Date</b>
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Related forms requiring Board signature: Yes  No

**COOPERATIVE AGREEMENT  
BETWEEN  
ADAPTHEALTH LLC  
AND  
TRITON COLLEGE, DISTRICT #504, RIVER GROVE, ILLINOIS**

Agreement made on February 18, 2026 (“Effective Date”) by and between **AdaptHealth, LLC** hereinafter referred to as “Adapt” and **Triton College**, hereinafter referred to as “Triton”.

In consideration of the mutual promises and agreements hereinafter set forth, Adapt and Triton agree as follows:

**I. GENERAL PROVISIONS:**

- A. This affiliation is for the sole and limited purpose of Adapt providing clinical education and/or training in **Respiratory Care** to students enrolled at Triton.
- B. Nothing herein shall be deemed to create any association, partnership, or joint venture between Adapt and Triton.
- C. Students or trainees enrolled at Triton who participate in this program at Adapt shall be referred to herein as “students”. Employees of Triton who are involved in the instruction or supervision of the training of the students shall be referred to herein as “faculty”. Nothing herein shall be deemed to create an employee-employer relationship between the students and Adapt or faculty and Adapt, and such students and faculty are not to be considered as employees of Adapt for any purpose, and are not entitled to any of the benefits that accrue to or are provided by Adapt to its employees. Further, none of the benefits of employment at Triton shall accrue to any employee of Adapt, including the accrual of tenure.
- D. No student, faculty or staff will be discriminated against by either party hereto on the basis of sex, race, creed, religion, national origin, age, or disability or any other factor as protected by law, rule or regulation in any aspect of this affiliation.
- E. Triton shall maintain in force for the duration of this Agreement comprehensive malpractice or professional liability insurance providing coverage against all claims, demands, loss of judgments arising out of any act or omission of students or faculty, with respect to the rendering or failure to render medical or nursing treatment or any other health-related care, and the administration of drugs or use of medical supplies, apparatus, appliances and equipment. This policy shall provide coverage against the aforementioned risks in the amount of not less than two million dollars (\$2,000,000) per occurrence, and five million dollars (\$5,000,000) aggregate. Triton will provide proof of insurance to Adapt upon request and shall add Adapt as an additional insured on the certificate(s) of insurance if requested by Adapt.

Adapt shall maintain in force for the duration of this Agreement comprehensive malpractice or professional liability insurance providing coverage against all claims, demands, loss of judgments arising out of any act or omission of Adapt’s employees with respect to the rendering or failure to render medical treatment or any other health-related care, and the administration of drugs or use of medical supplies, apparatus, appliances and equipment. This policy shall provide coverage against the aforementioned risks in the amount of not less than two million dollars (\$2,000,000) per occurrence, and five million dollars (\$5,000,000) aggregate.

Adapt will provide proof of insurance to Triton upon request and shall add Triton as an additional insured on the certificate(s) of insurance if requested by Triton.

- F. Adapt agrees to hold harmless and indemnify Triton, its officers, trustees, faculty, employees, agents and students against any losses, damages, judgments, claims, expenses, costs and liabilities imposed upon or incurred by or asserted against Triton, its officers, trustees, faculty, employees, agents and students, including reasonable attorney's fees and expenses, arising out of the acts or omissions of Adapt, its officers, agents, or employees, under this Agreement.

Triton agrees to hold harmless and indemnify Adapt against any losses, damages, judgments, claims, expenses, costs and liabilities imposed upon or incurred by or asserted against Adapt, including reasonable attorney's fees and expenses, arising out of the acts or omissions of Triton, its trustees, officers, agents, students, faculty or employees, under this Agreement.

## **II. ADAPT SHALL:**

- A. Maintain the standards required for approval and/or accreditation for the educational program(s) contemplated under this Agreement.
- B. Make available, and permit the use of, the following by Triton faculty and students:
1. Patient care and patient service facilities, clinical areas;
  2. Rooms, or areas, in which groups of students may hold discussions and receive clinical instruction;
  3. Supplies and equipment commonly available for patient care, and sources of information for educational purposes;
  4. Conference room (if appropriate).
- C. Provide emergency medical care in cases of accidents occurring on duty; however, all students are solely responsible for their own medical fees.
- D. Designate a member of its staff qualified in respiratory therapy to serve as coordinator. The coordinator will represent Adapt in matters related to Program.
- E. Provide services of its staff when/where possible on a guest lecturer basis with the mutual agreement of Adapt and Triton.
- F. Assure that students, while performing as such, will not replace members of Adapt staff. Adapt shall remain solely responsible for all patient care decisions and shall supervise all student interactions with Adapt patients.

## **III. TRITON SHALL:**

- A. Assume responsibility for any necessary approval by the Illinois Community College Board.
- B. Provide qualified faculty members, who are competent practitioners.

- C. Plan all clinical instruction, hours, days, and places of assignment in cooperation with, and with the approval of, the Medical Director of the Department or his/her designated representative.
- D. Be responsible for student grading.
- E. Advise students of the requirement to observe policies, procedures, and other regulations imposed by Adapt in connection with professional conduct and patient welfare. Specifically, Triton shall coordinate with Adapt to ensure students complete Adapt's HIPAA Privacy & Security policy training and Adapt's Code of Conduct and Business Ethics training and any other training required by Adapt before beginning any clinical education or training with Adapt. These rules and regulations shall be covered by the immediate supervisor of the students during the first day of clinical study and/or during the orientation. Adapt may resolve any problem situation in favor of the patient's welfare and restrict, limit, or end student involvement until any incident in question can be clarified by Adapt staff and any involved faculty member. Triton shall withdraw, upon Adapt's reasonable recommendation, any student(s) who fail(s) to meet the standards agreed upon.
- F. Make all reasonable efforts to assure that students will be subject to and abide by the authority, policies, and regulations of Adapt.
- G. Advise students of the requirement to submit complete physical examination forms, as required by Adapt.
- H. Comply with the removal of a student from Adapt if after a conference it is the reasonable opinion of Adapt that the student's performance or conduct is detrimental to patients or Adapt personnel.
- I. Require students to carry hospitalization insurance.
- J. Require students to maintain current CPR certification
- K. Be responsible for confirming that the students have submitted to Adapt all background checks reasonably requested by Adapt.

**IV. ADAPT AND TRITON SHALL:**

- A. Jointly develop a clinical instruction guide designed to meet the educational aims of the entire Program curriculum. The clinical instruction guide shall describe the proposed clinical areas, patient care, and patient service facilities to be utilized by Triton.
- B. Have the right to request conferences to be scheduled at regular intervals for the purpose of planning, discussing, and enhancing the Program.

**V. IT IS FURTHER AGREED THAT:**

- A. The terms and conditions of the Agreement may be amended, deleted, or new provisions added from time to time upon written agreement of the authorized agents of the parties.

- B. This writing shall constitute the sole agreement between the parties regarding the subject matter herein.
- C. This Agreement shall commence upon execution by duly authorized officer of the parties hereto, in their official capacities only, and shall have an initial term of one (1) year.
- D. This Agreement will automatically renew for additional one (1) year terms unless either party provides notice of intent to terminate the Agreement as provided herein.
- E. Either party may terminate the Agreement upon written notice of one (1) semester or five (5) months, whichever is less, to the other party with or without cause. Any students enrolled in a clinical experience at the time of termination shall be permitted to complete the then current clinical rotation under the terms and conditions stated herein.
- F. This Agreement shall be construed under the laws of Illinois. If any provision shall be invalid under such laws, such invalidity shall not invalidate the entire agreement, but it shall be construed as if not containing the particular provisions held to be invalid, and all rights and obligations of the parties shall be construed and enforced accordingly. All disputes shall be resolved in the Circuit Court of Cook County.
- G. Each of the parties hereto, and the individuals executing the Agreement for them, represent to the other party that they have the requisite power and authority to make and enter into this agreement and to perform its obligations thereunder, and that this agreement does not violate any provisions of the corporate charter or bylaws of any corporate party or any statute, act, or ordinance under which any unincorporated institution party hereto is organized, or violate any agreement or commitment executed or made by any party.
- H. Adapt assumes full responsibility for the payment of all federal, state and local taxes incurred by Adapt as a result of this Agreement.
- I. This Agreement is executed by an authorized representative of Triton College in the representative's official capacity only and the representative shall have no personal liability under this Agreement.
- J. Adapt represents that it possesses all professional or business licenses required by law, if any, and all qualifications and accreditations necessary to fully perform its obligations.
- K. In no event shall either party be liable for any incidental, indirect, special or consequential damages, including, but not limited to, loss of use, revenue, profit or savings.
- L. Adapt certifies that it maintains a written sexual harassment policy in conformance with 775 ILCS 5/2-105.
- M. If Adapt has more than 25 employees, Adapt certifies that it provides a Drug Free Workplace in compliance with the Drug Free Workplace Act. 30 ILCS 580/1 et seq.
- N. Time is of the essence of this Agreement.

- O. Notices required to be sent hereunder shall be sent by prepaid registered mail with return receipt requested, and are effective upon receipt.

**NOTICES TO ADAPT SHALL BE SENT TO:**

AdaptHealth LLC  
Attn : Legal Department  
555 East North Lane, Suite 5075  
Conshohocken, PA 19428

**NOTICES TO TRITON COLLEGE SHALL BE SENT TO:**

Triton College  
2000 North Fifth Avenue, RM H-120  
River Grove, Illinois 60171  
Attn:  
Dean of Health Careers and Public Service Programs  
Facsimile: (708) 779-4902

With a copy to:

Sarie Winner  
Winner Law  
2344 W Melrose St.  
Chicago, IL 60618

**FOR ADAPT:**

\_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR TRITON COLLEGE:**

\_\_\_\_\_

TITLE Mark R. Stephens, Board Chairman

\_\_\_\_\_

TITLE Tracy Jennings, Secretary

DATE \_\_\_\_\_

**TRITON COLLEGE, District 504  
Board of Trustees**

Meeting of February 17, 2026

ACTION EXHIBIT NO. 17338

**SUBJECT: APPROVAL AND RELEASE OF CLOSED SESSION MINUTES OF THE BOARD OF TRUSTEES**

**RECOMMENDATION:** That the Board of Trustees approve the September 23, 2025 Closed Session Minutes and authorize release of the Closed Session Minutes of the same date. No closed session meetings were held on 7/15/25, 8/26/25, 10/21/25, 11/18/25, and 12/16/25.

**RATIONALE:** In keeping with the Illinois Community College Act, the Board of Trustees reviews Closed Session minutes as scheduled at least every 6 months to determine release and availability through Freedom of Information Act requests.

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*Sean Sullivan*

**Submitted to Board by:** \_\_\_\_\_  
Sean O'Brien Sullivan, Vice President of Business Services

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**Board Officers' Signatures Required:**

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**Mark R. Stephens**  
Chairman

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**Tracy Jennings**  
Secretary

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**Date**

Related forms requiring Board signature: Yes  No

**TRITON COLLEGE, District 504  
Board of Trustees**

Meeting of February 17, 2026

ACTION EXHIBIT NO. 17339

**SUBJECT: DESTRUCTION OF CLOSED SESSION VERBATIM RECORDINGS**

**RECOMMENDATION:** That the Board of Trustees approve the destruction of two (2) verbatim recordings of the Closed Session of the Board of Trustees made on 1/23/24 and 2/5/24, (special meeting), in accordance with Illinois law. No closed session meetings were held on 2/20/24, 3/19/24, 4/16/24, and 6/18/24. The Closed Session verbatim recording of 5/21/24 shall be maintained at this time due to the discussion of ongoing litigation.

**RATIONALE:** Illinois Law, 5 ILCS 120/2.06(a) et.seq. (Open Meetings Act) requires the verbatim recording of all Closed Sessions of the Board of Trustees. This law became effective January 1, 2005, and Triton has been compliant since October of 2003. Verbatim records may be destroyed after 18 months if: (1) the public body approves destruction of a particular recording; and (2) the public body approves minutes of the closed meeting session, 5 ILCS 120/2.06(c). Triton has complied with all obligations of the law.

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*Sean Sullivan*

**Submitted to Board by:** \_\_\_\_\_  
Sean O'Brien Sullivan, Vice President of Business Services

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**Board Officers' Signatures Required:**

\_\_\_\_\_  
**Mark R. Stephens  
Chairman**

\_\_\_\_\_  
**Tracy Jennings  
Secretary**

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

Related forms requiring Board signature: Yes  No

Exterior Landscape Maintenance – 2026

9 firms submitted bids for the Exterior Landscape Maintenance 2026 Services. An advertisement for bid was placed in the Chicago Tribune - West Cook County Zone. Immediately after the closing hour for receiving bids, which was at 1:00 p.m. local time, Thursday, January 29, 2026, the bids were publicly opened and read aloud in room A-308 by John Lambrecht, O & M, and Daniel Stephens, Purchasing, and witnessed by James Pechacek, and Steve Mazurek, O & M, and representatives from Sebert Landscape, Beary Landscape Management, Ryco Landscaping, Apex, Balanced Environment, Brightview, and Langten.

It is recommended that the Board of Trustees accept the proposals submitted by Beary Landscape Management with their low specified bid. These items were competitively bid according to state statutes.

Recommendation along with tabulation is attached.

COMPANY	NET COST
Beary Landscape Management 15001 W. 157 <sup>th</sup> St. Lockport, IL 60491	\$297,075.00

APPROVED:



Sean O'Brien Sullivan  
Vice President – Business Services

		A/C Number	02-70300510-530400010
		A/C Name	Ground Maintenance
Budget FY26	\$455,000.00	Budget FY27	\$455,000.00
Prev. Expend.	\$0.00	Prev. Expend	\$0.00
Schedule	\$97,600.00	Schedule	\$99,025.00
Balance	\$357,400.00	Balance	\$355,975.00
		Budget FY28	\$455,000.00
		Prev. Expend.	\$0.00
		Schedule	\$100,450.00
		Balance	\$354,550.00

EXTERIOR LANDSCAPE MAINTENANCE 2026 BID TABULATION

	Beary Landscape	Sebert Landscape	Alvarez	Balanced Environment	Mark 1 Landscape	Langten Group	Apex	Brightview	Ryco Landscaping
Bid Security	Bid Bond	Bid Bond	Bid Bond	Cashiers Check	Bid Bond	Bid Bond	Bid Bond	Bid Bond	Certified Check
<b>2026</b>									
Annual Maintenance Cost	\$72,400.00	\$85,000.00	\$89,000.00	\$119,840.00	\$84,435.00	\$125,694.00	\$165,679.00	\$105,440.00	\$74,000.00
Mulch Spreading 225 CY	\$10,800.00	\$10,125.00	\$10,350.00	\$10,350.00	\$12,375.00	\$11,250.00	\$15,075.00	\$5,625.00	\$13,500.00
Soil & Seed 12,000 SF	\$14,400.00	\$14,400.00	\$14,400.00	\$10,200.00	\$10,800.00	\$2,400.00	\$780.00	\$8,400.00	\$12,000.00
Mulch Spreading PCY Labor Only	\$48.00	\$45.00	\$46.00	\$46.00	\$55.00	\$50.00	\$67.00	\$25.00	\$60.00
Sod Installation P10SF	\$18.00	\$15.00	\$18.00	\$39.00	\$18.10	\$11.00	\$1.40	\$7.50	\$20.00
Soil & Seed P10SF	\$12.00	\$12.00	\$12.00	\$8.50	\$9.00	\$2.00	\$0.65	\$7.00	\$10.00
Hourly Rate Maintenance Work	\$46.00	\$46.00	\$45.00	\$37.00	\$55.00	\$84.00	\$54.00	\$65.00	\$48.00
Hourly Rate Enhancement Work	\$68.00	\$75.00	\$69.00	\$65.00	\$85.00	\$97.00	\$67.00	\$85.00	\$68.00
<b>2026 Total Cost</b>	<b>\$97,600.00</b>	<b>\$109,525.00</b>	<b>\$113,750.00</b>	<b>\$140,390.00</b>	<b>\$107,610.00</b>	<b>\$139,344.00</b>	<b>\$181,534.00</b>	<b>\$119,465.00</b>	<b>\$99,500.00</b>
<b>2027</b>									
Annual Maintenance Cost	\$72,400.00	\$85,000.00	\$89,500.00	\$119,840.00	\$84,435.00	\$129,465.00	\$165,679.00	\$107,549.00	\$75,000.00
Mulch Spreading 225 CY	\$11,025.00	\$10,125.00	\$10,575.00	\$10,350.00	\$12,375.00	\$11,700.00	\$15,075.00	\$5,625.00	\$13,500.00
Soil & Seed 12,000 SF	\$15,600.00	\$14,400.00	\$15,600.00	\$10,200.00	\$10,800.00	\$2,400.00	\$780.00	\$8,400.00	\$12,000.00
Mulch Spreading PCY	\$49.00	\$45.00	\$47.00	\$46.00	\$55.00	\$52.00	\$67.00	\$25.00	\$60.00
Sod Installation P10SF	\$19.00	\$15.00	\$19.00	\$39.00	\$18.10	\$12.00	\$1.40	\$7.50	\$20.00
Soil & Seed P10SF	\$13.00	\$12.00	\$13.00	\$8.50	\$9.00	\$2.00	\$0.65	\$7.00	\$10.00
Hourly Rate Maintenance Work	\$47.00	\$46.00	\$46.00	\$37.00	\$55.00	\$84.00	\$54.00	\$65.00	\$48.00
Hourly Rate Enhancement Work	\$69.00	\$75.00	\$70.00	\$65.00	\$85.00	\$97.00	\$67.00	\$85.00	\$68.00
<b>2027 Total Cost</b>	<b>\$99,025.00</b>	<b>\$109,525.00</b>	<b>\$115,675.00</b>	<b>\$140,390.00</b>	<b>\$107,610.00</b>	<b>\$143,565.00</b>	<b>\$181,534.00</b>	<b>\$121,574.00</b>	<b>\$100,500.00</b>
<b>2028</b>									
Annual Maintenance Cost	\$72,400.00	\$85,000.00	\$90,000.00	\$123,432.00	\$88,000.00	\$133,349.00	\$170,650.00	\$109,700.00	\$76,000.00
Mulch Spreading 225 CY	\$11,250.00	\$10,125.00	\$10,800.00	\$10,660.50	\$12,375.00	\$11,925.00	\$15,075.00	\$5,625.00	\$13,500.00
Soil & Seed 12,000 SF	\$16,800.00	\$14,400.00	\$16,800.00	\$10,500.00	\$10,800.00	\$3,600.00	\$780.00	\$8,400.00	\$12,000.00
Mulch Spreading PCY	\$50.00	\$45.00	\$48.00	\$47.38	\$55.00	\$53.00	\$67.00	\$25.00	\$60.00
Sod Installation P10SF	\$20.00	\$15.00	\$20.00	\$40.15	\$18.10	\$13.00	\$1.40	\$7.50	\$20.00
Soil & Seed P10SF	\$14.00	\$12.00	\$14.00	\$8.75	\$9.00	\$3.00	\$0.65	\$7.00	\$10.00
Hourly Rate Maintenance Work	\$48.00	\$46.00	\$47.00	\$38.11	\$55.00	\$86.00	\$54.00	\$65.00	\$48.00
Hourly Rate Enhancement Work	\$70.00	\$75.00	\$71.00	\$67.00	\$85.00	\$99.00	\$67.00	\$85.00	\$68.00
<b>2028 Total Cost</b>	<b>\$100,450.00</b>	<b>\$109,525.00</b>	<b>\$117,600.00</b>	<b>\$144,592.50</b>	<b>\$111,175.00</b>	<b>\$148,874.00</b>	<b>\$186,505.00</b>	<b>\$123,725.00</b>	<b>\$101,500.00</b>
<b>3 Year Total</b>	<b>\$297,075.00</b>	<b>\$328,575.00</b>	<b>\$347,025.00</b>	<b>\$425,372.50</b>	<b>\$326,395.00</b>	<b>\$431,783.00</b>	<b>\$549,573.00</b>	<b>\$364,764.00</b>	<b>\$301,500.00</b>

## Memorandum

January 29, 2026

To: Sean Sullivan  
V.P. Business Services

From: John Lambrecht  
Associate Vice President, Facilities



RE: Exterior Landscape – 2026



Operations & Maintenance

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Triton College received 9 bids from vendors for the Exterior Landscape Services 2026 Bid.

We have carefully reviewed the bids and found Beary Landscape Management to be the lowest responsible bidder.

In addition, Beary Landscape Management was awarded a previous contracts for landscape services at the college and performed very well.

I recommend that the bid be awarded to Beary Landscape Management in the total amount of \$297,075.00 for a 3 year period.

Thanks, and please feel free to call with any questions,

John