



**Regular Meeting of the  
Board of Trustees**

**Agenda**

**Tuesday, March 19, 2024**

- I. CALL TO ORDER** March 19, 2024 at 6:30 p.m.  
Boardroom, A-300
- II. PLEDGE OF ALLEGIANCE**
- III. ROLL CALL**
- IV. APPROVAL OF BOARD MINUTES – VOLUME LX**  
Minutes of the Special Board Meeting of February 5, 2024, No. 11  
Minutes of the Regular Board Meeting of February 20, 2024, No. 12
- 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
    - 17004 Budget Transfers
    - 17005 Certificate of Final Completion and Authorization of Final Payment for the R-221 Renovation and Abatement Project
    - 17006 Authorization for Release and Sale of College Property through the Obenauf Auction Site

- 17007 Ellucian Recruiter Software Renewal
- 17008 Agreement with Kindred Hospital Chicago Lakeshore
- 17009 Agreement with Kindred Hospital Chicago North
- 17010 Agreement with Northwest Community Healthcare for Respiratory Care
- 17011 Agreement with Swedish Hospital for Respiratory Care
- 17012 Facility Usage Fee Reduction: PACE Suburban Bus
- 17013 Addition and Change of Course Fees for Inclusive Access Program  
Effective Fall 2024
- 17014 Curriculum Recommendations

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

\*Administrative Contracts

Garrick Abezetian, Associate Vice President of Athletics & Athletic Activities  
Purva DeVol, Associate Vice President of Institutional Advancement  
Michael Garrity, Associate Vice President of Information Systems  
Paul Jensen, Associate Vice President of Academic Innovation &  
Workforce Education  
Joseph Klinger, Associate Vice President of Human Resources  
John Lambrecht, Associate Vice President of Facilities  
Colleen Rockafellow, Associate Vice President of Business Operations  
Jeanette Bartley, Dean of Arts & Sciences  
Humberto Espino, Assistant Vice President of Technology & Innovation  
Pamela Harmon, Dean of Health Careers & Public Service Programs  
Denise Jones, Dean of Retention & Student Engagement  
Hilary Meyer, Dean of Academic Success  
Bianca Sola-Perkins, Dean of Continuing Education  
Alexandria Terrazas, Dean of Early College Programs  
Kurian Tharakunnel, Executive Director of Research & Institutional  
Effectiveness  
Sam Tolia, Director of Marketing Services  
Julia Willis, Dean of Students  
Michael Crenshaw, Associate Dean of Arts & Sciences  
Mel Loucks, Associate Dean of Arts & Sciences  
Thomas Panas, Director of Financial Aid  
Ty Perkins, Associate Dean of Health Careers & Public Service Programs  
James Reynolds, Executive Director of Finance  
Carina Santoyo, Director of Admissions  
Katie Rullo, Associate Dean of Continuing Education

Shelley Tiwari, Director of Faculty Development & Student Success  
Chrys Albarado, Grants Specialist  
Tina Lilly, Director of Business Services  
Brenda Jones Watkins, Special Assistant to the President  
Willie White, Executive Director of Workforce Equity Initiative  
Susan Campos, Vice President of Academic Affairs  
Jodi Koslow Martin, Vice President of Enrollment Management &  
Student Affairs  
Sean Sullivan, Vice President of Business Services  
Gregg Beglau, Dean of Adult Education

**XIV. COMMUNICATIONS – INFORMATION**

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

**XV. ADJOURNMENT**

\*Contracts are posted on the Triton College Board of Trustees Website under Meeting Schedule (<https://www.triton.edu/about/administration/board-of-trustees/>).

**CALL TO ORDER/ROLL CALL**

Chairman Mark Stephens called the special meeting of the Board of Trustees to order in Café 64 at 5:18 p.m. The following roll call was taken.

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

**CITIZEN PARTICIPATION**

None.

**CLOSED SESSION**

Mrs. Potter made a motion to go into Closed Session to discuss and consider the hiring, discipline, performance, and compensation of certain personnel, self-evaluation, practices and procedures, or professional ethics, when meeting with representatives of a statewide association of which the public body is a member, matters of collective bargaining, acquisition of real property, and matters of pending, probable, or imminent litigation, seconded by Mr. Johnson.

Roll Call Vote:

Affirmative: Ms. Alvarez, Mr. Casson, 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 5:19 p.m.

**RETURN TO OPEN SESSION**

Mrs. Potter made a motion to return to Open Session, seconded by Mr. Johnson.

Roll Call Vote:

Affirmative: Ms. Alvarez, Mr. Casson, 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 7:00 p.m.

**ADJOURNMENT**

Motion was made by Mrs. Potter to adjourn the Special Meeting of the Board, seconded by Mr. Jennings. Voice vote carried the motion unanimously. Mr. Stephens adjourned the meeting at 7:00 p.m.

Submitted by: Mark R. Stephens  
Board Chairman

Tracy Jennings  
Board Secretary

Susan Page  
Susan Page, Recording Secretary

**CALL TO ORDER/ROLL CALL**

Chairman Mark Stephens called the regular meeting of the Board of Trustees to order in the Boardroom at 6:55 p.m. The following roll call was taken.

Present: Ms. Naidelin Alvarez, Mr. Tracy Jennings, Mr. Glover Johnson,  
Mr. Mark Stephens, Ms. Diane Viverito.

Absent: Mr. Luke Casson, Mrs. Elizabeth Potter, Mr. Rich Regan.

Mr. Stephens commented that Trustee Regan is travelling, Trustee Potter has a conflicting family appointment, and Trustee Casson was here but left for a family issue.

**APPROVAL OF BOARD MINUTES**

Ms. Viverito made a motion, seconded by Mr. Johnson, to approve the minutes of the Regular Board Meeting of January 23, 2024. Voice vote carried the motion unanimously.

**COMMENTS ON THIS AGENDA**

None.

**CITIZEN PARTICIPATION**

None.

**REPORTS/ANNOUNCEMENTS – Employee Groups**

Faculty Association President Leslie Wester reported that faculty were involved in a great HLC visit.

Mid-Management Association President Dorota Krzykowska reported that Jason Lemberg, Director of Intervention, is the new Mid-Management representative on College Council. She discussed Mr. Lemberg’s very active involvement on campus and in committees.

Adjunct Faculty Association President Bill Justiz commented on the HLC visit and congratulated the college on enrollment.

**STUDENT SENATE REPORT**

TCSA President Journey Manuel reported that students participated in the HLC visit. She commented that “Pack the Place” basketball games were successful, Spring Break trips are coming up for student groups, and at the next ICCB student meeting, the focus will be on college affordability and open resources.

**BOARD COMMITTEE REPORTS**

Academic Affairs/Student Affairs

Ms. Viverito reported that the committee met and reviewed items pertaining to academic and student affairs, support the items presented, and recommend them to the Board of Trustees.

Finance/Maintenance & Operations

Mr. Jennings reported that the committee met on February 7 and reviewed sixteen new business items and one purchasing schedule. All were unanimously approved and sent to the Board with a recommendation for approval.

**ADMINISTRATIVE REPORT**

None.

**PRESIDENT'S REPORT**

None.

**CHAIRMAN'S REPORT**

Chairman Stephens discussed the recent Higher Learning Commission visit, thanking everyone involved in preparing for and carrying out the visit. He recognized Dr. Purva DeVol for her coordination of the process, as well as the president and senior staff, and everyone who was involved, including hourlies, classified, mid-managers, and faculty. Mr. Stephens expressed his pride in serving on the Triton College Board of Trustees, thanking everyone for showing HLC that Triton's main concern is students and student success.

**NEW BUSINESS**

ACTION EXHIBITS

**16985 Board of Trustees Travel**

Mr. Johnson made a motion to approve **Board of Trustees Travel**, seconded by Mr. Jennings.

Roll Call Vote:

Affirmative: Ms. Alvarez, Mr. Jennings, Mr. Johnson, Ms. Viverito, Mr. Stephens.

Absent: Mr. Casson, Mrs. Potter, Mr. Regan.

Motion carried 4-0 with the Student Trustee voting yes.

**16986 Budget Transfers**

**16987 Certificate of Final Completion and Payment for the East Dome RTU Replacement Project**

**16988 Everest Energy & Control Technologies, LLC**

**16989 Agreement with Elmhurst Memorial Hospital**

**16990 Agreement with University of Illinois Hospital and Health Science Systems**

**16991 Agreement with Northshore University Health System for Radiologic Technology**

**16992 Agreement with Northshore University Health System for Surgical Technology**

**16993 Pre-Employment Welding Boot Camp – West40**

**16994 Pre-Employment Welding Boot Camp – Speer Academy**

**16995 Facility Usage Fee Reduction: PACE Suburban Bus**

**16996 Agreement with Accessible Information Management**

- 16997 College for Kids Camp
- 16998 Network of Illinois Learning Resources in Community College (NILRC) Agreement
- 16999 Tennessee College Tour for TRIO Students
- 17000 Georgia College Tour for SURGE & TRIUMPH Students
- 17001 Approval and Release of Closed Session Minutes of the Board of Trustees
- 17002 Destruction of Closed Session Verbatim Recordings
- 17003 Probo Medical, LLC

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

#### PURCHASING SCHEDULE

##### **B46.10 Continuing Ed Guide – Summer 2024**

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

#### BILLS AND INVOICES

Ms. Alvarez made a motion, seconded by Mr. Regan, to pay the Bills and Invoices in the amount of \$1,608,630.66.

Roll Call Vote:

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

Motion carried 4-0 with the Student Trustee voting yes.

#### **HUMAN RESOURCES REPORT**

##### **1.0 Faculty**

Ms. Alvarez made a motion, seconded by Ms. Viverito, to approve pages 1 – 4 of the Human Resources Report, items 1.1.01 through 1.6.01. Voice vote carried the motion unanimously.

##### **2.0 Adjunct Faculty**

Ms. Alvarez made a motion, seconded by Mr. Johnson, to approve pages 5 – 10 of the Human Resources Report, items 2.1.01 through 2.7.01. Voice vote carried the motion unanimously.

##### **3.0 Administration**

Mr. Jennings made a motion, seconded by Ms. Alvarez, to approve page 11 of the Human Resources Report, item 3.1.01. Voice vote carried the motion unanimously.

**4.0 Classified, Police & Engineers**

Ms. Viverito made a motion, seconded by Ms. Alvarez, to approve pages 12 – 13 of the Human Resources Report, items 4.1.01 through 4.7.01. Voice vote carried the motion unanimously.

**5.0 Mid-Management**

Ms. Viverito made a motion, seconded by Ms. Alvarez, to approve page 14 of the Human Resources Report, items 5.1.01 through 5.2.02. Voice vote carried the motion unanimously.

**6.0 Hourly Employees**

Mr. Johnson made a motion, seconded by Ms. Alvarez, to approve pages 15 – 16 of the Human Resources Report, items 6.1.01 through 6.2.01. Voice vote carried the motion unanimously.

**7.0 Other**

Ms. Viverito made a motion, seconded by Ms. Alvarez, to approve page 17 of the Human Resources Report, items 7.1.01 through 7.3.01. 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. Mr. Stephens adjourned the meeting at 7:15 p.m.

Submitted by: Mark R. Stephens  
Board Chairman

Tracy Jennings  
Board Secretary

Susan Page  
Susan Page, Recording Secretary



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

Meeting of March 19, 2024

ACTION EXHIBIT NO. 17004

**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 2024  
FOR THE PERIOD 2/1/24 to 2/29/24**

FROM			TO		
ID#	AREA	ACCT #	AREA	ACCT #	AMOUNT
<b>EDUCATION FUND</b>					
1	PHYSICS	01-10101555-580500005	SCIENCE	01-10101565-540100210	\$ 4,772.00
2	SCIENCE	01-10101565-540900505	SCIENCE	01-10101565-530400010	10,000.00
3	Philosophy	01-10102030-550300010	Philosophy	01-10102030-540600010	1,100.00
4	Visual Communications	01-10102555-550200010	Visual Communications	01-10102555-540600010	467.00
5	Adult Basic/Secon. Ed	01-10600510-550100005	Adult Basic/Secon. Ed	01-10600510-540200010	234.00
6	Dean of Retention	01-30200520-530900010	Dean of Retention	01-30200520-540100110	500.00
7	Dean of Retention	01-30200520-530900010	Dean of Retention	01-30200520-540200005	1,250.00
8	Dean of Retention	01-30200520-530900010	Dean of Retention	01-30200520-540200010	250.00
9	Dean of Retention	01-30200520-530900010	Dean of Retention	01-30200520-540600005	300.00
10	Dean of Retention	01-30200520-530900010	Dean of Retention	01-30200520-540900505	5,700.00
11	Dean of Retention	01-30200520-530900010	Dean of Retention	01-30200520-550100005	8,000.00
12	Dean of Retention	01-30200520-530900010	Dean of Retention	01-30200520-550300005	21,115.00
13	Asst VP Tech & Innovation	01-80100545-580500010	Asst VP Tech & Innovation	01-80100545-530900010	3,250.00
14	Finance	01-80200510-530900010	Finance	01-80200510-540900505	2,141.00
<b>TOTAL EDUCATION FUND</b>					<b>\$ 59,079.00</b>

FROM			TO		
ID#	AREA	ACCT #	AREA	ACCT #	AMOUNT
<b>BUILDING FUND</b>					
15	Building Operations 2	02-70100535-540400015	Building Operations 1	02-70100510-530400010	\$ 10,424.00
<b>TOTAL BUILDING FUND</b>					<b>\$ 10,424.00</b>

FROM			TO		
ID#	AREA	ACCT #	AREA	ACCT #	AMOUNT
<b>AUXILIARY FUND</b>					
16	Athletics	05-60400505-540900505	Athletics	05-60400505-530900010	\$ 2,500.00
<b>TOTAL AUXILIARY FUND</b>					<b>\$ 2,500.00</b>

**PROPOSED BUDGET TRANSFERS - FY 2024  
FOR THE PERIOD 2/1/24 to 2/29/24**

FROM			TO		
ID#	AREA	ACCT #	AREA	ACCT #	AMOUNT
<b>RESTRICTED FUND</b>					
17	Westlake	06-10405013-530900010	Westlake	06-10405013-540100240	\$ 1,000.00
18	Westlake	06-10405013-550200015	Westlake	06-10405013-540700005	900.00
19	Westlake	06-10405013-590900010	Westlake	06-10405013-540700005	900.00
20	AEF-ADULT ED - FEDERAL	06-10605005-590200000	AEF-ADULT ED - FEDERAL	06-10605005-550200005	1,000.00
21	AEF-ADULT ED - FEDERAL	06-10605005-590200000	AEF-ADULT ED - FEDERAL	06-10605005-550300005	2,000.00
22	PEN - Perkins Enrollment	06-20905001-550100005	PEN - Perkins Enrollment	06-20905001-540100240	250.00
23	LTR-RSVP-Leyden Township	06-40405003-550900005	LTR-RSVP-Leyden Township	06-40405003-540901005	1,769.00
24	CNS-RSVP	06-40405004-530900010	CNS-RSVP	06-40405004-540100110	200.00
25	CNS-RSVP	06-40405004-550100005	CNS-RSVP	06-40405004-540100110	644.71
26	CNS-RSVP	06-40405004-550100020	CNS-RSVP	06-40405004-540100110	1,205.20
27	CNS-RSVP	06-40405004-550200005	CNS-RSVP	06-40405004-540100110	1,168.78
28	CNS-RSVP	06-40405004-550300005	CNS-RSVP	06-40405004-540100110	1,111.00
<b>TOTAL RESTRICTED FUND</b>					<b>\$ 12,148.69</b>
<b>TOTAL PROPOSED BUDGET TRANSFERS</b>					<b>\$ 84,151.69</b>

### Budget Transfer Form

Dollar Amount

\$4772

From what Budget Account

01 10101555 580500005

Object Code Description

Physics: Equipment - Office >5k

To what Budget Account

01 10101565 540100210

Science: Instructional Supplies

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 office equipment originally budgeted was purchased with different line items in the Science budget and the money in this line is no longer needed.

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

There are a few last minute purchases for science consumables to finish this Spring and get us through summer before the next fiscal year that will need to come out of this Instructional Supply line.

Required Signatures

Requestor

DocuSigned by: Sheldon Turner 2/22/2024

Cost Center Manager

DocuSigned by: Sheldon Turner 2/22/2024

Associate Dean (if Applicable)

DocuSigned by: 2/22/2024

Dean (if Applicable)

DocuSigned by: Jeanette Bartley 2/27/2024

Associate Vice President

DocuSigned by: Paul Jensen 2/27/2024

Area Vice President

DocuSigned by: Susan Campos 2/27/2024

### BUSINESS OFFICE APPROVALS

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

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

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

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

VP of Business Services: \_\_\_\_\_ *2/28/24*

Entered by: B 7223 73 2/28/24

### Budget Transfer Form

Dollar Amount

\$10,000

From what Budget Account

01 10101565 540900505

Object Code Description

Science: Other Materials & Supplies

To what Budget Account

01 10101565 530400010

Science: Maintenance 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:

We have purchased all the needed classroom or storage furniture needed for the fiscal year.

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

We have a few pieces of equipment that are in need of maintenance (dishwasher ~\$1800, Millipore purifier ~\$4500) and we sometimes have emergency maintenance needed.

**Required SIGNATURE**

Requestor

DocuSigned by: Sheldon Turner 2/22/2024

Cost Center Manager

DocuSigned by: Sheldon Turner 2/22/2024

Associate Dean (if Applicable)

DocuSigned by: 2/22/2024

Dean (if Applicable)

Jeanette Bartley 2/27/2024

Associate Vice President

DocuSigned by: Paul Jensen 2/27/2024

Area Vice President

DocuSigned by: Susan Campos 2/27/2024

### BUSINESS OFFICE APPROVALS

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

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

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

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

VP of Business Services: \_\_\_\_\_ *2/28/24*

Entered by: 137224 73 2-28-24

### Budget Transfer Form

**Dollar Amount** \$1100

**From what Budget Account** 01 10102030 550300010 **Object Code Description** Prof-Development Travel out of State

**To what Budget Account** 01 10102030 540600010 **Object Code Description** Prof-Development Publications & Dues

**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:  
 To allow faculty to purchase publications.

**Explain specifically why additional funds are needed in the receiving account:**  
 Faculty have decided to purchase publications instead of traveling.

**Required Signatures**

<b>Requestor</b>	DocuSigned by: <i>Eugene Enright Muhammad</i> 14688001098548F	2/24/2024
<b>Cost Center Manager</b>	DocuSigned by: <i>Eugene Enright Muhammad</i> 74658001098548F	2/24/2024
<b>Associate Dean (If Applicable)</b>	DocuSigned by: <i>[Signature]</i> 027128300034403	2/25/2024
<b>Dean (If Applicable)</b>	DocuSigned by: <i>Jeanette Bartley</i> 027128300034403	2/26/2024
<b>Associate Vice President</b>	DocuSigned by: <i>Paul Jensen</i> 027128300034403	2/27/2024
<b>Area Vice President</b>	DocuSigned by: <i>Susan Campos</i> 8708745E08A6449	2/27/2024

### BUSINESS OFFICE APPROVALS

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

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

**Exec. Director of Finance:** \_\_\_\_\_ *[Signature]*

**Exec. Dir. of Bus. Operations:** \_\_\_\_\_ *[Signature]*

**VP of Business Services:** \_\_\_\_\_ *[Signature]* 2/28/24

**Entered by:** B7222 73 2-28-24

Budget Transfer Form

Dollar Amount \$467.00

From what Budget Account 01 10102555 550200010 Object Code Description Visual Communications: Travel -In State

To what Budget Account 01 10102555 540600010 Object Code Description Visual Communications Publications and Dues

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:  
 There are no upcoming In-state Visual Communication conferences to travel to.

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

VIC needs to renew the membership to PPA - Professional Photographers of America. The current membership expires in April 2024. The renewal cost is \$323.00. There are not enough funds to cover the cost in the Professional Development Publications and Dues.

Required Signatures

**Requestor** Jill LoBianco-Bartalis 2/13/2024

**Cost Center Manager** Jill LoBianco-Bartalis 2/13/2024

**Associate Dean (If Applicable)** [Signature] 2/13/2024

**Dean (If Applicable)** Jeanette Bartley 2/13/2024

**Associate Vice President** Paul Jensen 2/13/2024

**Area Vice President** Susan Campos 2/13/2024

**BUSINESS OFFICE APPROVALS**

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

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

Exec. Director of Finance: [Signature]

Exec. Dir. of Bus. Operations: [Signature]

VP of Business Services: [Signature]

Entered by: B7196 TB 2/16/24

### Budget Transfer Form

Dollar Amount

\$234.00

From what Budget Account

01 - 10600510 - 550100005

Object Code Description

Adult Basic/Secun. Ed. - Meeting Expenses

To what Budget Account

01 - 10600510 - 540200010

Adult Basic/Secun. Ed. - Copier Charge

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:

Funds in this line will be underspent by the end of the FY, attributed to lower-than-anticipated requirements for meeting expenditures.

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

Funds will be used to replenish the budget for copier charges for Adult Education Department Faculty and Staff.

**Required Signatures**

Requestor

DocuSigned by: Zelda M. Frisette 2/15/2024

Cost Center Manager

DocuSigned by: Purna DeVol 2/15/2024

Associate Dean (If Applicable)

\_\_\_\_\_

Dean (If Applicable)

\_\_\_\_\_

Associate Vice President

DocuSigned by: Paul Jensen 2/15/2024

Area Vice President

DocuSigned by: Susan Campos 2/16/2024

### BUSINESS OFFICE APPROVALS

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

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

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

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

VP of Business Services: \_\_\_\_\_

*Handwritten initials and dates:*  
NR  
OF  
SS 2/16/24 cr

Entered by: B7202TB 2/16/24



### Budget Transfer Form

Dollar Amount \$500

From what Budget Account 01 - 30200520 - 530900010 Object Code Description Dean of Retention- Other Contractual Services

To what Budget Account 01 - 30200520 - 540100110 Object Code Description Dean of Retention- Office Supplies

Is this a Grant? Yes  No  \*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

**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- Office Supplies to support funding for Triumph and Surge for materials and supplies. Our department is reallocating funds from other contractual services due to funds being added to this account, because Triumph and Surge does not have a fund account set up at this time.

Explain specifically why additional funds are needed in the receiving account:  
 Funding is needed in Dean of Retention- Office Supplies for the remainder of the fiscal year to purchase items needed by the Triumph and surge department.

**Required Signatures**

**Requestor** Tatiana King 1/25/2024

**Cost Center Manager** Denise Jones 1/25/2024

**Associate Dean (If Applicable)** \_\_\_\_\_ 1/25/2024

**Dean (If Applicable)** Denise Jones 1/25/2024

**Associate Vice President** Hilary Meyer 1/25/2024

**Area Vice President** Jodi Kaylon Martin 1/29/2024

### BUSINESS OFFICE APPROVALS

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

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

Exec. Director of Finance: NR

Exec. Dir. of Bus. Operations: CR

VP of Business Services: S. Sullivan 1/31/24

Entered by: B777 DS 2/1/24

### Budget Transfer Form

Dollar Amount

\$1250

From what Budget Account

01 30200520 530900010

Object Code Description

Dean of Retention- Other Contractual Services

To what Budget Account

01 30200520 540200005

Dean of Retention- Printing

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- printing to support funding for Triumph and Surge for marketing materials to promote rebranded program logo.

Our department is reallocating funds from other contractual services due to funds being added to this account, because Triumph and Surge does not have a fund account set up at this time.

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

Funding is needed in Dean of Retention- printing for the remainder of the fiscal year to purchase marketing items needed by the Triumph and surge department.

**Required Signatures**

Requestor

DocuSigned by: Tatiana Ross 1/25/2024

Cost Center Manager

DocuSigned by: Denise Jones 1/25/2024

Associate Dean (If Applicable)

DocuSigned by: Denise Jones 1/30/2024

Dean (If Applicable)

DocuSigned by: Hilary Meyer 1/30/2024

Associate Vice President

DocuSigned by: Jodi Koslow Martin 2/7/2024

Area Vice President

DocuSigned by: \_\_\_\_\_

**BUSINESS OFFICE APPROVALS**

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

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

Exec. Director of Finance: AM

Exec. Dir. of Bus. Operations: CR

VP of Business Services: \_\_\_\_\_ 2/8/24

Entered by: B7185 DS 2/12/24

### Budget Transfer Form

Dollar Amount

\$250

From what Budget Account

01 - 30200520 - 530900010

Object Code Description

Dean of Retention- Other Contractual Services

To what Budget Account

01 - 30200520 - 540200010

Dean of Retention-Copier Charge

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- copier charge to support funding for Triumph and Surge for copies.

Our department is reallocating funds from other contractual services due to funds being added to this account, because Triumph and Surge does not have a fund account set up at this time.

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

Funding is needed in Dean of Retention- copier charge for the remainder of the fiscal year for copier charges needed by the Triumph and Surge department.

Required Signatures

Requestor

DocuSigned by: Tatiana Ross 1/25/2024

Cost Center Manager

DocuSigned by: Denise Jones 1/25/2024

Associate Dean (if Applicable)

Dean (if Applicable)

DocuSigned by: Denise Jones 1/25/2024

Associate Vice President

DocuSigned by: Hilary Meyer 1/25/2024

Area Vice President

DocuSigned by: Jodi Koslow Martin 1/29/2024

### BUSINESS OFFICE APPROVALS

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

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

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

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

VP of Business Services: *Solomon 1/31/24*

Entered by: *B7176PS 2/1/24*

**Budget Transfer Form**

Dollar Amount

\$300

From what Budget Account

01 30200520 530900010

Object Code Description

Dean of Retention- Other Contractual Services

To what Budget Account

01 30200520 540600005

Dean of Retention- Publications & Dues

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- publications & dues to support funding for Triumph and Surge for membership fees. Our department is reallocating funds from other contractual services due to funds being added to this account, because Triumph Surge does not have a fund account set up at this time.

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

Funding is needed in Dean of Retention- publications & dues for the remainder of the fiscal year to render payment for memberships needed by the Triumph and surge department.

**Required Signatures**

Requestor

DocuSigned by: Tatiana Ross 1/25/2024

Cost Center Manager

DocuSigned by: Denise Jones 1/25/2024

Associate Dean (If Applicable)

DocuSigned by: \_\_\_\_\_ 1/25/2024

Dean (If Applicable)

DocuSigned by: Denise Jones 1/25/2024

Associate Vice President

DocuSigned by: Hilary Meyer 1/25/2024

Area Vice President

DocuSigned by: Jodi Koslow Martin 1/29/2024

**BUSINESS OFFICE APPROVALS**

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

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

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

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

VP of Business Services: [Signature] 1/21/24

Entered by: B7178 DSA/1/24

### Budget Transfer Form

Dollar Amount

\$5700

From what Budget Account

01 30200520 530900010

Object Code Description

Dean of Retention- Other Contractual Services

To what Budget Account

01 30200520 540900505

Dean of Retention- Other Materials & Supplies

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-other materials & supplies to support funding for Triumph and Surge for materials and supplies needed for recruitment and programing incentives. Our department is reallocating funds from other contractual services due to funds being added to this account, because Triumph does not have a fund account set up at this time.

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

Funding is needed in Dean of Retention- other materials & supplies for the remainder of the fiscal year to purchase items needed by the Triumph and surge department.

**Required Signatures**

Requestor

DocuSigned by: Tatiana Ross 1/25/2024

Cost Center Manager

DocuSigned by: Denise Jones 1/25/2024

Associate Dean (If Applicable)

DocuSigned by: \_\_\_\_\_ 1/25/2024

Dean (If Applicable)

DocuSigned by: Denise Jones 1/25/2024

Associate Vice President

DocuSigned by: [Signature] 1/25/2024

Area Vice President

DocuSigned by: [Signature] 2/1/2024

**BUSINESS OFFICE APPROVALS**

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

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

Exec. Director of Finance: [Signature]

Exec. Dir. of Bus. Operations: [Signature]

VP of Business Services: [Signature] 2/1/24

Entered by: B7182 DS 2/2/24

Budget Transfer Form

Dollar Amount

\$8000

From what Budget Account

01 - 30200520 - 530900010

Object Code Description

Dean of Retention- Other Contractual Services

To what Budget Account

01 - 30200520 - 550100005

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 to support funding for Triumph and Surge for Annual Scholars Induction, workshops, conference registrations, spring break tour. Our department is reallocating funds from other contractual services due to funds being added to this account, because Triumph and Surge does not have a fund account set up at this time.

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

Funding is needed in Dean of Retention- meeting expense for the remainder of the fiscal year to support the Triumph and Surge department.

Required Signatures

Requestor

DocuSigned by: Tatiana Ross 1/25/2024

Cost Center Manager

DocuSigned by: Denise Jones 1/25/2024

Associate Dean (If Applicable)

DocuSigned by: \_\_\_\_\_ 1/25/2024

Dean (If Applicable)

DocuSigned by: Denise Jones 1/25/2024

Associate Vice President

DocuSigned by: \_\_\_\_\_ 1/25/2024

Area Vice President

DocuSigned by: Hilary Meyer 1/29/2024

DocuSigned by: \_\_\_\_\_ 1/29/2024

DocuSigned by: Sodi Koslow Martin 1/29/2024

DocuSigned by: \_\_\_\_\_ 1/29/2024

**BUSINESS OFFICE APPROVALS**

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

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

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

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

VP of Business Services: Son 1/31/24

Entered by: B7175052/1/24

**Budget Transfer Form**

Dollar Amount

\$21,115.00

From what Budget Account

01 - 30200520 - 530900010

Object Code Description

Dean of Retention- Other Contractual Services

To what Budget Account

01 - 30200520 - 550300005

Dean of Retention- Travel out of state

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- Travel-out of State to support funding for Triumph and Surge for annual spring break college tour, and two potential professional development conferences focused on first year student success for the director and advisors. Our department is reallocating funds from other contractual services due to funds being added to this account, because Triumph and Surge does not have a fund account set up at this time.

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

Funding is needed in Dean of Retention- travel out of state for the remainder of the fiscal year to fund conferences and college tours needed by the Triumph and Surge department. Funds were transferred into Other Contractual Services to be distributed to different accounts.

**Required Signatures**

Requestor

DocuSigned by: Tatiana Kos 1/25/2024

Cost Center Manager

DocuSigned by: Denise Jones 1/25/2024

Associate Dean (if Applicable)

Dean (if Applicable)

DocuSigned by: Denise Jones 1/25/2024

Associate Vice President

DocuSigned by: Hilary Meyer 1/25/2024

Area Vice President

DocuSigned by: Jodi Koslow Martin 2/13/2024

**BUSINESS OFFICE APPROVALS**

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

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

Exec. Director of Finance: AM

Exec. Dir. of Bus. Operations: CR

VP of Business Services: SS CR 2/14/24

Entered by: 137197 73 2/14/24

### Budget Transfer Form

**Dollar Amount** \$3,250.00

**From what Budget Account** 01 80100545 580500010 **Object Code Description** Equipment - Computers > 5K

**To what Budget Account** 01 80100545 530900010 **Object Code Description** 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:**  
 Project costs associated with hardware computer equipment > 5k were less than anticipated, resulting in funding being available to put toward Explorance Blue professional services for software transition upgrades.

**Explain specifically why additional funds are needed in the receiving account:**  
 Professional services are needed for the Transition Guidance and Assistance to upgrade the Online Student Evaluation system from version Blue8 to the latest version, Explorance Blue9.

**Required Signatures**

**Requestor** Humberto Espino 2/20/2024  
DocuSigned by: Humberto Espino 7F07EAF0102F400...

**Cost Center Manager** Humberto Espino 2/20/2024  
DocuSigned by: Humberto Espino 7F57EAF0102F400...

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

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

**Associate Vice President** Michael Garrity 2/20/2024  
DocuSigned by: Michael Garrity F0A0B0F300CA190...

**Area Vice President** Sean Sullivan 2/22/2024  
DocuSigned by: Sean Sullivan 042220251EC74A1...

### BUSINESS OFFICE APPROVALS

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

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

**Exec. Director of Finance:** MP

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

**VP of Business Services:** Sen 2/23/24

**Entered by:** B007215 73 2/23/24



### Budget Transfer Form

Dollar Amount

\$2,141.00

From what Budget Account

01 - 80200510 - 530900010

Object Code Description

Finance : Other Contractual Services

To what Budget Account

X~~0~~ 01 - 80200510 - 540900505

Finance : Other Materials & Supplies

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:

Less funds are need in Finance : Other Contractual Services.

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

Funds are needed in Finance : Other Materials & supplies to buy check stock.

#### Required Signatures

Requestor

DocuSigned by: Danielle Stephens 1/29/2024

Cost Center Manager

DocuSigned by: Jim Reynolds 1/29/2024

Associate Dean (If Applicable)

\_\_\_\_\_

Dean (If Applicable)

\_\_\_\_\_

Associate Vice President

DocuSigned by: Colleen Rockafellow 1/29/2024

Area Vice President

DocuSigned by: Sean Sullivan 1/31/2024

#### BUSINESS OFFICE APPROVALS

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

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

Exec. Director of Finance: JR

Exec. Dir. of Bus. Operations: OR

VP of Business Services: Sean 2/1/24

Entered by: B7181052/2/24

### Budget Transfer Form

Dollar Amount

\$10424

From what Budget Account

02 - 70100535 - 540400015

Object Code Description

Building Operations 2: Repair Materials & Supp

To what Budget Account

02 - 70100510 - 530400010

Building Operations 1: Maintenance 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:

Their were less expenses than anticipated to date in the account.

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

Funds are needed to replace the A Computer Room Dome Roof Tarp

**Required Signatures**

Requestor

DocuSigned by: John Lambrecht 1/30/2024

Cost Center Manager

DocuSigned by: John Lambrecht 1/30/2024

Associate Dean (If Applicable)

\_\_\_\_\_

Dean (If Applicable)

\_\_\_\_\_

Associate Vice President

DocuSigned by: Colleen Rockafellow 1/30/2024

Area Vice President

DocuSigned by: Sean Sullivan 1/31/2024

### BUSINESS OFFICE APPROVALS

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

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

Exec. Director of Finance: AK

Exec. Dir. of Bus. Operations: CR

VP of Business Services: Sean 2/1/24

Entered by: B7183 DS/2/2/24

### Budget Transfer Form

**Dollar Amount** \$2,500.00

**From what Budget Account** 05 - 60400505 - 540900505 **Object Code Description** Athletics: Other Materials & Supplies

**To what Budget Account** 05 - 60400505 - 530900010 **Object Code Description** Athletics: 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:  
Delayed spending for Athletic equipment.

Explain specifically why additional funds are needed in the receiving account:  
Increased costs due to inflation after initial budget estimate.

**Required Signatures**

**Requestor** Yaren Hernandez 2/8/2024

**Cost Center Manager** Garrick Abuzetian 2/12/2024

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

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

**Associate Vice President** Colleen Rockafellow 2/26/2024

**Area Vice President** Sean Sullivan 2/26/2024

### BUSINESS OFFICE APPROVALS

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

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

**Exec. Director of Finance:** AM

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

**VP of Business Services:** SL 2/27/24

**Entered by:** B7217 TB 2-27-24

### Budget Transfer Form

Dollar Amount

\$1000.00

From what Budget Account

06 10405013 530900010

Object Code Description

Contractual Services

To what Budget Account

06 10405013 540100240

Student Supplies



Is this a Grant?  
Yes  No

\*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? Elizabeth Zydron

Include Attachments: Yes  No

**Rationale:**

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

Based on a projection from the previous semester, funds for contractual services reimbursement will be underspent by the end of FY24

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

Funds will be used for student supplies. This is an allowable transfer under Westlake Scholarship/Grant guidelines.

**Required Signatures**

Requestor

DocuSigned by: karina Santos 2/23/2024

Cost Center Manager

DocuSigned by: Christine Debush 2/23/2024

Associate Dean (If Applicable)

DocuSigned by: [Signature] 2/23/2024

Dean (If Applicable)

DocuSigned by: [Signature] 2/23/2024

Associate Vice President

DocuSigned by: Paul Jensen 2/23/2024

Area Vice President

DocuSigned by: Susan Campos 2/23/2024

**BUSINESS OFFICE APPROVALS**

Grant Accountant:

E Zydron

2/27/24

Asst. Director of Finance

[Signature]

Exec. Director of Finance:

[Signature]

Exec. Dir. of Bus. Operations:

[Signature]

Entered by: B7220 TB 2.27.24

VP of Business Services:

[Signature] 2/27/24

### Budget Transfer Form

Dollar Amount \$900.00

From what Budget Account 06 10405013 550200015 Object Code Description Westlake6 4thYR : Mileage Reim

To what Budget Account 06 10405013 540700005 Westlake6 4thYR : Advertising

<sup>DS</sup>  
(P)

Is this a Grant?  
Yes [  ] No [  ]

\*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? Susan Zefeldt

Include Attachments: Yes [  ] No [  ]

**Rationale:**

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

Based on a projection from the previous semester, funds for clinical mileage reimbursement will be underspent by the end of FY24

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

Funds will be used for branded supplies for events and Westlake meetings  
This is an allowable transfer under Westlake Scholarship/Grant guidelines.

Required Signatures

**Requestor** DocuSigned by: Karina Santos 2/16/2024  
83C93706404F48E

**Cost Center Manager** DocuSigned by: [Signature] 2/16/2024  
E5D20A732509413

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

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

**Associate Vice President** DocuSigned by: Paul Jensen 2/16/2024  
815C008501974DE

**Area Vice President** DocuSigned by: Susan Campos 2/19/2024  
87D8745E08A6449

**BUSINESS OFFICE APPROVALS**

Grant Accountant: [Signature] E. Lydson 2/21/24

Asst. Director of Finance: [Signature]

Exec. Director of Finance: [Signature]

Exec. Dir. of Bus. Operations: [Signature]

VP of Business Services: [Signature] 2/21/24

Entered by: B 7211 B 2/21/24

### Budget Transfer Form

**Dollar Amount** \$900

**From what Budget Account** 06 10405013 590900010 **Object Code Description** westlake: childcare

**To what Budget Account** 06 10405013 540700005 **Object Code Description** westlake: Advertising

Is this a Grant?  Yes  No  **\*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? Elizabeth Zydron Include Attachments: Yes  No

**Rationale:**

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

No Westlake scholarship recipients requested childcare expense reimbursements for fall 2023. This line will be underspent by the end of FY24.

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

Funds will be used for Westlake branded promotional materials for prospective and current students. This is an allowable transfer per the Westlake grant.

**Required Signatures**

**Requestor** DocuSigned by: Karina Santos 2/22/2024  
53058708404F44E...

**Cost Center Manager** DocuSigned by: Christine Debus 2/22/2024  
8F33648F3658421...

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

**Dean (If Applicable)** DocuSigned by: [Signature] 2/22/2024  
E5B40F7325091D3...

**Associate Vice President** DocuSigned by: Paul Jensen 2/27/2024  
818C9088B19741E...

**Area Vice President** DocuSigned by: Susan Campos 2/27/2024  
870B745E0BADA46...

**BUSINESS OFFICE APPROVALS**

**Grant Accountant:** Elizabeth Zydron 2/28/24

**Asst. Director of Finance:** [Signature]

**Exec. Director of Finance:** [Signature] 2/28

**Exec. Dir. of Bus. Operations:** [Signature] CR

**VP of Business Services:** [Signature] 2/28/24

**Entered by:** B37227 B 2-28-24

### Budget Transfer Form

Dollar Amount

\$1000

From what Budget Account

06 10605005 590200000

Object Code Description

AEF-ADULT ED - FEDERAL: Student Scholarships

To what Budget Account

06 10605005 550200005

AEF-ADULT ED - FEDERAL: In-State Travel



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

\*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? Susan Zefeldt

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:

Majority of students in Integrated Education and Training programs were financially supported by other grant funding, tuition funds were not needed in FY24.

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

Funds will be used for upcoming travel to offsite locations, community outreach, as well as conferences to remain current in best practices in student support. This is an allowable transfer under the AEFLA guidelines.

#### Required Signatures

Requestor

DocuSigned by: Zelda M Fredette 2/16/2024

Cost Center Manager

DocuSigned by: [Signature] 2/16/2024

Associate Dean (if Applicable)

\_\_\_\_\_

Dean (if Applicable)

\_\_\_\_\_

Associate Vice President

DocuSigned by: Paul Jensen 2/16/2024

Area Vice President

DocuSigned by: Susan Campos 2/16/2024

#### BUSINESS OFFICE APPROVALS

Grant Accountant: [Signature]

Asst. Director of Finance: [Signature]

Exec. Director of Finance: [Signature]

Exec. Dir. of Bus. Operations: [Signature]

VP of Business Services: [Signature] 2/21/24

Entered by: B7213 73 2/21/24

### Budget Transfer Form

Dollar Amount

\$2000

From what Budget Account

06 10605005 590200000

Object Code Description

AEF-ADULT ED - FEDERAL: Student Scholarships

To what Budget Account

06 10605005 550300005

AEF-ADULT ED - FEDERAL: Travel - Out of State

DS

Is this a Grant?  
Yes  No

\*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? Elizabeth Zydron

Include Attachments: Yes  No

#### Rationale:

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

Majority of students in Integrated Education and Training programs were financially supported by other grant funding, tuition funds were not needed in FY24.

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

Funds will be used for upcoming out-of-state conference travel for AE staff to remain current in best practices in student support.

#### Required Signatures

Requestor

DocuSigned by: Zelda M Fredette 2/16/2024

Cost Center Manager

DocuSigned by: [Signature] 2/16/2024

Associate Dean (If Applicable)

\_\_\_\_\_

Dean (If Applicable)

\_\_\_\_\_

Associate Vice President

DocuSigned by: Paul Jensen 2/16/2024

Area Vice President

DocuSigned by: Susan Campos 2/19/2024

#### BUSINESS OFFICE APPROVALS

Grant Accountant: E Zydron 2/21/24

Asst. Director of Finance: [Signature]

Exec. Director of Finance: [Signature]

Exec. Dir. of Bus. Operations: [Signature]

VP of Business Services: [Signature] 2/21/24

Entered by: B7214 73 2/21/24



### Budget Transfer Form

<b>Dollar Amount</b>	<u>\$250</u>	
<b>From what Budget Account</b>	<u>06 20905001 550100005</u>	<b>Object Code Description</b> <u>PEN - Perkins Enrollment-Meeting Expense</u>
<b>To what Budget Account</b>	<u>06 20905001 540100240</u>	<u>PEN- Perkins Enrollment- Student Supplies</u>
Is this a Grant?      *If you are submitting a grant transfer, the following statement must appear in the Rationale: Yes [ <input checked="" type="checkbox"/> ] No [    ]      "This is an allowable transfer under the (name of grant) guidelines"		
Grant Accountant? <u>Gianna Colella</u>		Include Attachments: Yes [    ] No [ <input checked="" type="checkbox"/> ]

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**  
 Funding is needed in PEN- Perkins Enrollment- Student Supplies to support funding for Triumph and surge for supplies. This is an allowable transfer under the Perkins guidelines.

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

Funding is needed in PEN- Perkins Enrollment- Student Supplies for the remainder of the fiscal year to purchase student supplies for the Triumph and Surge department.

**Required Signatures**

<b>Requestor</b>	<u>DocuSigned by: Tatiana King</u>	<u>2/14/2024</u>
<b>Cost Center Manager</b>	<u>DocuSigned by: Denise Jones</u>	<u>2/14/2024</u>
<b>Associate Dean (If Applicable)</b>	_____	
<b>Dean (If Applicable)</b>	<u>DocuSigned by: Denise Jones</u>	<u>2/14/2024</u>
<b>Associate Vice President</b>	<u>DocuSigned by: Hilary Meyer</u>	<u>2/14/2024</u>
<b>Area Vice President</b>	<u>DocuSigned by: Jodi Koslow Martin</u>	<u>2/14/2024</u>

### BUSINESS OFFICE APPROVALS

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

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

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

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

**VP of Business Services:** \_\_\_\_\_ *SS*

Entered by: B7201 TB 2/16/24

*ER 2/16/24*

### Budget Transfer Form

Dollar Amount \$1,769

From what Budget Account 06 40405003 550900005 Object Code Description LTR-RSVP-Leyden Township: Volunteer Travel

To what Budget Account 06 40405003 540901005 Object Code Description LTR-RSVP-Leyden Township: Computer Equipment

Is this a Grant? Yes  No  \*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? Gianna Colella Include Attachments: Yes  No

**Rationale:**

**Explain why the budgeted funds are no longer required for this fiscal year, and are available to be transferred:**  
 In the initial Leyden grant proposal, there was money allocated to reimburse travel for volunteers living in Leyden Township. However, this past year, there weren't as many Leyden volunteers as anticipated; therefore, there is money remaining to be spent by the end of the grant fiscal year (March 31, 2024).

**Explain specifically why additional funds are needed in the receiving account:**  
 RSVP offers a tax assistance program that serves senior citizens in the community. Money transferred to this line will go towards purchasing new laptops (replacing older ones that aren't as efficient). This is an allowable transfer under the Leyden Township grant guidelines; and approved by the Grantor.

**Required Signatures**

**Requestor** Mario Porras 2/23/2024

**Cost Center Manager** Mario Porras 2/23/2024

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

**Dean (If Applicable)** Bianca Sola Perkins 2/23/2024

**Associate Vice President** Paul Jensen 2/24/2024

**Area Vice President** Susan Campos 2/25/2024

**BUSINESS OFFICE APPROVALS**

Grant Accountant: gc, 2/27/24

Asst. Director of Finance: [Signature]

Exec. Director of Finance: [Signature]

Exec. Dir. of Bus. Operations: [Signature]

VP of Business Services: [Signature] 2/27/24

Entered by: B7219 B 2-27-24

### Budget Transfer Form

**Dollar Amount** \$200

**From what Budget Account** 06 40405004 530900010 **Object Code Description** CNS-RSVP 4/23-3/24: Other Contractual Services

**To what Budget Account** 06 40405004 540100110 **Object Code Description** CNS-RSVP 4/23-3/24: office supplies

**Is this a Grant?** Yes  No  **\*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?** Gianna Colella **Include Attachments:** Yes  No

**Rationale:**

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

This grant's fiscal year ends on March 31, 2024. There were no contract services needed this year, causing money to remain in this line item (with no plans on needing the remaining money before the end of the fiscal year).

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

The money being transferred will be used to pay for more supplies needed for RSVP programs, including printer ink cartridges, laptops, printers, office desks/chairs, and basic office supplies. This transfer has been approved by the grant officer, and the intended use of funds is allowable per Americorps senior RSVP grant guidelines.

**Required Signatures**

**Requestor** DocuSigned by: Mario Pomas 2/8/2024

**Cost Center Manager** DocuSigned by: Mario Pomas 2/8/2024

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

**Dean (If Applicable)** DocuSigned by: Bianca Sola-Perkins 2/8/2024

**Associate Vice President** DocuSigned by: Paul Jensen 2/8/2024

**Area Vice President** DocuSigned by: Susan Campos 2/12/2024

**BUSINESS OFFICE APPROVALS**

**Grant Accountant:** gc

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

**Exec. Director of Finance:** AP

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

**VP of Business Services:** SSCR 2/13/24

**Entered by:** B7190 TB 2/13/24

**Budget Transfer Form**

Dollar Amount

\$644.71

From what Budget Account

06 40405004 550100005

Object Code Description

CNS-RSVP 04/23-03/24: Meeting Expense

To what Budget Account

06 40405004 540100110

CNS-RSVP 04/23-03/24: Office Supplies

Is this a Grant?

Yes [ x ] No [ ]

\*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? Gianna Colella

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 grant's fiscal year ends on March 31, 2024.

RSVP did not spend as much for this year's "meeting expenses" as anticipated. After calculating the amount needed for the rest of this fiscal year, the remaining amount is being requested for transfer.

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

The money being transferred will be used to pay for more supplies needed for RSVP programs, including printer ink cartridges, laptops, printers, office desks/chairs, and basic office supplies. This transfer has been approved by the grant officer, and the intended use of funds is allowable per AmeriCorps Senior RSVP grant guidelines.

**Required Signatures**

Requestor

DocuSigned by: Mario Porras 2/8/2024

Cost Center Manager

DocuSigned by: Mario Porras 2/8/2024

Associate Dean (if Applicable)

DocuSigned by: Bianca Sola Perkins 2/8/2024

Dean (if Applicable)

DocuSigned by: Paul Jensen 2/8/2024

Associate Vice President

DocuSigned by: Susan Campos 2/12/2024

Area Vice President

Susan Campos

**BUSINESS OFFICE APPROVALS**

Grant Accountant: gc

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

Exec. Director of Finance: MM

Exec. Dir. of Bus. Operations: CR

VP of Business Services: SS 2/13/24 CR

Entered by: B7194 TB 2/13/24

Budget Transfer Form

Dollar Amount \$1,205.20

From what Budget Account 06 - 40405004 - 550100020 Object Code Description CNS-RSVP 04/23-03/24: Meeting Exp-Recognition

To what Budget Account 06 - 40405004 - 540100110 Object Code Description CNS-RSVP 04/23-03/24: Office Supplies

Is this a Grant? Yes  No  \*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? Gianna Colella Include Attachments: Yes  No

**Rationale:**

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

This grant's fiscal year ends on March 31, 2024.  
 Costs for RSVP recognition items were less than anticipated, causing money to remain in this line (with no plans on needing the leftover money before the end of the fiscal year).

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

The money being transferred will be used to pay for more supplies needed for RSVP programs, including printer ink cartridges, laptops, printers, office desks/chairs, and basic office supplies. This transfer has been approved by the grant officer, and the intended use of funds is allowable per Americorps Senior RSVP grant guidelines.

Required Signatures

**Requestor** Mario Porras 2/8/2024

**Cost Center Manager** Mario Porras 2/8/2024

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

**Dean (If Applicable)** Bianca Sola-Perkins 2/8/2024

**Associate Vice President** Paul Jensen 2/8/2024

**Area Vice President** Susan Campos 2/12/2024

**BUSINESS OFFICE APPROVALS**

Grant Accountant: gc

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

Exec. Director of Finance: Ar

Exec. Dir. of Bus. Operations: CR

VP of Business Services: SS ca 2/13/24

Entered by: BT193TB  
2/13/24

### Budget Transfer Form

Dollar Amount \$1,168.78

From what Budget Account 06 - 40405004 - 550200005 Object Code Description CNS-RSVP 04/23-03/24: Travel - In State

To what Budget Account 06 - 40405004 - 540100110 Object Code Description CNS-RSVP 04/23-03/24: office Supplies

Is this a Grant? Yes  No  \*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? Gianna Colella Include Attachments: Yes  No

**Rationale:**

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

This grant's fiscal year ends on March 31, 2024.

Costs for RSVP in-state travel were less than anticipated, causing money to remain in this line (with no plans on needing the leftover money before the end of the fiscal year).

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

The money being transferred will be used to pay for more supplies needed for RSVP programs, including printer ink cartridges, laptops, printers, office desks/chairs, and basic office supplies. This transfer has been approved by the grant officer, and the intended use of funds is allowable per Americorps Senior RSVP grant guidelines.

**Required Signatures**

Requestor Mario Porras 2/8/2024

Cost Center Manager Mario Porras 2/8/2024

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

Dean (if Applicable) Bianca Sola-Parkins 2/8/2024

Associate Vice President Paul Jensen 2/8/2024

Area Vice President Susan Campos 2/12/2024

**BUSINESS OFFICE APPROVALS**

Grant Accountant: gc

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

Exec. Director of Finance: Mr

Exec. Dir. of Bus. Operations: CR

VP of Business Services: SS 2/13/24

Entered by: B7192TB  
2/13/24

Budget Transfer Form

Dollar Amount

\$1,111

From what Budget Account

06 - 40405004 - 550300005

Object Code Description

CNS-RSVP 04/23-03/24: Travel - Out Of State

To what Budget Account

06 - 40405004 - 540100110

CNS-RSVP 04/23-03/24: Office Supplies

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

\*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? Gianna Colella

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 grant's fiscal year ends on March 31, 2024.

Costs for RSVP out-of-state travel were less than anticipated, causing money to remain in this line (with no plans on needing the leftover money before the end of the fiscal year).

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

The money being transferred will be used to pay for more supplies needed for RSVP programs, including printer ink cartridges, laptops, printers, office desks/chairs, and basic office supplies. This transfer has been approved by the grant officer, and the intended use of funds is allowable per AmeriCorps Senior RSVP grant guidelines.

Required Signatures

Requestor

DocuSigned by: Mario Porras 2/8/2024

Cost Center Manager

DocuSigned by: Mario Porras 2/8/2024

Associate Dean (If Applicable)

DocuSigned by: Bianca Sola-Perkins 2/8/2024

Dean (If Applicable)

DocuSigned by: Paul Jensen 2/8/2024

Associate Vice President

DocuSigned by: Susan Campos 2/12/2024

Area Vice President

DocuSigned by: Susan Campos

**BUSINESS OFFICE APPROVALS**

Grant Accountant: gc

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

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

Exec. Dir. of Bus. Operations: CR

VP of Business Services: SS 2/13/24

Entered by: B7191 TB  
2/13/24

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

Meeting of March 19, 2024

ACTION EXHIBIT NO. 17005

**SUBJECT: CERTIFICATE OF FINAL COMPLETION AND AUTHORIZATION OF FINAL PAYMENT FOR THE R221 RENOVATION & ABATEMENT PROJECT**

**RECOMMENDATION:** That the Board of Trustees approve the Certificate of Final Completion and Final Payment Application of \$2,940.25 for the R221 Renovation and Abatement Project. The total project cost was \$29,402.50.

**RATIONALE:** Operations and Maintenance has reviewed the Certificate of Final Completion, Final Waiver of Lien, and recommends the Final Payment Application. The original total contract amount was \$38,225.00; the final project amount was \$29,402.50. The project came in \$8,822.50 below budget.

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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



*J. Lawrence*

2/2/2024  
PO B8531

# APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO OWNER: **Triton College** PROJECT: **Triton College Abatement in R221 Building R** APPLICATION NO: **2**  
 2000 N. Fifth Avenue PERIOD TO: **12/31/23**  
 River Grove, IL 60171 PROJECT NOS:  
 FROM CONTRACTOR: **UNIVERSAL ASBESTOS REMOVAL, INC** VIA CONTRACTOR: **ARCON Associates, Inc.** CONTRACT DATE: **08/10/23**  
 148 S. Pinnacle Drive 2050 S. Finley Rd, Ste 40  
 Romeoville, IL 60446 Lombard, I 60148

CONTRACT FOR: **ASBESTOS ABATEMENT**

## CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM. ....	\$	<u>\$38,225.00</u>
2. Net change by Change Orders. ....	\$	<u>(\$8,822.50)</u>
3. CONTRACT SUM TO DATE (Line 1 + - Line 2)	\$	<u>\$29,402.50</u>
4. TOTAL COMPLETED & STORED TO DATE. ....	\$	<u>\$29,402.50</u>
(Column G on G703)		
<b>5. RETAINAGE:</b>		
a. <u>0.00%</u> % of Completed Work	\$	<u>\$0.00</u>
(Columns D + E on G703)		
b. <u>        </u> % of Stored Material	\$	<u>\$0.00</u>
(Column F on G703)		
Total Retainage (Line 5a + 5b or		
Total in Column I of G703). ....		
	\$	<u>\$0.00</u>
6. TOTAL EARNED LESS RETAINAGE. ....	\$	<u>\$29,402.50</u>
(Line 4 less Line 5 Total)		
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT		
(Line 6 from prior Certificate). ....	\$	<u>\$26,462.25</u>
8. CURRENT PAYMENT DUE. ....	\$	<u>\$2,940.25</u>
9. BALANCE TO FINISH, INCLUDING RETAINAGE		
(Line 3 less Line 6)	\$	<u>\$0.00</u>

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	(\$8,822.50)
Total approved this Month	\$0.00	\$0.00
<b>TOTALS</b>	<b>\$0.00</b>	<b>(\$8,822.50)</b>
Net changes by change order	(\$8,822.50)	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due

CONTRACTOR:  
By: *Daniel A.* Date: 1/9/24

State of: Illinois  
County of Will  
Subscribed and sworn to before me this 9th day of January, 2024

Notary Public: *Frances Nuel*  
My Commission expires: 2-3-12-2024  
FRANCES NUEL  
NOTARY PUBLIC  
State of Illinois  
My Commission Expires 2, 2024

## ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED. .... \$ 2940.25

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:  
By: *Lynn R. H.* Date: Jan 24, 2024

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

# Certificate of Final Acceptance

**Project:**  
Renovations & Abatement in R221  
Building R  
Triton College  
2000 Fifth Ave.  
River Grove, IL 60171

**Architect:** ARCON Associates, Inc

**Contractor:**  
Universal Asbestos Removal, Inc.  
148 South Pinnacle Drive  
Romeoville, IL 60446

**Contract Date:** 8/10/2023

**Date of Issuance:** 2/2/2024

**Project or designated portion shall include:** Entire Project – no exceptions.

This is to certify that the work contained in the subject contract has been inspected by the parties listed below, that all punch list items have been completed, that the contractor has fulfilled all his contractual obligations, guarantees accepted and is hereby authorized to receive final payment in full, including all retainage.

## SIGNATURES

<b>Contractor</b>	Universal Asbestos Removal, Inc.	By <u>Bob Nelson</u> Bob Nelson	<b>Date</b> <u>2-2-24</u>
<b>Architect</b>	ARCON Associates, Inc.	By <u>Gaspare Pitrello</u> Gaspare Pitrello	<b>Date</b> <u>02.02.2024</u>
<b>Owner</b>	Triton College	By <u>John Lambrecht</u> John Lambrecht	<b>Date</b> <u>2/2/2024</u>
<b>Owner</b>	Triton College	By _____ Mark R. Stephens Board Chairman	<b>Date</b> _____

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

Meeting of March 19, 2024

ACTION EXHIBIT NO. 17006

**SUBJECT: AUTHORIZATION FOR RELEASE AND SALE OF COLLEGE  
PROPERTY THROUGH THE OBENAUF ONLINE AUCTION SITE**

**RECOMMENDATION:** That the Board of Trustees approve the release and/or sale of college property through the Obenauf online Auction site, specifically: a 2000 Ford Taurus Sedan; a 2002 Ford Taurus Station Wagon; and a 2008 Ford E150. Items will be posted to the auction site following the Board release and the price obtained will be based on the public bidding program developed by Obenauf. There is no sellers fee assessed to Triton College for this service in honor of Obenauf's 40 Year Anniversary.

**RATIONALE:** These vehicles have been determined to not be safely operational by college standards, absent substantial repair and improvement. The vehicles are not cost effective to keep running and it is recommended to the Board that they be released to buyers "AS IS" for overhaul, repair or parts as determined by the buyers. Multiple problems including body and frame rust, tires, inoperable exhaust, and worn suspension components, render them useless to the college.

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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

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

Meeting of March 19, 2024

ACTION EXHIBIT NO. 17007

**SUBJECT: ELLUCIAN RECRUITER SOFTWARE RENEWAL**

**RECOMMENDATION:** That the Board of Trustees approve a five-year renewal Agreement with Ellucian Corporation. This Agreement provides annual software updates and support for “Ellucian CRM Recruit Cloud Software” (a/k/a “Recruiter”). The terms of this Agreement will run from July 1, 2024 through June 30, 2029, for a cost of \$62,467 in FY25; \$65,590 in FY26; \$68,869 in FY27; \$72,313 in FY28 and \$75,929 in FY29 for a total cost to the College of \$345,168.

**RATIONALE:** “Ellucian CRM Recruit” is Software as a Service (SAAS) in an on-line environment. The platform hosts each of Triton College’s different online enrollment applications. The five-year renewal will provide the College with the lowest annual increase (5%) as compared to an annual (7%) or three-year (6%) renewal options. Ellucian maintains the platform and is responsible for backups, patches and upgrades over the term of the Agreement.

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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:**

_____	_____	_____
<b>Mark R. Stephens</b>	<b>Elizabeth Potter</b>	<b>Date</b>
<b>Chairman</b>	<b>Secretary</b>	

Related forms requiring Board signature: Yes  No



CLLOUD SOFTWARE RENEWAL ORDER FORM

ELLUCIAN COMPANY LLC ("Ellucian")

2003 Edmund Halley Drive, Suite 500, Reston, VA 20191 USA

Ellucian Contact for this Order Form:

Opportunity Owner Trish Zolty

Email [trish.zolty@ellucian.com](mailto:trish.zolty@ellucian.com)

CLIENT

Account Name	Triton College	Account Number	T08
Created Date	2/20/2024	Close Date	6/30/2024
Quote Number	00133981	Opportunity Number	259285

This Cloud Software Renewal Order Form (the "Order Form") is between Ellucian and the Client identified above. This Order Form amends the most recent underlying agreement between the parties regarding software support services (the "Master Agreement"), as previously amended, and the Cloud Software Order Form pursuant to which Client originally licensed the Cloud Software identified herein (the "Cloud Software Order Form"). Any reference herein to the "Agreement" shall mean to the Master Agreement and the Cloud Software Order Form, and, collectively, the Agreement and this Order Form constitute the entire understanding of the parties regarding the subject matter of this Order Form. The Terms and Conditions, Maintenance Standards, Product Specifications, and Software Supplements applicable to Cloud Software are available at [www.ellucian.com/contracts-and-documentation](http://www.ellucian.com/contracts-and-documentation) (the "Product Specifications") and are incorporated into this Order Form by this reference. If any terms of this Order Form conflict with any other terms of the Agreement, the terms of this Order Form will control. Capitalized terms in this Order Form shall have the same meaning given to such terms within the Agreement unless refined herein. The transaction provided for in this Order Form is non-cancelable, and the amounts paid under this Order Form are nonrefundable, except as provided herein and/or under the terms of the Agreement. By entering into this Order Form with Ellucian, Ellucian grants Client the right to migrate to the Ellucian Cloud, pursuant to the terms and conditions of the Agreement, as amended, and for such fees as are contained in a subsequent amendment to the Agreement in which Client and Ellucian memorialize the Ellucian Cloud migration right effected by this provision.

Pursuant to this Order Form, for the fees payable hereunder as further detailed in the Payment Terms below, Ellucian grants a license to the Cloud Software identified in the Renewal Quote (hereafter, the "Quote") that is attached to this Order Form. Ellucian's grant of a license to the Cloud Software identified below includes a non-exclusive, non-transferable license to use and access such Cloud Software, for Client's internal use only, and is subject to all use restrictions and limitations set forth in the Agreement and this Order Form. In performing its obligations with respect to this Order Form, Ellucian may use a combination of remote services, centralized services, and onsite services, using personnel worldwide. Client's use of an access to the Cloud Software identified in the Quote will begin on the Beginning Date and continue through the Expiration Date, as those dates are identified below.

**Cloud Software Term:** The period commencing on the Beginning Date and continuing until the Expiration Date (each as specified in this Order Form) is the "Initial Cloud Software Term." Following the Term, this Agreement will automatically renew for successive periods of twelve (12) months at Ellucian's then-current rates unless either party provides written notice to the other party at least ninety (90) days prior to the commencement of the applicable renewal term. Ellucian shall provide Client with current rates in writing at least one hundred twenty (120) days prior to the commencement of the applicable renewal term.

**Cloud Contract Year:** As used herein, any reference to "Cloud Contract Year" shall mean, during the Cloud Software Term, a period of twelve (12) consecutive months beginning on the Beginning Date and/or each anniversary thereof. Based upon the Execution Date hereof, the initial Cloud Contract Year may be a partial one, in which event the fees payable under this Order Form for that partial initial Cloud Contract Year will be prorated.

**Annual Fee Escalation:** After the initial Cloud Contract Year and for each successive Cloud Contract Year during the Initial Cloud Software Term, the fees payable under this Order Form will escalate as shown in the Quote.

Prices quoted are valid through the Close Date identified above. If this Order Form is printed, please sign and date the Order Form, complete the billing contact and Cloud Software Provisioning Contact sections, then scan and return to the Ellucian Contact named above.

**Initial Cloud Software Term Details**

Beginning Date (the initial Cloud Contract Year begins on this date and subsequent Cloud Contract Years begin on each anniversary of this date during the Cloud Software Term):	7/1/2024
Expiration Date:	6/30/2029
Annual Fee Escalation Percentage:	5.00%
Client's Actual FTE (the Contracted FTE will be rounded up to the tier cap applicable to Client's Actual FTE):	4,755
Total Fee (for initial Cloud Contract Year only - such fee is subject to annual increase as provided in the Agreement and the Quote attached hereto or incorporated herein)	USD 62,466.80

**Notes to Cloud Software Order Form:**

(1) For Cloud Software that is licensed based upon a FTE metric, pricing in this Order Form for Cloud Software allows for up to the Contracted FTE discussed above; annual pricing is subject to increase in accordance with the FTE terms contained in the Ellucian Cloud Software Standards.

**Invoicing.** Ellucian will invoice Client on an annual basis, in advance of each applicable Cloud Contract Year for Cloud Software (such fees would be prorated in the event of a partial Cloud Contract Year, depending upon the Execution Date) and such fees are subject to escalation as provided herein and in the Agreement. Unless indicated otherwise in the Quote, all fees are payable in currency of the United States (USD \$).

**Payment Terms.** Unless a different payment obligation is specified in the Agreement, Client's payments under this Order Form are due within thirty (30) days of the date(s) of invoice(s).

**Publicity.** From time to time, in the ordinary course of business, Ellucian issues press releases and announcements regarding the completion of transactions with its customers and partners. As partial consideration for the products and services provided by Ellucian, Client agrees to provide Ellucian with reasonable and timely approvals of such press releases and announcements, including (where appropriate), the approval of quotations and acknowledgements to be included in such materials.

**By the execution below, each party represents and warrants that it is bound by the signature of its respective signatory for this Order Form. Except as expressly amended by the Order Form, the terms of the Agreement remain unchanged and in full force and effect; any fees due under the Order Form are in addition to and not in lieu of fees already due or scheduled to come due under the Agreement. Client has not relied on the availability of either any future version of any software or any future software product or service.**

**Ellucian**

**Client**

By: \_\_\_\_\_  
Authorized Signature

By: \_\_\_\_\_  
Authorized Signature

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

Name: Mark R. Stephens  
Printed

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

Title: Board Chairman, Triton College

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

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

**The later date of signature above is the "Execution Date" of this Order Form.**

**Client Billing Contact Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
PO# (if applicable): \_\_\_\_\_

**Client Cloud Software Provisioning Contact Information:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_

Renewal Fees for 5 Years - Triton College

	<i>Period Ending 30-Jun-24</i>	01-Jul-24 to 30-Jun-25	01-Jul-25 to 30-Jun-26	01-Jul-26 to 30-Jun-27	01-Jul-27 to 30-Jun-28	01-Jul-28 to 30-Jun-29	
<b>Subscription Paid in Advance</b>				5%			
CRM Recruit - Ellucian Payment Gateway	\$0	\$0	\$0	\$0	\$0	\$0	SUBSCRIPTION ADVANTAGE PLUS
CRM Recruit SAAS 5 YR AGREEMENT(YR1) -U10	\$51,213	\$53,774	\$56,462	\$59,285	\$62,250	\$65,362	SUBSCRIPTION ADVANTAGE PLUS
eCRM 30 PREMIUM USERS - SUBSCRIPTION	\$8,279	\$8,693	\$9,128	\$9,584	\$10,063	\$10,566	SUBSCRIPTION ADVANTAGE PLUS
<b>Grand Total</b>	<b>\$59,492</b>	<b>\$62,467</b>	<b>\$65,590</b>	<b>\$68,869</b>	<b>\$72,313</b>	<b>\$75,929</b>	



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

Meeting of March 19, 2024

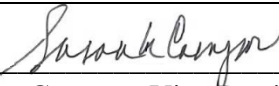
ACTION EXHIBIT NO. 17008

**SUBJECT: AGREEMENT WITH KINDRED HOSPITAL CHICAGO LAKESHORE**

RECOMMENDATION: That the Board of Trustees approve an Affiliation Agreement with Kindred Hospital Chicago Lakeshore. The term of this Agreement shall commence March 20, 2024 and shall have an initial term of one (1) year, expiring March 20, 2025. 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 therein. 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. 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 Kindred Hospital Chicago Lakeshore.

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

**COOPERATIVE AGREEMENT  
BETWEEN  
KINDRED HOSPITAL CHICAGO LAKESHORE,  
AND  
TRITON COLLEGE, DISTRICT #504, RIVER GROVE, ILLINOIS**

Agreement made by and between **Kindred Hospital Chicago Lakeshore** hereinafter referred to as "Hospital" and **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 between Hospital and Triton.
- 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.

**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 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, 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:**

Kindred Hospital Chicago Lakeshore  
6130 N. Sheridan Rd.  
Chicago, IL 60660  
Att: Lois Pike

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

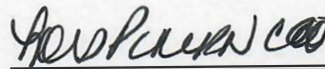
Triton College  
2000 North Fifth Avenue, RM H-120  
River Grove, Illinois 60171  
Attn: Pamela Harmon  
Dean of Health Careers and Public Service Programs  
Facsimile: (708) 779-4902

With a copy to:

Sarie Winner

Winner Law  
2344 W Melrose St.  
Chicago, IL 60618

**FOR HOSPITAL:**



TITLE Lois Pike COO

DATE 2/6/2024

**FOR TRITON COLLEGE:**

\_\_\_\_\_  
TITLE Mark R. Stephens, Board Chairman

\_\_\_\_\_  
TITLE Tracy Jennings, Secretary

DATE \_\_\_\_\_

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

Meeting of March 19, 2024

ACTION EXHIBIT NO. 17009

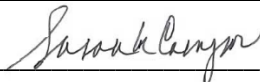
**SUBJECT: AGREEMENT WITH KINDRED HOSPITAL CHICAGO NORTH**

RECOMMENDATION: That the Board of Trustees approve an Affiliation Agreement with Kindred Hospital Chicago North. The term of this Agreement shall commence March 20, 2024 and shall have an initial term of one (1) year, expiring March 20, 2025. 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 therein. 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. 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 Kindred Hospital Chicago North.

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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**

---

**Date**

Related forms requiring Board signature: Yes  No



**COOPERATIVE AGREEMENT  
BETWEEN  
KINDRED HOSPITAL CHICAGO NORTH  
AND  
TRITON COLLEGE, DISTRICT #504, RIVER GROVE, ILLINOIS**

Agreement made by and between **Kindred Hospital Chicago North** hereinafter referred to as "Hospital" and **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 between Hospital and Triton.
- 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.

**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 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, 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:**

Kindred Hospital Chicago North  
2544 W Montrose Ave  
Chicago IL 60618

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

Triton College  
2000 North Fifth Avenue, RM H-120  
River Grove, Illinois 60171  
Attn: Pamela Harmon  
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 HOSPITAL:**

Kindred North  
Chicago

DATE 1-29-24

Glenn Schaefer

TITLE COO/ECO

TITLE \_\_\_\_\_

**FOR TRITON COLLEGE:**

TITLE Mark R. Stephens, Board Chairman

TITLE Tracy Jennings, Secretary

DATE \_\_\_\_\_

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

Meeting of March 19, 2024

ACTION EXHIBIT NO. 17010

**SUBJECT: AGREEMENT WITH NORTHWEST COMMUNITY HEALTHCARE  
FOR RESPIRATORY CARE**

**RECOMMENDATION:** That the Board of Trustees approve a Program Memorandum with Northwest Community Healthcare, a subsidiary of Northshore University HealthSystem. This Program Memorandum, which covers the Respiratory Care Program, is part of the Master Affiliation Agreement between Triton and Northshore University HealthSystem. This Program Memorandum may be terminated at any time by either party upon thirty (30) days advanced written notice. Termination of this Program Memorandum shall not automatically terminate or otherwise effect this Master Affiliation Agreement. Any student performing pursuant to the Master Affiliation Agreement and this Program Memorandum shall be permitted to complete the educational experience in which they are already performing under the terms and conditions stated in the Program Memorandum and the Master Affiliation Agreement. 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 Northwest Community Healthcare.

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

  
Dr. Susan Campos, Vice President of Academic Affairs

**Board Officers' Signatures Required:**

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

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

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

Related forms requiring Board signature: Yes  No

## PROGRAM MEMORANDUM

This Program Memorandum is entered into this 21<sup>st</sup> day of March 2024 between: [Community College District 504, commonly known as TRITON COLLEGE] (“SCHOOL”) and NORTHWEST COMMUNITY HEALTHCARE, a subsidiary of NORTSHORE UNIVERSITY HEALTHSYSTEM, including its wholly owned subsidiaries, (“SITE”).

This Program Memorandum, which covers the *RESPIRATORY CARE PROGRAM*, is made a part of the latest Master Affiliation Agreement between SCHOOL and NORTSHORE UNIVERSITY HEALTHSYSTEM (“HOSPITAL”).

1. SITE agrees to participate as a fieldwork site to enable students to obtain practical training and experience in *RESPIRATORY CARE PROGRAM*, and to provide the equipment, facilities and supplies which are necessary to achieve the educational objectives of the program.
2. SCHOOL and SITE will each designate a faculty member to coordinate and act as liaison person. Individual assignments to be undertaken by participating students will be mutually arranged, and a continuous exchange of information will be maintained by onsite visits when practical and in writing or by telephone in other instances.
3. At least one semester prior to the field assignment, the determination of the number of students shall be a joint decision between SCHOOL and SITE based on staff and space available, and eligible students enrolled in the program.
4. While in SITE, students will have the status of trainees and are not to render patient care and/or services except as identified for educational value. Any such direct contact between a student and a patient shall be only when a supervisor is available for consultation. SITE shall, at all times, be solely responsible for patient care, decisions regarding treatment, and the delivery of treatment.
5. The fieldwork educational program will provide the *RESPIRATORY CARE PROGRAM*, student with the opportunity to develop increased knowledge and skill in:  
*(Additional items and program specific items to be added here)*
  - Patient assessment, program planning and treatment including discharge planning and referral to appropriate resources.
  - Communicating patient progress and treatment results to increase professional skills.
6. Regular communication will be jointly maintained for the purpose of reviewing and evaluating individual student performance. Students shall be evaluated using The



School's Field Evaluation guidelines. SCHOOL shall maintain sole discretion in the determination of all grades, credit, and other metrics of evaluation.

7. The clinical experiences offered to students in the program in *RESPIRATORY CARE PROGRAM*, will be evaluated on a regular basis by the SCHOOL and SITE. This Program Memorandum will be executed every two years to signify continuing agreement with the educational value of the fieldwork program.
8. SITE shall make all orientation, online learning, and all SITE policies and procedures available to student on its Intranet page which is accessible only when on-site at SITE.
9. This Program Memorandum may be terminated at any time by either party upon thirty (30) days' advanced written notice. Termination of this Program Memorandum shall not automatically terminate or otherwise effect the underlying Master Affiliation Agreement. Any Student performing pursuant to the Master Affiliation Agreement and this Program Memorandum, or the underlying Master Affiliation Agreement only, at the time of the termination of this Program Memorandum shall be permitted to complete the educational experience in which they are already performing under the terms and conditions stated in this Memorandum and the Master Affiliation Agreement.
10. Any notice or communication required by this Agreement shall be in writing and shall be given and deemed to have been given if (a) hand delivered; or (b) sent via overnight delivery; or (c) sent via facsimile; or (d) sent via electronic mail addressed as follows:

**Notice to SCHOOL shall be sent to:**

Triton College  
Attention:  
2000 Fifth Avenue  
River Grove, Illinois 60171

Winner Law  
2344 W Melrose  
Chicago, IL 60618

Notice to HOSPITAL shall be sent to:

Treesa Shay and Ana Flores  
Respiratory Care Department  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

11. All matters not specifically set forth or established in this Program Memorandum shall be governed by the terms and conditions of the Master Affiliation Agreement. In the event of a conflict between this Program Memorandum and the Master Affiliation Agreement shall be governed by this Program Memorandum.

*Signatures appear on the following page*

**TRITON COLLEGE**

**NORTHWEST COMMUNITY  
HEALTHCARE**

---

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

---

**Rich Casey**  
**VP of Hospital Operations**

---

**Date**

---

**Date**

---

**Tracy Jennings**  
**Secretary**

---

**Date**

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

Meeting of March 19, 2024

ACTION EXHIBIT NO. 17011

**SUBJECT: AGREEMENT WITH SWEDISH HOSPITAL FOR  
RESPIRATORY CARE PROGRAM**

**RECOMMENDATION:** That the Board of Trustees approve a Program Memorandum with Swedish Hospital, a subsidiary of Northshore University HealthSystem. The term of this Agreement shall be from March 21, 2024 to May 31, 2027. This Program Memorandum, which covers the Respiratory Care Program, is part of the latest Master Affiliation Agreement between Triton and Northshore University HealthSystem. This Program Memorandum may be terminated at any time by either party upon thirty (30) days advanced written notice. Termination of this Program Memorandum shall not automatically terminate or otherwise effect this Master Affiliation Agreement. Any student performing pursuant to the Master Affiliation Agreement and this Program Memorandum shall be permitted to complete the educational experience in which they are already performing under the terms and conditions stated in the Program Memorandum and the Master Affiliation Agreement. 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 Swedish Hospital.

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

*Susan Campos*  
Dr. Susan Campos, Vice President of Academic Affairs

**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

## PROGRAM MEMORANDUM

This Program Memorandum is entered into this 21 day of March 2024 between: Community College District 504, commonly known as TRITON COLLEGE (“SCHOOL”) and SWEDISH HOSPITAL, a subsidiary of NORTHSORE UNIVERSITY HEALTHSYSTEM, including its wholly owned subsidiaries, (“HOSPITAL”).

This Program Memorandum, which covers the *RESPIRATORY CARE PROGRAM*, is made a part of the latest Master Affiliation Agreement between SCHOOL and HOSPITAL. The contract is extended to cover the following for a 3 year period: March 21, 2024 – May 31, 2027.

1. HOSPITAL agrees to participate as a fieldwork site to enable students to obtain practical training and experience in *RESPIRATORY CARE PROGRAM*, and to provide the equipment, facilities and supplies which are necessary to achieve the educational objectives of the program.
2. SCHOOL and HOSPITAL will each designate a faculty member to coordinate and act as liaison person. Individual assignments to be undertaken by participating students will be mutually arranged, and a continuous exchange of information will be maintained by onsite visits when practical and in writing or by telephone in other instances.
3. At least one semester prior to the field assignment, the determination of the number of students shall be a joint decision between SCHOOL and HOSPITAL based on staff and space available, and eligible students enrolled in the program.
4. While in HOSPITAL, students will have the status of trainees and are not to render patient care and/or services except as identified for educational value. Any such direct contact between a student and a patient shall be under the direct supervision of a qualified member of the HOSPITAL staff. HOSPITAL shall, at all time, be solely responsible for patient care and all treatment decisions.
5. The fieldwork educational program will provide the *RESPIRATORY CARE PROGRAM*, student with the opportunity to develop increased knowledge and skill in: *(Additional items and program specific items to be added here)*
  - Patient assessment, program planning and treatment including discharge planning and referral to appropriate resources.
  - Communicating patient progress and treatment results to increase professional skills.

6. Regular communication will be jointly maintained for the purpose of reviewing and evaluating individual student performance. Students shall be evaluated using The School's Field Evaluation guidelines. SCHOOL shall maintain sole discretion in the determination of all grades, credit, and other metrics of evaluation.
7. The clinical experiences offered to students in the program in *RESPIRATORY CARE PROGRAM*, will be evaluated on a regular basis by the SCHOOL and HOSPITAL. This Program Memorandum will be executed every two years to signify continuing agreement with the educational value of the fieldwork program.
8. HOSPITAL shall make all orientation, online learning, and all HOSPITAL policies and procedures available to students on its Intranet page which is accessible only when on-site at HOSPITAL.
9. This Program Memorandum may be terminated at any time by either party upon thirty (30) days' advanced written notice. Termination of this Program Memorandum shall not automatically terminate or otherwise effect the underlying Master Affiliation Agreement. Any Student performing pursuant to the Master Affiliation Agreement and this Program Memorandum at the time of the termination of this Program Memorandum, or the underlying Master Affiliation Agreement, shall be permitted to complete the education experience in which they are already performing under the terms and conditions stated in this Memorandum and the Master Affiliation Agreement.
10. Any notice or communication required by this Agreement shall be in writing and shall be given and deemed to have been given if (a) hand delivered; or (b) sent via overnight delivery; or (c) sent via facsimile; or (d) sent via electronic mail addressed as follows:

Notice to SCHOOL shall be sent to:

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

Notice to HOSPITAL shall be sent to:

Kathy Donofrio DNP, MBA, RN, NEA-BC  
Vice-President, Chief Nursing Officer  
5140 N California Ave  
Chicago, IL 60625

11. All matters not specifically set forth or established in this Program Memorandum shall be governed by the terms and conditions of the Master Affiliation Agreement. In the event of a conflict between this Program Memorandum and the Master Affiliation Agreement shall be governed by this Program Memorandum.

*Signatures appear on the following page*

**TRITON COLLEGE**

**SWEDISH HOSPITAL, PART OF  
NORTHSHORE UNIVERSITY  
HEALTHSYSTEM**

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

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**Kathy Donofrio DNP, MBA, RN, NEA-BC**  
**Vice-President, Chief Nursing Officer**

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**Date**

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**Date**

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**Tracy Jennings**  
**Secretary**

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**Name, Credentials**  
**Title**

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**Date**

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**Date**





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

Meeting of March 19, 2024

ACTION EXHIBIT NO. 17012

**SUBJECT: FACILITY USAGE FEE REDUCTION: PACE SUBURBAN BUS**

**RECOMMENDATION:** That the Board of Trustees approve a facility usage agreement with Pace Suburban Bus to utilize Triton College classrooms to provide Commercial Driver's License Instruction. Pace will utilize classroom A122A 8 hours per day on 12 dates between 4/16/24-5/31/24. The total cost for this facility usage is \$19,200. Triton will waive half of the scheduled rate for the 12 days following Board Approval. Pace will pay the College a total of \$9,600. The total value of the facility fee waiver is estimated at \$9,600.

**RATIONALE:** The Board of Trustees previously approved an Agreement with Pace Suburban bus to offer four 50-hour Commercial Driver's License Permit Training courses at Triton College each academic year through Triton's School of Continuing Education. With a large influx of people interested in obtaining the CDL Class B Driving Permit, Pace has reached back out to the college to provide additional space to accommodate the large number of students interested in becoming professional Pace drivers.

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

*Susan Campos*  
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

**TRITON COLLEGE  
COMMUNITY COLLEGE DISTRICT NO. 504  
APPLICATION FOR RENTAL OF SCHOOL FACILITIES**

Name of Organization Pace Bus Today's Date: 2/14/24  
Contact Shari Pappas Mobile No. 847-917-2756 Other 630-801-3016  
Address of Organization 500 Algonquin, Arlington Hts, IL 60005  
(No PO Boxes)  
Email Address sharipappas@Pacebus.com Category of Renter \_\_\_\_\_

\*Category of Renter

- |  |                                    |
|--|------------------------------------|
| A. In-District Not-For-Profit Youth    | C. In-District For Profit Entities |
| B. In-District Not-For-Profit          | D. Out-of-District Not-For-Profit  |
| E. Out-of-District For Profit Entities |                                    |

Rental Facility Desired Classroom

Provide attachment if necessary listing all facilities and times, and documentation of not for profit status, if applicable

Rental Date(s) and Hours of Use April 16-19, 2024, May 7-10, 2024, May 28-31, 2024  
(12 total days) Time: 7:00 - 12:00 and 12:30-3:30  
8hrs per day

Gates Open: \_\_\_\_\_ Gates Locked: \_\_\_\_\_

Type of Activity Lecture Number of Attendees 25-35

Equipment Required Screen and PC

By submitting this request, the applicant states that, for and on behalf of the named organization, that they have read, understood and agree to comply with all rules and regulations of renting Triton Community College District No. 504 facilities listed on the following pages. Applicant agrees to provide all required certifications and documentation in the timeframes indicated. Failure to timely provide all required certifications, documentation and payment for fees will result in immediate cancellation of this rental request. Further, the Applicant certifies that they are the legal sponsor or representative of the organization requesting use of the facilities and accept all responsibilities as set forth herein.

**The Applicant hereby agrees, individually and on behalf of said organization, to indemnify and forever hold harmless Triton Community College District No. 504, its officers, directors, trustees, agents and employees, individually and collectively, from any claims, costs, or causes of action, which might arise from, during the use of, or in any way related to any use Triton Community College District No. 504 property, including but not limited to, all legal fees and costs.**

Shari Pappas  
Signature of Rental Applicant

2/14/24  
Date

SP  
Initials

Required signature on this document certifies that Rental Applicant has read, understands and agrees, individually and in an official capacity, to comply with Triton Community College District No. 504 – Terms and Conditions of Rental.

Please allow at least four (4) weeks for processing your request. In response to your application, you will receive an email response to the address provided above. If your application is accepted, this email will include a fee estimate and the amount of deposit due with payment due dates. If your application is rejected, you may reapply at any time by resubmitting the entire application as though it was a new application.

Thank you for your interest in renting Triton College facilities.

ATTACHMENT B

COMMUNITY COLLEGE DISTRICT 504  
RENTAL OF SCHOOL FACILITIES  
Terms and Conditions of Rental

1. All rental applications must be submitted to Triton College for processing and approval at least thirty (30) calendar days prior to the proposed usage date. No rental agreements or other contracts for Triton facilities use may be approved without completing the Application process and or by receiving approval of the individual facility manager.
2. Use of facilities for Triton College have first priority. Requests from organizations with whom the District has an Intergovernmental Agreement or other priority use agreement on file in the Business Office will be filled next. All other requests for facilities from other organizations will be filled on a first-come, first-served basis.
3. At least thirty (30) calendar days prior to the event, the Signed Contract for Rental of School Facilities, certificate of insurance, and required deposit must be on file with the Triton College Business Office. For first time renters, 100% deposit is required. For returning renters, the deposit shall be 50% of the total estimated rental cost. In its sole discretion, Triton College may require 100% deposit from any returning renter.
4. If the total estimated rental cost is less than or equal to \$500, the full amount is due ten (10) calendar days prior to the event date.
5. Contracts will not be approved until the Triton College calendar/schedule is finalized and published. Triton College schedule always takes priority.
6. Facility usage is not guaranteed until Triton College provides an official letter of confirmation signed by the Triton official.
7. All cancellations must be in writing and received by Triton College at least thirty (30) calendar days prior to the event. Cancellations received less than thirty (30) calendar days prior to the event will result in a forfeiture of all fees.
8. The Triton College Associate Vice President of Facilities may, in his sole reasonable discretion, cancel any rental or facility use, with no time restriction prior to the event starting or at any time during the event.
9. All additional charges must be paid within thirty (30) calendar days following the rental.
10. Organizations with any outstanding fees may not rent additional facilities until all past due amounts are paid.
11. Triton College retains the sole discretion to bill for additional staff services for any event following rental completion.
12. Triton College shall open and close the facility for renters. No renters or attendees will be given keys or other access credentials for any facility. Triton staff shall be assigned to the building for the duration of the rental period, beginning at least one half-hour prior to the start of the scheduled rental and as necessary after the completion of the rental. All hours charged, including extra time outside the scheduled time of the rental, will be charged to the renter.
13. There will be a two-hour minimum charge on all facilities rented, unless attendance expected is greater than 500. If attendance is over 500, the rental charge is increased based on rental category.
14. Triton may, in its sole discretion, require additional adult supervision, chaperones, police or fire personnel. All resulting additional expenses shall be invoiced to the renter.
15. Renters may only use the specific area(s) rented at the designated times. Triton shall charge additional fees if the renter utilizes additional areas or additional time.
16. Subletting is prohibited.
17. All renters must provide proof of insurance at least ten (10) calendar days prior to the rental date. The minimum insurance provided must meet the following specifications:
  - a. Commercial general liability coverage utilizing an Insurance Service's Office Occurrence Coverage form CG00010196, or its equivalent, including broad form contractual liability with the limits as follows:
    - i. Each occurrence - \$2,000,000
    - ii. General Aggregate - \$5,000,000
    - iii. Personal & Adv Injury - \$2,000,000
    - iv. Damage Liability - \$50,000
    - v. Workers Compensation, including a waiver of subrogation.
    - vi. An additional insured endorsement CG2026, or similar, in favor of Community College District 504 must be included.

- b. All insurers must be licensed in the State of Illinois and carry a Best's rating of A- or better, and a financial size rating of V or better.
  - c. A certificate of insurance referencing the Contract for Rental of School Facilities as an insured contract, and specifically identifying District 504 as an additional insured using CG2026 or similar endorsement, together with a certified copy of the CG2026 or similar endorsement, must be presented prior to being permitted onto any Community College District 504 premises.
  - d. The name of the insurance certificate holder must match the name of the renter on the rental application. If the names do not match, the rental application will not be approved or the rental shall be cancelled. If all insurance certificates are not received in the Business Office ten (10) calendar days prior to the start of the rental, the rental shall be cancelled.
18. Renters are responsible and liable for any damage to any Triton College property occurring as a result of the rental.
  19. Renters are solely responsible and liable for any illness or disease arising from or related to, or alleged to be related to or arising from, use of or presence at Triton College by any individuals related to the Renters organization. Renter is responsible for obtaining executed releases and indemnification and providing copies of such documents to Triton College ten (10) calendar days prior to the scheduled use. The failure to obtain the necessary releases and indemnification shall be grounds for immediate termination of the rental. Execution of such releases shall not relieve Renter of any liability that may be assessed to Triton College related to the rental.
  20. Renters shall not attach any item to District property or make any modification to any structure, grounds or equipment.
  21. Renters may request, at least five (5) calendar days in advance of rental, limited movement of equipment. Equipment shall not be moved without Triton College authorization. Triton College shall complete all pre-approved equipment moves and shall bill the Renter for all time involved in setting-up and resetting a space. Renters may not bring in any heavy equipment and/or items on Triton College property that may damage floors, wall, grounds, ceilings or any building system. All furnishings must be returned to their original positions at the conclusion of the event.
  22. Triton College may, in its sole discretion, restrict and remove specific areas of the Campus from the rental program.
  23. Triton College may, in its sole discretion, restrict ingress, use of space, and egress from an event to specific areas of the Campus and require use of specific pathways of travel.
  24. Triton College reserves the right to require references from first-time renters.
  25. Renters must supply ample adult (21 year or older) supervision for rentals involving minors, at a rate of at least one adult for every 15 minors. Adult supervisors are solely responsible for maintaining order and control of all attendees.
  26. All concession and food services must be obtained from Triton College food services. Vending machines shall not be turned off or otherwise rendered inoperable for any rental.
  27. For-profit renters must clearly state in all promotional materials and post conspicuously in rental space the following statement, "Community College District 504 is not sponsoring, supporting or endorsing this event. Community College District 504 is not connected with, and assumes no liability for this event, or any events arising from or related to this event."

RESTRICTIONS

28. Renters must comply with fire codes, life safety codes, and all other applicable local, State and Federal laws.
29. No alcohol, narcotics, illegal drugs, tobacco products, weapons or firearms are allowed on Triton College property.
30. No violence, fighting or profanity of any sort is permitted.
31. No smoking or other tobacco use is allowed on Triton College property.
32. No outside food or drink shall be sold or consumed on Triton College property.
33. No balloons are permitted on any Triton College property.
34. No tipping of Triton College staff is permitted.
35. Rental events shall not be political in nature, subversive to the US Government, immoral, in violation of any local, State or Federal law, or discriminate against race, color, national origin, religion, sex, disability, age (40 or older), genetic information, marital status, sexual orientation, citizenship status, military status, unfavorable military discharge, gender identity, arrest record, victims of domestic violence or order of protection status, or any other act as prohibited by law, rule or regulation.

36. All traffic rules and regulations shall be strictly obeyed and will be police enforced. Driveways must be open and unobstructed. Parking is permitted only in marked parking spaces.
37. Renters shall not utilize Triton College facilities to raise funds, solicit contributions, or otherwise request donations from attendees without prior Triton College approval.
38. Only legal games of chance for which necessary municipal or other legal permits have been obtained are allowed on Triton College property. Renters are solely responsible for obtaining all such permits.
39. Only service animals are permitted on Triton College property. Service animals must remain leashed or harnessed and under the direct control of the owner at all times.
40. Emergency events or severe weather, in the sole discretion of the Triton College, shall result in the automatic cancellation of scheduled rentals.
41. All rentals shall be to groups, acting for educational or civic gain only.
42. Renters may not distribute literature or materials without advance written approval from Triton College.
43. Rental hours are 6 am to 11 pm, Monday through Thursday and Sunday, and 6 am to 12 am Friday and Saturday. No overnight rentals will be permitted. All school grounds close at 11p.m.
44. Renters may not undertake any field work on any grounds, including mowing, raking or dragging offfields.
45. No motorized vehicles or equipment are permitted on any athletic surfaces, grass areas, sidewalks, restricted areas or any other area other than designated parking areas.
46. Renters shall have access to 110V power only during the rental period.
47. Renters may not charge for parking. Triton College may require renters to supervise all parking areas for traffic and crowd control.
48. Fire, fireworks, flame, smoke, smoke or fog generation equipment are strictly prohibited on Triton College property.
49. Renter assumes full responsibility, and shall reimburse Triton College within 30 calendar days of receipt of invoice for any amount in excess of security deposit, for the cost of repair of any damage resulting from or related to renter's use. Triton College is not responsible for any damage to renter's property.
50. Renter shall be responsible for cleaning all debris and litter from all utilized Triton College property following use.
51. Renter may request use of AV or technology equipment. Triton College may, in its sole discretion, grant such a request. However, only Triton College personnel may operate such equipment, regardless of renter's previous experience with same or similar equipment. Renter shall be charged for all associated staff costs or operations.
52. Renter may use, for no additional rental fee, equipment innate to rental area. Equipment may not be moved or changed with Triton College's explicit written approval, which shall be included in the rental agreement.
53. Triton College equipment is not available for rent and may not, under any circumstances, be removed from Triton College property.
54. Renter shall indemnify, hold harmless, and at Triton College's option, defend Triton College, its officers, trustees, employees and agents, from any and all claims against, and losses incurred by Triton College arising out of Renter's use of Triton College facilities under this Rental Agreement. Renter waives all rights to make any claims against Triton College arising from or related to Renter's use of Triton College facilities. As used in this paragraph: (1) the term "Triton College" includes the Board of Trustees of Community College District 504 and it's trustees, officers, members, and employees in their official and individual capacities; (2) the term "claim" includes any administrative or judicial proceeding brought against Triton College, the threat of any such proceeding, or the demand for the payment of money or other relief for any injury including, but not limited to, personal injury, death or Triton College facilities damage; and (3) the term "loss" includes any monies expended by Triton College as a result of a judgment, claim, or expenses including Triton College's reasonable attorney fees and costs incurred in response to a claim.
55. Triton College may immediately terminate any Rental Agreement, and prohibit future rentals, in the event Renter violates any terms of the Rental Agreement.
56. The District reserves the right to deny access to any facility user and service provider who has been convicted of any crime including but not limited to sexual abuse, is or has been a registered sex offender, has ever been convicted of any offense in relation to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics or intoxicating beverages.

Initials SP  
 Date 2/14/24

COMMUNITY COLLEGE DISTRICT 504  
RENTAL OF SCHOOL FACILITIES  
Terms and Conditions of Rental

**ATTACHMENT C**

**TRITON COLLEGE CAMPUS RULES**

No firearms, explosives, fireworks or weapons of any kind  
No tobacco products of any kind  
No alcohol of any kind  
Abide by all weather warnings

**SPRINTURF RULES**

No open flame or heating device  
No sport drinks or liquids other than water  
No food items – including gum and sunflower seeds  
Molded cleats or other athletic shoes only (no metal cleats)  
No sharp objects, including tent stakes, corner flags or other objects that can penetrate turf surface  
Approved athletic equipment only  
No bicycles or other unapproved vehicles  
No animals of any kind

**HEALTH GUIDELINES**

All public health guidelines and restrictions will be in place for the date of the rental(s), including, but not limited to attendance, locker rooms, and food sales.

Initials SP  
Date 2/14/24

**COMMUNITY COLLEGE DISTRICT 504  
RENTAL OF SCHOOL FACILITIES  
Terms and Conditions of Rental**

**ATTACHMENT D (Pandemic/Emergency Restrictions)**

- If a pandemic outbreak were to occur at or related to the event, Renter is solely responsible for maintaining participants and close contacts list (including contestants, staff, sponsors, and audience) with names/phone numbers and shall be responsible for contacting them after the event as necessary, including to perform contact tracing. Triton College shall have no obligation to engage in any required contact tracing necessary as a result of the event.

- Pandemic/Emergency cancellation clause, subject to:

- a. If the event is cancelled 10 calendar days prior to the event due to federal, state, or local pandemic/emergency restrictions, there will be no charge and Renter will receive a 100% refund.
- b. Any time between 9 calendar days and 48 hours prior to the event, any refund of the fee shall be determined based upon and subject to any actual work that Triton staff has done in preparation for the event and the actual cost thereof. Any prep work will not exceed 20% of the rental cost up to 48 hours prior to the event.
- c. Beginning with 48 hours prior to the event, cancellation for any reason shall result in a refund based upon the actual work undertaken by Triton employees, as well as a determination of Triton costs related to labor. Based upon Triton union contracts, a minimum of 4 hours compensation is paid for overtime calls. All of the employees specified to work under this Agreement are compensated on the overtime basis and shall be paid, from the Renter fees, for at least the 4 hour overtime period, even if no work is performed.

- In the event Triton has a campus wide mask or distancing mandate, all persons, faculty, staff, students, business invitees, guests, visitors and even trespassers, fully vaccinated or not, MUST comply, unless they are in a private area (ie. Office) ALONE. Renter has determined that their participants will maintain appropriate mask placement and distancing, if necessary. Any individual on campus that refuses to follow the mandated requirements shall be asked to leave the campus immediately.

Initials SP  
Date 2/14/24

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

Meeting of March 19, 2024

ACTION EXHIBIT NO. 17013

**SUBJECT: ADDITION AND CHANGE OF COURSE FEES FOR INCLUSIVE ACCESS PROGRAM EFFECTIVE FALL 2024**

**RECOMMENDATION:** That the Board of Trustees approve the inclusion of the cost of digital course materials in the course fees for one Math course and a change in course fees for eighty-seven Accounting, Biology, Business, Chemistry, Criminal Justice, Engineering Technology, Health, Mathematics, Music, Psychology, Rhetoric, Sociology, and Speech courses as part of the McGraw Hill and Pearson Education “Inclusive Access” program (See Attached List). Students pay the appropriate fees to Triton College when they pay their tuition. The full fee for these select courses shall be remitted by Triton College to Follet. Students are not charged for course materials if they drop the class during the “full refund” period. The projected cost to Triton College includes any expense of collecting the fee, including but not limited to losses realized from students who do not pay the College their tuition and fees.

**RATIONALE:** By including the cost of instructional materials into the overall course fee, the “Inclusive Access” program provides students with access to the required instructional materials as early as one week prior to the first day of class. This practice has demonstrated an increase in retention and success rate in course sections utilizing “Inclusive Access” compared to those that did not. Triton College earns a 7% commission from Follet on all course 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:**

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

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

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

Related forms requiring Board signature: Yes  No



McGraw Hill and Pearson Education Inclusive Access - Additions and Changes to Course Fees for Fall 2024						
<b>ADDED</b>						
Course	Current Course Fees	2024 Amended Course Fees	Difference	Student Cost without Inclusive Access	Savings	Pricing Effective
MAT 341	\$35.00	\$43.75	\$8.75	\$49.99	\$6.24	Fall 2024
<b>CHANGED</b>						
Course	Current Course Fees	2024 New Course Fees	Difference	Student Cost without Inclusive Access	Savings	Pricing Effective
ACC 100	106.00	\$112.04	\$6.04	\$150.87	\$38.83	Fall 2024
ACC 101	112.78	\$112.04	(\$0.74)	\$156.44	\$44.40	Fall 2024
ACC 103	112.78	\$112.04	(\$0.74)	\$150.87	\$38.83	Fall 2024
ACC 104	113.78	\$112.04	(\$1.74)	\$156.44	\$44.40	Fall 2024
ACC 105	106.00	\$112.04	\$6.04	\$156.44	\$44.40	Fall 2024
ACC 256	111.00	\$112.50	\$1.50	\$163.58	\$51.08	Fall 2024
ACC 257	111.00	\$125.00	\$14.00	\$163.58	\$38.58	Fall 2024
ACC 270	97.00	\$125.00	\$28.00	\$163.58	\$38.58	Fall 2024
BIS 100	73.00	\$76.68	\$3.68	\$107.07	\$30.39	Fall 2024
BIS 101	76.00	\$81.80	\$5.80	\$107.07	\$25.27	Fall 2024
BIS 113	73.00	\$76.68	\$3.68	\$107.07	\$30.39	Fall 2024
BIS 136	82.20	\$86.40	\$4.20	\$113.02	\$26.62	Fall 2024
BIS 150	116.80	\$115.03	(\$1.77)	\$160.60	\$45.57	Fall 2024
BIS 222	77.00	\$78.75	\$1.75	\$113.01	\$34.26	Fall 2024
BIS 240	95.00	\$79.68	(\$15.32)	\$84.99	\$5.31	Fall 2024
BIS 241	95.00	\$79.68	(\$15.32)	\$84.99	\$5.31	Fall 2024
BUS 103	115.00	\$126.56	\$11.56	\$135.00	\$8.44	Fall 2024
BUS 107	116.38	\$128.44	\$12.06	\$137.00	\$8.56	Fall 2024
BUS 127	101.00	\$106.50	\$5.50	\$148.71	\$42.21	Fall 2024
BUS 128	101.00	\$113.60	\$12.60	\$148.71	\$35.11	Fall 2024
BUS 129	105.00	\$110.76	\$5.76	\$154.66	\$43.90	Fall 2024
BUS 136	101.00	\$106.50	\$5.50	\$148.71	\$42.21	Fall 2024
BUS 141	101.00	\$106.50	\$5.50	\$148.71	\$42.21	Fall 2024
BUS 146	77.86	\$76.68	(\$1.18)	\$107.07	\$30.39	Fall 2024
BUS 149	105.00	\$110.76	\$5.76	\$154.66	\$43.90	Fall 2024
BUS 150	101.00	\$106.50	\$5.50	\$148.71	\$42.21	Fall 2024
BUS 151	101.00	\$106.50	\$5.50	\$148.71	\$42.21	Fall 2024
BUS 154	101.00	\$106.50	\$5.50	\$148.71	\$42.21	Fall 2024
BUS 161	105.00	\$110.76	\$5.76	\$154.66	\$43.90	Fall 2024
BUS 171	108.15	\$113.60	\$5.45	\$148.71	\$35.11	Fall 2024
BUS 188	74.00	\$77.50	\$3.50	\$114.43	\$36.93	Fall 2024
BUS 200	108.15	\$106.50	(\$1.65)	\$148.71	\$42.21	Fall 2024
BUS 205	108.15	\$106.25	(\$1.90)	\$148.71	\$42.46	Fall 2024
BUS 212	109.20	\$118.20	\$9.00	\$154.66	\$36.46	Fall 2024
BUS 220	108.15	\$113.60	\$5.45	\$148.71	\$35.11	Fall 2024
BUS 240	108.15	\$113.60	\$5.45	\$148.71	\$35.11	Fall 2024
BUS 250	105.00	\$113.60	\$8.60	\$148.71	\$35.11	Fall 2024
BUS 260	102.98	\$103.95	\$0.97	\$145.13	\$41.18	Fall 2024
BUS 262	105.00	\$110.76	\$5.76	\$154.66	\$43.90	Fall 2024
BUS 275	105.00	\$113.60	\$8.60	\$148.71	\$35.11	Fall 2024
BUS 278	112.48	\$118.20	\$5.72	\$154.66	\$36.46	Fall 2024
BUS 285	112.48	\$110.76	(\$1.72)	\$154.66	\$43.90	Fall 2024
BUS 289	108.15	\$113.60	\$5.45	\$148.71	\$35.11	Fall 2024
BUS 293	108.15	\$113.60	\$5.45	\$148.71	\$35.11	Fall 2024
CHM 100	97.50	\$103.11	\$5.61	\$109.99	\$6.88	Fall 2024
CHM 140	41.25	\$37.95	(\$3.30)	\$39.95	\$2.00	Fall 2024
CHM 141	41.25	\$37.95	(\$3.30)	\$39.95	\$2.00	Fall 2024

CJA 111	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 116	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 117	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 121	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 125	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 161	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 166	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 171	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 175	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 181	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 201	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 219	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 236	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
CJA 257	\$39.00	\$43.75	\$4.75	\$43.96	\$0.21	Fall 2024
HTH 120	\$94.99	\$89.05	(\$5.94)	\$94.99	\$5.94	Fall 2024
ENT 104 (1)	\$76.00	\$63.75	(\$12.25)	\$68.00	\$4.25	Fall 2024
ENT 104 (2)	\$21.50	\$21.90	\$0.40	\$26.95	\$5.05	Fall 2024
MAT 065	75.00	\$87.65	\$12.65	\$132.26	\$44.61	Fall 2024
MAT 102	76.00	\$84.36	\$8.36	\$89.99	\$5.63	Fall 2024
MAT 110	76.00	\$84.36	\$8.36	\$89.99	\$5.63	Fall 2024
MAT 111	76.00	\$84.36	\$8.36	\$89.99	\$5.63	Fall 2024
MAT 114	76.00	\$84.36	\$8.36	\$89.99	\$5.63	Fall 2024
MAT 116	76.00	\$84.36	\$8.36	\$89.99	\$5.63	Fall 2024
MAT 117	76.00	\$84.36	\$8.36	\$89.99	\$5.63	Fall 2024
MAT 122	76.00	\$84.36	\$8.36	\$89.99	\$5.63	Fall 2024
MAT 124	76.00	\$84.36	\$8.36	\$89.99	\$5.63	Fall 2024
MAT 131	61.00	\$46.88	(\$14.12)	\$79.99	\$33.11	Fall 2024
MAT 133	30.50	\$46.88	\$16.38	\$79.99	\$33.11	Fall 2024
MAT 134	76.00	\$84.36	\$8.36	\$89.99	\$5.63	Fall 2024
MAT 170	89.00	\$93.74	\$4.74	\$94.99	\$1.25	Fall 2024
MAT 235	30.00	\$46.88	\$16.88	\$79.99	\$33.11	Fall 2024
MUS 104	77.86	\$81.80	\$3.94	\$107.07	\$25.27	Fall 2024
MUS 110	79.00	\$81.80	\$2.80	\$107.07	\$25.27	Fall 2024
PSY 100	72.00	\$77.50	\$5.50	\$107.07	\$29.57	Fall 2024
PSY 201	80.00	\$84.36	\$4.36	\$84.99	\$0.63	Fall 2024
PSY 210	43.30	\$47.80	\$4.50	\$50.99	\$3.19	Fall 2024
RHT 102	33.25	\$31.86	(\$1.39)	\$35.99	\$4.13	Fall 2024
SOC 100	64.89	\$68.20	\$3.31	\$89.22	\$21.02	Fall 2024
SPE 101	78.00	\$81.80	\$3.80	\$107.07	\$25.27	Fall 2024

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

Meeting of March 19, 2024

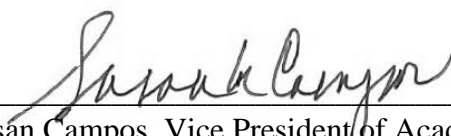
ACTION EXHIBIT NO. 17014

**SUBJECT: CURRICULUM RECOMMENDATIONS**

**RECOMMENDATION:** That the Board of Trustees approve the attached College Curriculum Committee recommendations.

**RATIONALE:** These recommendations were approved by the College Curriculum Committee on February 1, 2024, and approved by the Academic Senate on February 13, 2024.

**Submitted to Board by:**

  
\_\_\_\_\_  
Dr. Susan Campos, Vice President of Academic Affairs

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**Board Officers' Signatures Required:**

_____	_____	_____
<b>Mark R. Stephens</b>	<b>Tracy Jennings</b>	<b>Date</b>
<b>Board Chairman</b>	<b>Secretary</b>	

Related forms requiring signature: Yes  No

**College Curriculum Committee Summary  
February 1, 2024**

**for**

**Academic Senate, February 13, 2024  
Board of Trustees, March 19, 2024**

***PROGRAMS***

**REVISED PROGRAM(s)**

- C436A Sport Management Certificate
  - updated program description; moved core courses to Electives list; added to Electives list: PED 168, PED 206, PED 130 or below activity courses
  - *Effective 5/27/2024*
- C436B Sports Conditioning Certificate
  - updated program description; added to Electives list: PED 206, PED 130 or below activity courses; moved PED 153 from Semester 1 to Electives list; PED 168 from Electives list to Semester 1
  - *Effective 5/27/2024*
- C437A Integrative Wellness Certificate
  - added to Electives list: PED 168, PED 106, PED 130 or below activity courses; deleted: HTH 110, HTH 210, HTH 216
  - *Effective 5/27/2024*
- C220A Early Childhood Career Pathway, Gateways to Opportunity Level IV Credential AAS
  - title revised to: 'Early Childhood Education Associates in Applied Science, Career Pathway'; updated program description and Program Learning Outcomes
  - *Effective 5/27/2024*
- U224A14 Early Childhood Associate in Arts Transfer Pathway, Level II, Gateways to Opportunity Credential AA
  - title revised to: 'Early Childhood Associates in Arts, Transfer Pathway'; updated program description and Program Learning Outcomes
  - *Effective 5/27/2024*

***COURSES***

**NEW COURSE(s)**

- HUM 160 Introduction to LGBTQ Studies
  - credits:3; lecture: 3
  - *Effective 8/18/2024*

TRITON COLLEGE  
DISTRICT #504

SCHEDULE B46.11  
VOLUME XLVI  
March 19, 2024

Dental Equipment

The following firms have been invited to submit bids for purchasing the Dental Equipment. An advertisement for bid was placed in the Chicago Tribune - West Cook County Zone. Twenty-five (25) companies were directly solicited. Immediately after the closing hour for receiving bids, which was at 1:30 p.m. local time, Thursday February 8, 2024, the bids were publicly opened and read aloud in room A-300 by Danielle Stephens, Purchasing Manager and witnessed by Theresa Gajc, Account Clerk.

COMPANY	NET COST
Benco Dental Supply Co 295 Center Point Blvd Pittston, PA 18640	\$27,400.02

It is recommended that the Board of Trustees accept the proposal submitted by Benco Dental Supply Co in accordance with their low specified bid. This item was competitively bid according to state statutes.

Recommendation along with tabulation is attached.

APPROVED:



Sean O'Brien Sullivan  
Vice President – Business Services

A/C Number	06-30905021-580600005
A/C Name	ICCB WEI#5 : Equipment - Instructional
Budget	\$ 30,000.00
Prev. Expend	\$ 0
Schedule	\$ 27,400.02
Balance	\$ 2,599.98

## MEMORANDUM

To: **Sean Sullivan**  
From: **Will White**  
Date: **2/09/24**  
Re: **Bid Results**

Three companies submitted equipment bids for a Dental Assistant classroom equipment upgrade. The bid is based on the following:

### Equipment and shipping costs:

- Handheld X-Ray System
- Titanium digital X-Ray sensor
- Wired Scanner and laptop
- Onsite Training
- Shipping, delivery, and setup

### Other considerations:

- Delivery timeline

The 3 responsive bids are as follows:

MCF Enterprise	\$29,837.50
Henry Schein	\$28,029
Benco Dental	\$27,400.02

**Accepting the bid from Benco Dental is recommended.**

Dental Equipment	Bid Opening Thursday, February 8, 2024 at 1:30 pm		
Company Name:	MCF Enterprise	Henry Schein, Inc.	Benco Dental Suppl Co
NOMAD PRO 2 White Handheld X-Ray System ARIBEX # 1.013.2040	\$ 5,873.75	\$ 5,491.00	\$ 5,936.73
DEXIS Titanium Digital X-RAY Sensor DEXIS #1.013.2913	\$ 6,562.50	\$ 6,073.00	\$ 6,405.06
IS 3800 WIRED SCANNER+LAPTOP DEXIS #8.0002518	\$ 15,351.25	\$ 14,570.00	\$ 13,558.23
DEXIS IS Training Onsite	\$ 1,500.00	\$ 1,080.00	\$ 1,500.00
Shipping, delivery, set-up, and any other charges.	\$ 500.00	\$ 815.00	\$ -
Delivery; number of days.	21 Days	Time of PO	3-5 Days
Total Cost	\$ 29,837.50	\$ 28,029.00	\$ 27,400.02

Advanced Dental Materials LLC  
600 Technology Park Ste. 108  
Lake Mary, FL 32746

Associated X-Ray Imaging Corp.  
49 Newark St  
Haverhill, MA 01832

Atlanta Dental Supply Co  
1650 Satellite Blvd  
Duluth, GA 30097

Benco Dental Supply Co  
295 CenterPoint Blvd  
Pittston, PA 18640

Burkhart Dental Supply  
2502 S 78<sup>th</sup> St  
Tacoma, WA 98409

California Radiographics Inc  
3335 Soquel Dr  
Soquel, CA 95073

Dental Whale  
13621 NW 12<sup>th</sup> St, Ste 130  
Sunrise, FL 33323

G.E. Walker, Inc.  
4420 E Adamo Dr, Ste 206  
Tampa, FL 33605

Goetze Dental  
393 NE 33<sup>rd</sup> Terr Ste J  
Kansas City, MO 64117

Henry Schein, Inc.  
135 Duryea Rd  
Melville, NY 11747

MCF Enterprises  
110 County Line Rd West #A  
Westerville, OH 43082

Medical Imaging, Inc.  
195 S Adkins Way #101  
Meridian, ID 83642

Mid-South Medical Imaging  
4264 Lakeland Dr  
Flowood, MS 39232

Midway Dental Supply  
5445 Guion Rd  
Indianapolis, IN 46254

Midwest Dental Equipment & Supply  
2700 Commerce St  
Wichita Falls, TX 76301

M & S Dental Supply  
105-30 101<sup>st</sup> Ave  
Ozone Park, NY 11416

Nashville Dental Inc  
1229 Northgate Business Pkwy  
Madison, TN 11416

Parkway Dental Services Inc UDD  
4576 S Crescent Blvd  
Pennsauken, NJ 08109

Patterson Dental Supply  
1031 Mendota Heights Rd  
Saint Paul, MN 55120

Pemco/Newark Dental Corp  
35 Stern Ave  
PO Box 249  
Springfield, NJ 07081

Quality Systems  
18111 Von Karman Ave, Ste 700  
Irvine, CA 92612

R & F Imaging Systems, Inc.  
549 Webb Industrial Dr  
Marietta, GA 30062

Southwest Medical & Dental Inc.  
8617 Ambassador Row, Ste 110  
Dallas, TX 75247

Triangle X-Ray Company  
4900 Thornton Rd, Ste 117  
Raleigh, NC 27616

Tri-State Dental Inc  
24 Abeel Rd  
Monroe, NJ 08831



Roof Guard Systems – Campus Wide

8 firms submitted bids for the Roof Guard Systems – Campus Wide project. 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 11:00 a.m. local time, Tuesday, February 20, 2024, the bids were publicly opened and read aloud in room A-300 by John Lambrecht, Operations & Maintenance and Gaspare Pitrello, Arcon Associates, Inc. and witnessed by Steve Mazurek and James Pechacek, Maintenance, Danielle Stephens, Purchasing, Jessica Potempa, Arcon Associates, Inc., and representatives from Preservation Services, Combined Roofing, Elens & Maichin, DCG Roofing, F & G Roofing, and L Marshall Roofing.

It is recommended that the Board of Trustees accept the proposal submitted by Preservation Services. in accordance with their low specified bid. This item was competitively bid according to state statutes.

COMPANY  
Preservation Services  
221 Rocbaar Drive  
Romeville, IL 60446

NET COST  
\$213,201.30

APPROVED:



Sean O'Brien Sullivan  
Vice President – Business Services

A/C Number	03-70900537-530900010
A/C Name	DCEO Roof Guard Other Contractual Services
FY24 Budget	\$ 250,000.00
Prev. Expend.	\$ 0.00
Schedule	\$ 213,201.30
Balance	\$ 36,798.70

## Memorandum

February 26, 2024

To: Sean Sullivan  
V.P. Business Services

From: John Lambrecht  
Associate Vice President, Facilities



RE: Roof Guard Systems – Campus Wide



Operations & Maintenance

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Triton College received 8 bids from vendors for the Roof Guard Systems – Campus Wide project.

The lowest, qualified bidder was Preservation Services, in the Base Bid and Alternates E, F, and H in the amount of \$213,201.30.

Arcon Associates, Inc. has carefully reviewed the bid and recommends that the project be awarded to be awarded to Preservation Services, in the Base Bid and Alternates E, F, and H in the amount of \$213,201.30.

I support this recommendation and agree that the bid should be awarded to Preservation Services, in the Base Bid and Alternates E, F, and H in the amount of \$213,201.30.

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

John



February 26, 2024

Mr. John Lambrecht  
Associate Vice President of Facilities  
Triton College  
2000 Fifth Avenue  
River Grove, Illinois 60171

RE: BID RECOMMENDATION  
ROOF GUARD SYSTEMS – CAMPUS WIDE  
TRITON COLLEGE  
PROJECT NO. 23018

Dear Mr. Lambrecht:

On Tuesday, February 20, 2024, at 11:00 A.M. eight (8) sealed bids were publicly opened and read for the Roof Guard Systems – Campus Wide project. The low qualified bidder is Preservation Services, in the Base Bid and selected Alternates amount of \$213,201.30. The Base Bid includes the project contingency.

We contacted Preservation Services, and they have confirmed their bid. The project requirements were reviewed, and Preservation Services demonstrated an understanding of the scope of work and project timeline. We believe Preservation Services is capable of performing well on this project.

Therefore, ARCON Associates, Inc. recommends that the Board of Trustees, Triton College award the contract for the Roof Guard Systems – Campus Wide project to the low qualified bidder, Preservation Services, in the Base Bid and selected Alternates amount of \$213,201.30.

Attached is the Bid Tabulation Sheet for your review.

Sincerely,  
ARCON Associates, Inc.

A handwritten signature in black ink, reading 'Gaspare Pitrello'.

Gaspare P. Pitrello, ALA  
Principal

Attachments

WMS/rac

J:\Triton College\23018 Roof Guard System Re-Bid @ Multiple Buildings\1 Docs\Corr\23018L001.docx

Project: ROOF GUARD SYSTEMS RE-BID @ CAMPUS WIDE  
 Owner: Tilton College  
 Project No.: 23018  
 Bid Date/Time: Tuesday, February 20, 2024 @ 11:00 AM



CONTRACTOR	AD.1	BID BOND	BEP	BASE BID + 10% CONTINGENCY	ALTERNATE E:	ALTERNATE F:	ALTERNATE G:	ALTERNATE H:	ALTERNATE I:	TOTAL
					ALL WORK SHOWN ON DRAWINGS FOR BUILDING E	ALL WORK SHOWN ON DRAWINGS FOR BUILDING F	ALL WORK SHOWN ON DRAWINGS FOR BUILDING G	ALL WORK SHOWN ON DRAWINGS FOR BUILDING H	ALL WORK SHOWN ON DRAWINGS FOR BUILDING I	
					UNIT PRICE NO. 1: FURNISH & INSTALL TEN (10) 1/2" x 1/4" PAINTED LIME WORK NOTE 014 COMPLETE)	UNIT PRICE NO. 2: FURNISH & INSTALL ONE (1) ROOF HATCH GUARD & TELEGRAPHIC LOCKER SAFETY POSE (WORK NOTE 02 & 03 COMPLETE)	UNIT PRICE NO. 3: FURNISH & INSTALL ONE (1) 4' x 4' SAFETY RESTRICTION (WORK NOTE ON COMPLETE)	UNIT PRICE NO. 4: FURNISH & INSTALL ONE (1) 10' x 10' PAINTED SECTION OF ROOF GUARD ASSEMBLY (WORK NOTE 014 COMPLETE)		
1. Performance Roofing Services	X	X		1,111,999.30	\$29,441.00	\$27,417.00	\$20,243.24	\$12,384.88	\$4,000.00	\$713,201.36
2. R&B Roofing Co.	X	X	HA	\$236,040.00	\$168.20	\$4,200.00	\$2,500.00	\$1,930.00	---	---
3. L. Marshall	X	X	Y	\$274,450.00	\$39,900.00	\$39,900.00	\$580.00	\$3,960.00	---	---
4. DCC Roofing Solutions	X	X	Y	\$242,140.00	\$48,442.00	\$48,442.00	\$43,442.00	\$15,955.00	\$8,200.00	---
5. Riddick Roofing Co.	X	X	HA	\$246,910.00	\$50,792.00	\$50,792.00	\$50,792.00	\$13,867.00	\$7,008.00	---
6. Kitchin Roofing	X	X	Y	\$230,780.00	\$54,500.00	\$56,900.00	\$56,900.00	\$29,540.00	\$24,800.00	---
7. Elias & Marston	X	X	Y	\$210,045.00	\$47,980.00	\$47,980.00	\$47,980.00	\$21,280.00	\$18,948.00	---
8. Creland Roofing	X	X		\$334,840.00	\$76,400.00	\$76,400.00	\$76,400.00	\$39,300.00	\$32,500.00	---
9.					\$600.00	\$5,700.00	\$3,200.00	\$5,000.00	---	---
10.										---
11.										---
12.										---