Lake Land College Board of Trustees



RESOLUTION NUMBER: 0124-012 DATE: 1-11-24

RESOLUTION TO TRANSFER FUNDS TO THE DESIGNATED INSURANCE FUND BALANCE

WHEREAS, Lake Land College has established a designated insurance fund balance to record excess and shortfalls in our insurance spend throughout the year; and

WHEREAS, the funds may be transferred by authority of the Board of Trustees between the designated fund balance and the general fund; and

WHEREAS, the administration has proposed use of these funds to offset shortfalls in insurance premiums or to save excesses for future insurance needs.

NOW, THEREFORE, BE IT RESOLVED THAT the Board of Trustees of Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, and the State of Illinois, directs the Treasurer to transfer insurance funds between Fund 01 Education Fund and the designated insurance fund balance to remunerate expenditures by authority under the Illinois Public Community College Act, Section 805/3-33.

ADOPTED this 11 th day of Janu	ary, 2024 by the following vote:
AYES:	
NAYS:	
ABSENT:	BOARD OF TRUSTEES LAKE LAND COLLEGE COMMUNITY COLLEGE DISTRICT NO. 517 COUNTIES OF CHRISTIAN, CLARK, CLAY, COLES, CRAWFORD, CUMBERLAND, DOUGLAS, EDGAR, EFFINGHAM, FAYETTE, JASPER, MACON, MONTGOMERY, MOULTRIE, AND SHELBY STATE OF ILLINOIS
	By:Chair
Attest:Secretary	
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SECRETARY'S CERTIFICATE

I,, the undersigned, do hereby certify that I am the duly qualified
and acting Secretary of the Board of Trustees of Lake Land College, Community College District
No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar,
Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, State of Illinois, (the
"College District") and as such official, I am the keeper of the records and files of the Board of
Trustees of said College District.
I do further certify that the foregoing Resolution to Transfer Funds to the Designated
Insurance Fund Balance is a true, correct and complete copy of that Resolution as adopted by the
Board of Trustees of the College District at a meeting held on the 11th day of January, 2024.
I do further certify that the deliberations of the members of the Board of Trustees on the
adoption of the Resolution were taken openly; that the vote on the adoption of the Resolution was
taken openly; that the meeting was held at a specified time and place convenient to the public; that
notice of the meeting was duly given to all newspapers, radio or television stations, and other news
media requesting notice; and that the meeting was called and held in strict compliance with the
provisions of the Illinois Open Meetings Act, as amended, and the applicable provisions of the
Public Community College Act of the State of Illinois, and that this Board of Trustees has complied
with all of the applicable provisions of said Acts and with all the procedural rules of the Board of
Trustees.
IN WITNESS WHEREOF, I hereunto affix my official signature, this 11 th day of January, 2024.
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Secretary, Board of Trustees