

**CITY OF WILKES-BARRE
PENNSYLVANIA**



CITY COUNCIL AGENDA

CITY COUNCIL

WORK SESSION

DATE: January 23, 2018

TIME: 6:00 p.m.

6:00 p.m. **Jim Ryan, City Clerk**

1. Resolution authorizing the disposition of Records (parking tickets and property taxes).
2. Resolution authorizing Compass Group USA Inc./Leo's on Mane, 177 North Main Street to utilize 6' of the city's right-of-way in front of its location for outdoor seating.

6:10 p.m. **Mayor Tony George (See Attached)**

**WILKES-BARRE CITY COUNCIL
WORK SESSION
JANUARY 23, 2018**

RESOLUTIONS:

Authorizing the proper city officials to retain the services of Desman Design Management for a Phase 1 study/assessment of the City's parking system.

Granting Big Brothers Big Sisters ("BBBS") permission to temporarily place a promotional sign(s) on city owned property located at the corner of West Market Street and North River Streets to advertise its fundraiser scheduled for March 24, 2018.

**CITY OF WILKES-BARRE
PENNSYLVANIA**



CITY COUNCIL AGENDA

CITY COUNCIL

JANUARY 25, 2018

PLEDGE OF ALLEGIANCE

ROLL CALL

CONSENT AGENDA (RESOLUTIONS)

PRESENTATIONS BY COUNCIL MEMBERS

PUBLIC DISCUSSION

ADJOURNMENT

CITY COUNCIL
JANUARY 25, 2018

CONSENT AGENDA (RESOLUTIONS)

Authorizing the disposition of records (parking tickets and property taxes).

Authorizing Compass Group USA Inc./Leo's on Mane, 177 North Main Street to utilize 6' of the city's right-of-way in front of its location for outdoor seating.

Authorizing the proper city officials to retain the services of Desman Design Management for a Phase 1 study/assessment of the city's parking system.

Granting Big Brothers Big Sisters permission to temporarily place a promotional sign(s) on city owned property located at the corner of West Market Street and North River Streets to advertise its fundraiser schedule for March 24, 2018.

Authorizing the proper city officials to rescind Resolution No. R0131-17 related to the renovation of the Historic Wyoming Valley Art League Building grant application.

Authorizing the proper city officials to prepare and submit the necessary application to The Commonwealth of Pennsylvania, acting through the CFA, for the Local Share Account-Luzerne County program funds for the Historic Wyoming Valley Art League Building upgrades.

MINUTES

Of the Regular Session of City Council of January 11, 2018.



Wilkes-Barre, Pa. _____

Resolution No. _____

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

Whereas, by virtue of Resolution No. R0022-09, adopted February 26, 2009, the City of Wilkes-Barre declared its intent to follow the schedules and procedures for the disposition of records as set forth in the Municipal Records Manual approved December 16, 2008, and

Whereas, in accordance with Act 428 of 1968, each individual act of disposition shall be approved by resolution of the governing body of the municipality;

Now, Therefore, Be It Resolved that the City Council of Wilkes-Barre, Luzerne County, Pennsylvania, in accordance with the above cited Municipal Records Manual, hereby authorizes the disposition of the following public records:

Office/Department: Business Office/Tax Office

<u>Box Number, Record title, dates</u>	<u>Cubic Feet</u>
No Box Numbers; 3 boxes – 2010 Parking Tickets	3.78
No Box Numbers; 6 boxes – 2015 Parking Tickets	7.56
No Box Numbers; 2 boxes – 2016 Parking Tickets	2.52
No Box Number; 3 boxes – 2014 City Property Taxes	<u>3.78</u>
1 box 1/24/14 to 3/07/14	
1 box 3/08/14 to 4/30/14	
1 box 5/1/14 to 1/15/14	
Total	17.64

Submitted by _____

ROLL CALL

RESOLUTIONS



Wilkes-Barre, Pa. _____

Resolution No. _____

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

RESOLVED, that the City Council of the City of Wilkes-Barre hereby authorizes Compass Group USA Inc./Leo's on Mane, 177 North Main Street, Wilkes-Barre, to utilize approximately six (6') feet of the City right-of-way located in front of its location for outdoor seating provided that pedestrian and emergency vehicle access are not adversely effected and upon the following conditions:

1. A Hold Harmless Agreement in favor of the City of Wilkes-Barre shall be executed and returned to the Office of the City Attorney.
2. Certificates of Insurance naming the City as an additional insured shall be filed with the Office of the City Attorney in an amount of one million per occurrence and two million per aggregate.
3. Any alcoholic beverages served must be contained in the area licensed by the Pennsylvania Liquor Control Board.
4. Any and all successors must follow the same requirements.

Submitted by _____

ROLL CALL

RESOLUTIONS

January 17, 2018

Wilkes Barre City Council Chairperson
c/o Jim Ryan, City Clerk
40 East Market Street
Wilkes Barre, PA 18711

Dear City Council Chairperson,

This letter serves as a request for approval of a proposed outdoor seating area utilizing the city right-of-way at 177 North Main Street, Wilkes Barre, PA. The tables and chairs will be placed outside of Leo's on Mane restaurant for table service and consumption of food and beverages. We believe that the addition of this seating area will be attractive to both students and non-students alike and enhance the streetscape of North Main and North Streets. Pedestrian and emergency vehicle access will be allowed in the event that it is necessary.

Attached is a floor plan indicating where the proposed seating will be placed, utilizing 6' of the 12' right-of-way. We anticipate placing up to six tables but may use less. Also attached, are a hold harmless agreement in favor of the City of Wilkes Barre and Certificate of Insurance, naming the City as an additional insured.

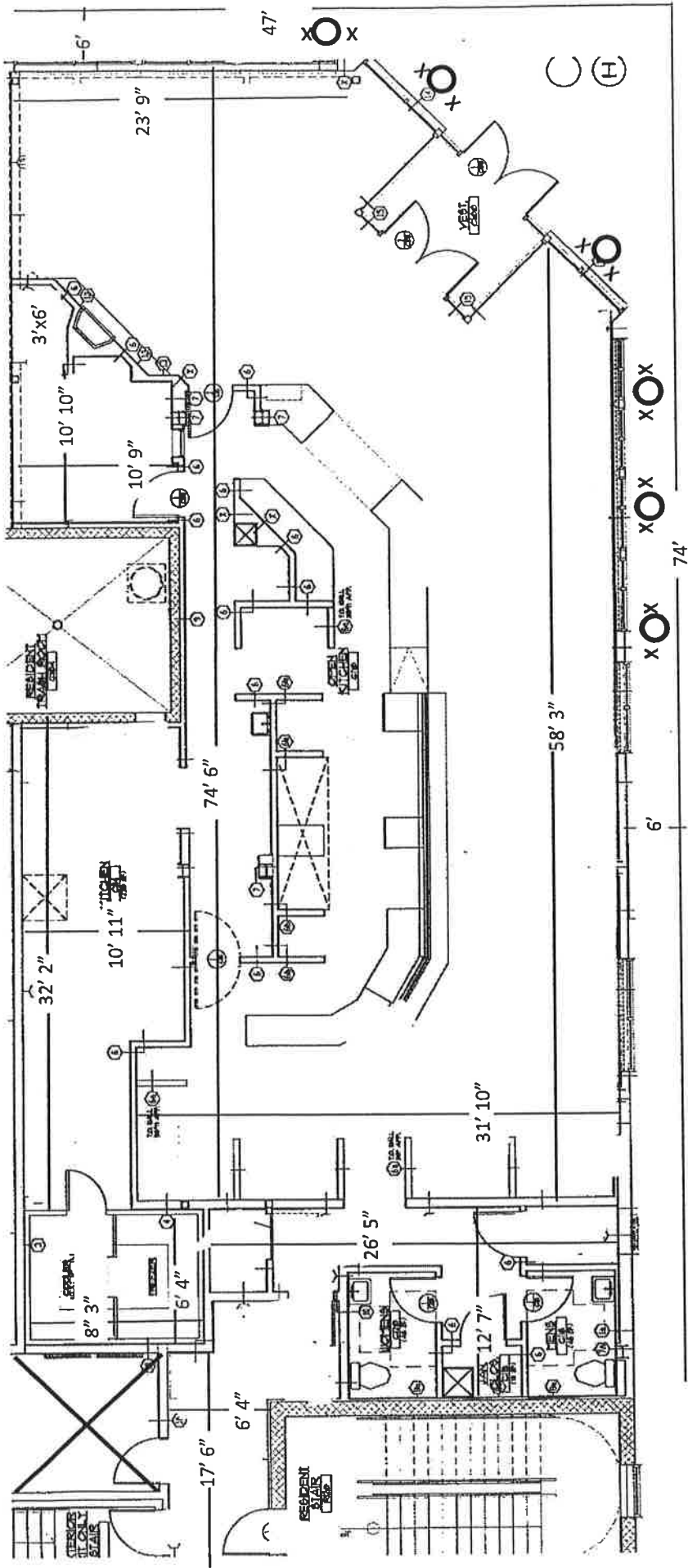
Thank you for your time and consideration. We look forward to a positive outcome for Chartwells, King's College and the City of Wilkes Barre.

Sincerely,

Jeffrey Thomas

Senior Director of Dining Services

Kings College





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of North Carolina, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED Compass Group USA, Inc. 2400 Yorkmont Road Charlotte, NC 282174611	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: National Union Fire Insurance Company of P</td> <td style="text-align: center;">19445</td> </tr> <tr> <td>INSURER B: ACE Property & Casualty Insurance Company</td> <td style="text-align: center;">20699</td> </tr> <tr> <td>INSURER C: New Hampshire Insurance Company</td> <td style="text-align: center;">23841</td> </tr> <tr> <td>INSURER D: National Fire & Marine Insurance Company</td> <td style="text-align: center;">20079</td> </tr> <tr> <td>INSURER E: American Home Assurance Company</td> <td style="text-align: center;">19380</td> </tr> <tr> <td>INSURER F: Illinois National Insurance Company</td> <td style="text-align: center;">23817</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Insurance Company of P	19445	INSURER B: ACE Property & Casualty Insurance Company	20699	INSURER C: New Hampshire Insurance Company	23841	INSURER D: National Fire & Marine Insurance Company	20079	INSURER E: American Home Assurance Company	19380	INSURER F: Illinois National Insurance Company	23817
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COVERAGES
CERTIFICATE NUMBER: W5119425
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	GL 6938977	09/30/2017	09/30/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COM/OP AGG \$ 5,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> Self Ins. Phy <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Damage			CA 4400105	09/30/2017	09/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			XOO G27738631 003	09/30/2017	09/30/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 086326269	09/30/2017	09/30/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Liquor Liability - Compass			GL 6938973	09/30/2017	09/30/2018	Each Common Cause: \$1,000,000 Aggregate: \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 SIR applies as respect to General Liability per terms and conditions of this policy.

The umbrella policy follows the primary insurance coverage captioned above subject to the policy terms and conditions.
 SEE ATTACHED

CERTIFICATE HOLDER
CANCELLATION

City of Wilkes-Barre 40 East Market Street Wilkes-Barre, PA 18711	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of North Carolina, Inc.		NAMED INSURED Compass Group USA, Inc. 2400 Yorkmont Road Charlotte, NC 282174611	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Policy #WC 086326269 Covers States of
 AL,AR,CO,CT,DC,DE,GA,HI,IA,ID,IN,KS,LA,MD,MI,MN,MO,MS,MT,NE,NM,NV,NY,OK,OR,RI,SC,SD,TN,TX,WV.

SIR applies as respect to Liquor Liability per terms and conditions of this policy.

Re: Compass Group USA Inc. d.b.a. Leos on Mane
 177 North Main Street, Wilkes-Barre, PA 18711.

City of Wilkes-Barre, 40 East Market Street, Wilkes-Barre, PA 18711, is included as an Additional Insured as respects
 to General Liability where required by written contract.

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh
 POLICY NUMBER: CA 4400105 EFF DATE: 09/30/2017 EXP DATE: 09/30/2018

NAIC#: 19445

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Garagekeepers Liability	Limits:	\$1,500,000

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh
 POLICY NUMBER: CA 4400106 EFF DATE: 09/30/2017 EXP DATE: 09/30/2018

NAIC#: 19445

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Compass - MA Auto Liability Any Auto Self-Ins. Phy Damage	Combined Single Lmt:	\$2,000,000

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh
 POLICY NUMBER: CA 4400108 EFF DATE: 09/30/2017 EXP DATE: 09/30/2018

NAIC#: 19445

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Compass - VA Auto Liability Any Auto Self-Ins. Phy Damage	Combined Single Limit	\$2,000,000

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 3 of 4

AGENCY Willis of North Carolina, Inc.		NAMED INSURED Compass Group USA, Inc. 2400 Yorkmont Road Charlotte, NC 282174611	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: National Fire & Marine Insurance Company NAIC#: 20079
POLICY NUMBER: 42-XSF-302909-02 EFF DATE: 09/30/2017 EXP DATE: 09/30/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Business Auto Liability Any Auto	Combined Single Lmt:	\$3,000,000

INSURER AFFORDING COVERAGE: New Hampshire Insurance Company NAIC#: 23841
POLICY NUMBER: WC 086326276 EFF DATE: 09/30/2017 EXP DATE: 09/30/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Work Comp & Emp Liability WC - Per Statute	E.L. Each Accident: E.L. Disease-Pol Lmt: E.L. Disease Ea Emp:	\$2,000,000 \$2,000,000 \$2,000,000

ADDITIONAL REMARKS:
Policy Covers States of: AK, AZ, IL, KY, NC, NH, NJ, PA, UT, VA, VT

INSURER AFFORDING COVERAGE: New Hampshire Insurance Company NAIC#: 23841
POLICY NUMBER: WC 086326271 EFF DATE: 09/30/2017 EXP DATE: 09/30/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Work Comp & Emp Liab WC - Per Statute	E.L. Each Accident: E.L. Disease Pol Lmt: E.L. Disease Ea Emp:	\$2,000,000 \$2,000,000 \$2,000,000

ADDITIONAL REMARKS:
Policy Covers States of: MA, WI, Stop Gap Coverage: ND, OH, WA, WY.

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of North Carolina, Inc.		NAMED INSURED Compass Group USA, Inc. 2400 Yorkmont Road Charlotte, NC 282174611	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: American Home Assurance Company NAIC#: 19380
POLICY NUMBER: WC 086326275 EFF DATE: 09/30/2017 EXP DATE: 09/30/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Work Comp & Emp Liab	E.L. Each Accident:	\$2,000,000
WC - Per Statute	E.L. Disease pol Lmt:	\$2,000,000
	E.L. Disease Ea Emp:	\$2,000,000

ADDITIONAL REMARKS:
Policy Covers State of CA.

INSURER AFFORDING COVERAGE: Illinois National Insurance Company NAIC#: 23817
POLICY NUMBER: WC 086326270 EFF DATE: 09/30/2017 EXP DATE: 09/30/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Work Comp & Emp Liab	E.L. Each Accident:	\$2,000,000
WC - Per Statute	E.L. Disease Pol Lmt:	\$2,000,000
	E.L. Disease Ea Emp:	\$2,000,000

ADDITIONAL REMARKS:
Policy Covers State of FL.

INSURER AFFORDING COVERAGE: New Hampshire Insurance Company NAIC#: 23841
POLICY NUMBER: WC 086326272 EFF DATE: 09/30/2017 EXP DATE: 09/30/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Work Comp & Emp Liab	E.L. Each Accident:	\$2,000,000
WC - Per Statute	E.L. Disease Pol Lmt:	\$2,000,000
	E.L. Disease Ea. Emp:	\$2,000,000

ADDITIONAL REMARKS:
Policy Covers State of ME

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of North Carolina, Inc.		NAMED INSURED Compass Group USA, Inc. 2400 Yorkmont Road Charlotte, NC 282174611	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh NAIC#: 19445
 POLICY NUMBER: XWC 6583181 EFF DATE: 09/30/2017 EXP DATE: 09/30/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Work Comp	E.L. Each Accident:	\$2,000,000
WC - Per Statute	E.L. Disease Pol Lmt:	\$2,000,000
	E.L. Disease Ea Emp:	\$2,000,000

ADDITIONAL REMARKS:
 Policy Covers State of OH

INDEMNITY AGREEMENT


DATED 1/17/2018

CITY OF WILKES-BARRE
CITY HALL
WILKES-BARRE, PA. 18711

THE CITY OF WILKES-BARRE, under date of 1/17/2018
grants to Compass Group USA Inc. / Leo's on Main
177 North Main Street, Wilkes-Barre, PA 18711
permission to approve outdoor seating in front of said business,
utilizing the city right-of-way.

THEREFORE, the said Compass Group USA Inc. / Leo's on Main

shall and does indemnify and save harmless the City of Wilkes-Barre from any loss, damage or expense whatsoever, including costs and attorney's fees, the City may incur or be required to pay where occasioned by or arising from said permission granted, and/or work as aforesaid.

BY 
Sr. Director of Dining Services
King's College - Chartwells Higher Ed.

EVIDENCE OF INSURANCE IS ALSO REQUIRED

INDEMNITY AGREEMENT


DATED 1/17/2018

CITY OF WILKES-BARRE
CITY HALL
WILKES-BARRE, PA. 18711

THE CITY OF WILKES-BARRE, under date of 1/17/2018
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BY 
Sr. Director of City Services
King's College - Chartwells Higher Ed.

EVIDENCE OF INSURANCE IS ALSO REQUIRED



Wilkes-Barre, Pa. _____

Resolution No. _____

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

WHEREAS, the City of Wilkes-Barre has retained PFM Financial Advisors, LLC (“PFM”) to assist the City in determining whether it would be beneficial for the City to monetize its parking system;

WHEREAS, PFM has recommended that the City retain the services of the Desman Design Management (“Desman”), a national specialist in municipal parking systems, to assist the City and PFM in to the above-referenced analysis;

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Wilkes-Barre that the proper city officials are hereby authorized to retain the services of Desman Design Management for a Phase 1 study/assessment of the City’s parking system.

Submitted by _____

ROLL CALL

RESOLUTIONS



Wilkes-Barre, Pa. _____

Resolution No. _____

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

WHEREAS, the mission of Big Brothers Big Sisters (“BBBS”) is to provide children facing adversity with strong and enduring, professionally supported one on one relationships that change their lives for the better;

WHEREAS, Big Brothers Big Sisters partners with parents/guardians, volunteers and others in the community to help children achieve higher aspirations, greater confidence, better relationships, avoidance of risk behaviors and educational success;

WHEREAS, BBBS is holding its annual fundraiser on March 24, 2018 and wishes to promote its event to the general public;

WHEREAS, BBBS has requested that the City allow it to temporarily place a promotional sign(s) on City owned property;

NOW, THEREFORE, BE IT RESOLVED, that BBBS is hereby granted permission to temporarily place a promotional sign(s) on City owned property located at the corner of West Market and North River Streets to advertise its fundraiser scheduled for March 24, 2018;

BE IT FURTHER RESOLVED that this permission is contingent upon:

1. BBBS being responsible for the installation and timely removal of the sign(s);
2. BBBS (or its parent organization) providing the City with a Certificate of Insurance naming the City as an additional insured;
3. BBBS (or its parent organization) executing an Indemnity Agreement in favor of the City;
4. BBBS removing sign(s) within seven (7) days after the fundraiser;
5. BBBS installing the sign(s) in an area which does not obstruct the view of vehicular traffic; and
6. BBBS returning the City’s property to a substantially similar condition to that which existed prior to sign installation.

Submitted by _____

ROLL CALL

RESOLUTIONS



Resolution No. _____

Wilkes-Barre, Pa. _____

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

THAT, the proper city officials are authorized to rescind Resolution No. R0131-17 dated December 21, 2017 related to the Renovation of the Historic Wyoming Valley Art League Building grant application.

Submitted by _____

ROLL CALL

RESOLUTIONS



Wilkes-Barre, Pa. _____

Resolution No. _____

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

WHEREAS, the establishment of the Mohegan Sun Casino at Pocono Downs (Casino) has resulted in revenue from this facility allocated to a Local Share Account— Luzerne County (Account) administered by the Commonwealth Financing Authority (CFA); AND

WHEREAS, money in this Account is available for distribution to municipalities in Luzerne County; AND

WHEREAS, revenue in this Account is designated to improve the quality of life of citizens in the City of Wilkes-Barre and other municipalities in Luzerne County; AND

WHEREAS, the City of Wilkes-Barre is desirous of applying for a \$749,570.00 grant from the Commonwealth of Pennsylvania, acting through the CFA, for the Local Share Account- Luzerne County program funds. The project will be phased over a 3 year time period (Year 1 - \$209,072.00, Year 2 - \$290,949.00 & Year 3 \$249,549.00). The funds will be used for the Historic Wyoming Valley Art League Building upgrades such as meeting ADA handicapped requirements with the addition of an elevator and accessible restrooms. Also, exterior building repairs to eliminate and prevent water leaks. These improvements will adequately equip the building to serve public visitors.

NOW, THEREFORE, BE IT RESOLVED, by the City Council of the CITY OF WILKES-BARRE that the proper City officials are hereby authorized to prepare and submit the necessary application to the Commonwealth of Pennsylvania, acting through the CFA, for the Local Share Account- Luzerne County program funds; AND

BE IT FURTHER RESOLVED, that the Mayor is hereby authorized to enter into the appropriate agreement with the CFA, along with any or all other project documents, related to the Renovation of the Historic Wyoming Valley Art League Building project, if the application is approved.

Submitted by _____

ROLL CALL

RESOLUTIONS