HIBBING CITY COUNCIL
Regular Meeting
Wednesday, November 5, 2025
5:00 PM

Councilor Justin Fosso
Councilor John Schweiberger
Councilor James Bayliss
Councilor Jay Hildenbrand
Councilor Jennifer Hoffman Saccoman
Councilor Chris Whitney
Mayor Pete Hyduke

City Administrator Greg Pruszinske
City Clerk-Dep Admin Candie Seppala
Finance Dir - Treasurer Sheena Mulner
City Attorney Andy Borland
Chief of Police Steve Estey
City Engineer Jesse Story

Members may participate through remote technology.

I. CALL TO ORDER:

II. PLEDGE OF ALLEGIANCE:

III. ADDS AND DELETES:

1. ADDs: CONSENT AGENDA #17, 18, 19, & 20

IV. APPROVAL OF THE AGENDA:

V. APPROVAL OF MINUTES:

1. Approve the Minutes of the Hibbing City Council Meeting of October 22, 2025
2. Approve the Minutes of the Hibbing City Council Workshop of October 22, 2025

VI. CONSENT AGENDA:

1. Approve Accounts Payable dated October 24, 2025, checks #181235-181337 and drafts in the amount of $1,989,947.93
2. Approve Accounts Payable dated October 30, 2025, checks #181338-181385 and drafts in the amount of $889,722.25
3. Approve City Payroll for the pay period ended October 17, 2025 in the amount of $662,934.64
4. Approve City Sick Leave Payroll dated October 31, 2025 in the amount of $173,374.65
5. Accept and place on file the Hibbing Police Department September 2025 Activity Report
6. Approve the 2026 Brew Pub License of Boomtown Brewery & Woodfire Grill

7. Authorize the posting of one Temporary Equipment Operator II for Public Works.

8. Approve land use agreement between City of Hibbing and Pathblazers Snowmobile Club

9. Approve and authorize the Mayor to sign the AmeriHealth Administrators (AHA) Renewal.

10. Approve the cash and investment report for the quarter ended September 30, 2025

11. Designate Pershing Advisor Solutions LLC as the depository for the city's 2025A bond proceeds

12. Authorize Ehlers Investment Services to manage the city's 2025A bond proceeds for a fee of 0.15% of the declining balance of the account (estimated $6,206)

13. Approve the 2026 Brew Pub Off-Sale Liquor License of Boomtown Brewery & Woodfire Grill

14. Approve the Raffle Permit Application Request of the Veterans House Committee to hold Bingo on December 4, 11, & 18, 2025 at the Hibbing Elks Lodge
Raffle Permit #25-11-01

15. Approve the Raffle Permit Application Request of Blessed Sacrament Church to hold their raffle at the Church Social Hall on Tuesday, February 17, 2026
Raffle Permit #25-11-02

16. Approve the Raffle Permit Application Request of the Hibbing Boys Hoop Club to hold its raffle on Tuesday, January 6, 2026 at the Lincoln Middle School
Raffle Permit #25-11-03

17. Approve the Raffle Permit Application Request of the Hibbing Archery Club to hold their Raffle on Thursday, April 9, 2026 at the Archery Club.
Raffle Permit #25-11-04

18. Approve the Raffle Permit Application Request of the CAG Foundation to hold their raffle on Wednesday, April 29, 2026 at Safelite Auto Glass
Raffle Permit #25-11-05

19. Authorize the Mayor and City Clerk to sign the non-criminal justice agency Joint Powers Agreement (NCJA JPA) for fingerprint-based background checks with the BCA.

20. Offer resolution 25-11-03 to accept the following donations for the painting of the Ojibwe mural inside the visitor center at the Hull Rust Mine View: $5,000 Owens-Pesavanto/Dr. Benjamin P. Owens Foundation; $3,500 Jan Baldwin; $1,000 Hoffman Saccoman Family Foundation; $1,000 Fortune Bay Casino.

21. Set the next Hibbing City Council Meeting for Wednesday, November 19, 2025 for 5:00 p.m. in the City Hall Council Chamber

22. Set the next Hibbing City Council Workshop Meeting for Wednesday, November 19, 2025 following the 5:00 p.m. Regular City Council Meeting

VII. PUBLIC FORUM:

VIII. DEPARTMENT AND COMMITTEE REPORTS:

1. City Clerk-Deputy Administrator Candie Seppala

a. Authorize the Mayor and City Clerk to sign the Agreement for Services between the City of Hibbing and Sellman Borland & Simon PLLC for 2026

b. Authorize the Mayor and City Clerk to sign the Legislative Services Agreement between the City of Hibbing and Lockridge Grindal Nauen PLLP for the term of January 1, 2026 - December 31, 2028

2. Community Development Director Betsy Olivanti

a. APPROVE RESOLUTION NO. 25-11-01 AUTHORIZING THE TRANSFER OF LOT IN SARGENT ADDITION TO HIBBING TO NORTH ST. LOUIS COUNTY HABITAT FOR HUMANITY FOR HOUSING IN THE CITY OF HIBBING.

b. APPROVE RESOLUTION NO. 25-11-04 WAIVING THE PLANNING COMMISSION'S REVIEW OF THE CITY OF HIBBING'S CONVEYANCE OF REAL PROPERTY IN THE PLAT OF SARGENT ADDITION TO HIBBING, HIBBING, MINNESOTA

3. Fire Chief Erik Jankila

a. Offer RESOLUTION NO. 25-11-02 ACCEPTING THE DONATION IN THE AMOUNT OF $2500.00 from the Nashwuak Firefighters Relief Association for the purchase an IV Pump

4. City Administrator Greg Pruszinske

a. City Administrator's Report

IX. BIDS AND QUOTES:

1. City Clerk-Deputy Administrator Candie Seppala

a. Approve the payment to Consolidated Communications in the amount not to exceed $51,310.36 to cancel the services from 2024.

2. Fire Chief Erik Jankila

a. Approve the purchase of 8 Sapphire IV pumps from Boundtree Medical in the amount of $15,407.92

b. Approve the purchase of 14 sets of turn-out gear per our annual replacement program from Great Plains Fire in the amount of $46,673.48

c. Approve the purchase/replacement of non-functioning thermal imaging cameras from MES in the amount of $9,360.00

X. ADJOURNMENT:

CITY OF HIBBING (6195543)
401 E 21ST ST
HIBBING, MN 55746-1854
United States
41-6005232

Payroll Recap & Funding
Biweekly Regular 10/24/2025

Pay Date: 10/24/2025

Payroll Overview

Payroll		Biweekly Regular 10/24/2025
Pay Date		10/24/2025
# Employees		169
# Paid Employees		168
# Regular	169	
# Pay Periods		1
Base Compensation Changes		7
New Hires		1

Employee Payments

	#	EE's	$ Amount	
Direct Deposits Debited	200	168	292,616.63 [D]	
Total				**292,616.63**
(D) POD6 | UKG Payroll Services Admin Debit				**-292,616.63**
Your Remaining Bank Account Liability				**0.00**
Vouchers Printed	0			
Vouchers Suppressed	0			

Taxes

	EIN	EE's	$ Amount	
FIT/EE	41-6005232	139	41,617.98	
FICA/ER	41-6005232	109	13,810.12	
FICA/EE	41-6005232	109	13,810.12	
MEDI/ER	41-6005232	168	6,339.80	
MEDI/EE	41-6005232	168	6,339.80	
SIT:MN/EE	8022766	143	18,881.00	
Total				**100,798.82**
Your Remaining Tax Liability				**100,798.82**

Vendor Liabilities

	EE's	$ Amount	
AFLAC-WWHQ	4	226.31	
AFSCME MN COUNCIL 65	60	3,810.00 [C]	
City of Hibbing Insurance	129	145,875.59 [D]	
EMPOWER	66	9,777.94	
FIREFIGHTERS LOCAL #173 C/O	24	1,952.64 [C]	
HIBBING POLICE ASSOCIATION	14	140.00 [D]	
Lincoln Financial Group	18	4,206.29	
MADISON NATIONAL LIFE	9	295.33 [C]	
MAPE UNION ATTN: JULIE LEE	5	363.96 [C]	
MINNESOTA TEAMSTERS NO. 320	3	358.00 [C]	
MN CHILD SUPPORT PAYMENT CE	3	851.39 [D]	
MN PERA	140	98,517.74	
MN PUBLIC EMPLOYEES ASSOCIA	23	1,104.00 [C]	
NATIONWIDE	14	2,040.00	
Total			**269,519.19**
(D) POD6 | UKG Payroll Services Admin Debit			**-146,866.98**
(C) Vendor Checks			**-7,883.93**
Your Remaining Vendor Liability			**114,768.28**

Total

--More--

Total - Continued

Total	**662,934.64**
POD6 | UKG Payroll Services Admin Debit	**-439,483.61**
Total of Your Responsibility	**223,451.03**

Recap

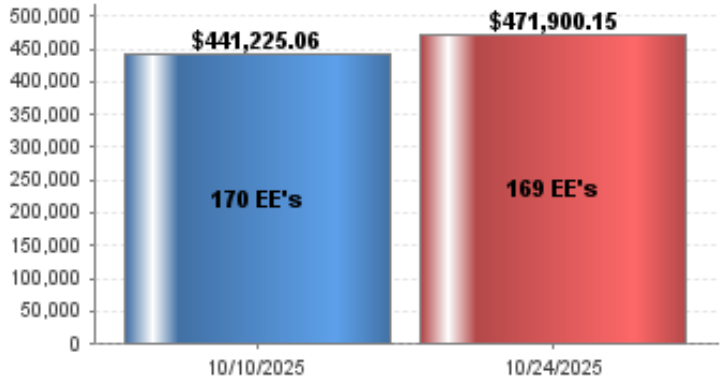
POD6 | UKG Payroll S	Date	Bank Account #	$ Amount
Vendor Payment SPA	10/23/2025	x0087	146,866.98
Empl. Dir. Dep. SPA	10/23/2025	x0087	292,616.63
		Total Debits	**439,483.61**

Cash Requirements: x0087	$ Amount
Vendor Payment SPA	146,866.98
Vendor Checks	7,883.93
Tax Payment	100,798.82
Empl. Dir. Dep. SPA	292,616.63
Total	**548,166.36**

General Ledger Summary

	Debit/Exp.	Credit/Liab.
Earning	472,155.34	
ER Deduction	170,629.38	
ER Tax (Offset)	20,149.92	
ER Tax		20,149.92
Tax		80,648.90
Deduction		98,889.81
ER Deduction (Offset)		170,629.38
Direct Deposit		292,616.63
	662,934.64	**662,934.64**

Comparison To Last Pay Period - Gross Wages



Grouped By: None
Sorted By: None
Filtered By: None

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City of Hibbing

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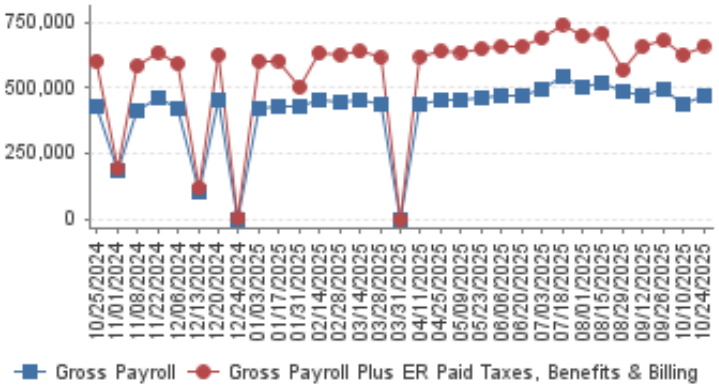
Rolling 12 Month Payroll View



CITY OF HIBBING (6195543)
401 E 21ST ST
HIBBING, MN 55746-1854
United States
41-6005232

Payroll Recap & Funding
Sick Bonus-10/31/2025

Pay Date: 10/31/2025

Payroll Overview

Payroll		Sick Bonus
Pay Date		10/31/2025
# Employees		74
# Paid Employees		74
# Regular	74	

Employee Payments

	#	EE's	$ Amount	
Direct Deposits Debited	53	45	61,981.98 D	
Total				**61,981.98**
(D) POD6 | UKG Payroll Services Admin Debit				**-61,981.98**
Your Remaining Bank Account Liability				**0.00**
Vouchers Printed	0			
Vouchers Suppressed	0			

Taxes

	EIN	EE's	$ Amount	
FIT/EE	41-6005232	38	9,899.96	
FICA/ER	41-6005232	42	4,720.12	
FICA/EE	41-6005232	42	4,720.12	
MEDI/ER	41-6005232	46	1,280.94	
MEDI/EE	41-6005232	46	1,280.94	
SIT:MN/EE	8022766	42	4,035.00	
Total				**25,937.08**
Your Remaining Tax Liability				**25,937.08**

Vendor Liabilities

	EE's	$ Amount	
EMPOWER	65	84,241.94	
Lincoln Financial Group	3	708.65	
NATIONWIDE	5	505.00	
Total			**85,455.59**
Your Remaining Vendor Liability			**85,455.59**

Total

Total	**173,374.65**
POD6 | UKG Payroll Services Admin Debit	**-61,981.98**
Total of Your Responsibility	**111,392.67**

Recap

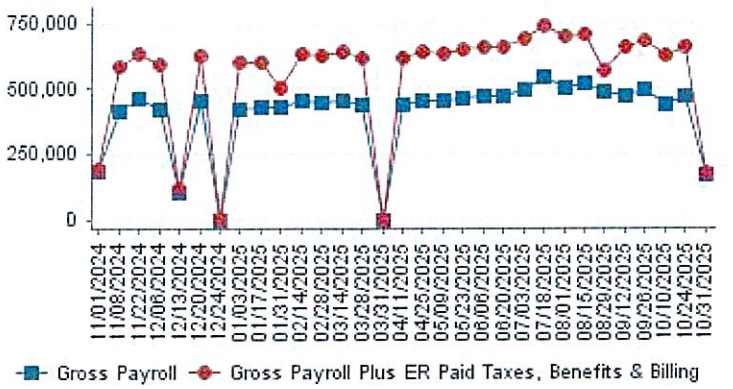
POD6 | UKG Payroll S	Date	Bank Account #	$ Amount
Empl. Dir. Dep. SPA	10/30/2025	x0087	61,981.98
		Total Debits	**61,981.98**

Cash Requirements: x0087	$ Amount
Tax Payment	25,937.08
Empl. Dir. Dep. SPA	61,981.98
Total	**87,919.06**

General Ledger Summary

	Debit/Exp.	Credit/Liab.
Earning	167,373.59	
ER Tax (Offset)	6,001.06	
ER Tax		6,001.06
Tax		19,936.02
Direct Deposit		61,981.98
Deduction		85,455.59
	173,374.65	**173,374.65**

Rolling 12 Month Payroll View



PR# 22B-25 Sick Bonus
10/19/24-10/17/25
PAID 10/31/25

Grouped By: None
Sorted By: None
Filtered By: None

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City of Hibbing

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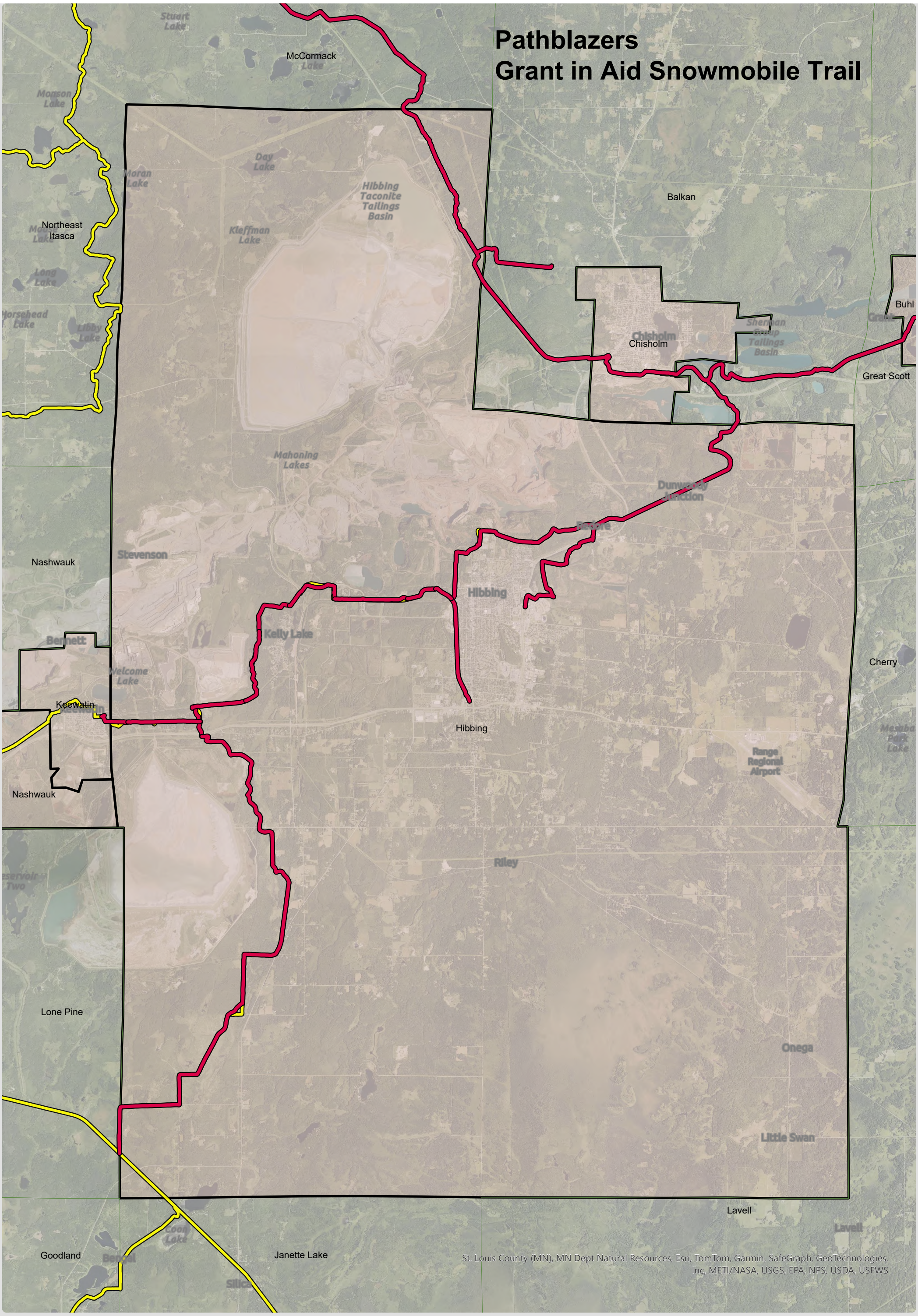
HIBBING POLICE DEPARTMENT

SEPTEMBER 2025 ACTIVITY

AOA - MAARC reports	6
AOA-Child Protection	1
ASLT-2 DEG-DANGER WEAPON-GUN	1
ASLT-2 DEG-DANGER WEAPON-OTHER WEAPON	3
ASLT-5 DEG-FEAR/INFLICT/ATTEMPT HARM	1
ASLT-5 DEG-INFLICT OR ATTEMPT BODILY HARM	1
ASLT-DOMESTIC ASLT-MISD	5
ASLT-STRANGLE-ADULT ACQUAINTANCE	2
ASLT-TERRORIST THREATS RECKLESS DISREGARD RISK	9
All Other (Warrant Arrest)	1
Assault-5th Degree-Fear of Bodily Harm or Death- MS	1
BURG-1 DEG-OCC RES-FORCED-DAY-UKN WEAPON-ASSAULT	1
BURG-2 DEG-RES-NO FORCE-DAY	1
BURG-3 DEG-NON RES-FORCED-NIGHT	1
CRIM DAM PROP-1 DEG-$1001 AND GREATER	1
CRIM DAM PROP-4 DEG	1
CRIM DAM PROP-TAMPERING W/MOTOR VEHICLE	1
Cannabis - Use, possess, or transport cannabis or h	1
DISTURB-DISORDERLY CONDUCT	1
DISTURB-PUBLIC NUISANCE	1
Damage to Property - 3rd Degree - Public safety mot	1
Disorderly Conduct-Brawling or Fighting- MS	6
Disorderly Conduct-Offensive/Abusive/Noisy/Obscene-	1
Disturbance/General Problem Call	1
Domestic Abuse No Contact Order - Violate No Contac	1
Domestic Assault-GM-Subsequent Violation-GM	4
Domestic Assault-Misdemeanor-Commits Act to Cause F	3
Drivers License - Driving without a valid license f	1
Drugs - 5th Degree - Possess Schedule 1,2,3,4 or pa	6
Drugs - 5th Degree - Possess Schedule 1,2,3,4 or pa	1
Endanger Child-Permit Present Sale/Poss Cont Subs-	1
FLEEING POLICE OFFICER	1
GOVT-FALSE NAME OR DOB-FICTITIOUS	1
GOVT-FALSELY REPORT CRIME-MISD	1
GOVT-INTENT TO OBSTRUCT	1
GOVT-OBSTRUCT LEGAL PROCESS-NO FORCE-MISD	2
HIB-Barking Dogs	1
Harassment; Restraining Order - Violate Restraining	5
Hit and Run, Prop Dam MV	1
INDECENT EXPOSURE-PUBLIC PLACE-ADULT	1
Kid Trouble	1
LIQUOR-CONSUMPTION JUVENILE OFFENDER-UNDER 18	1
LIQUOR-PURCHASE/ATTEMPT-ALC UNDER AGE 21	1
LIQUOR-UNDERAGE CONSUMPTION 18-21	1
LIQUOR-UNDERAGE POSSESSION	1
Malicious Punishment of a Child- GM	1

Obstruct Legal Process-Interfere w/Peace Officer- G	1
Pattern of Harassing/Stalking Conduct-FE	1
Predatory Offender - Knowingly commits act or fails	1
STOLEN PROP-POSS-VEH-UNK AMT	1
TRAF-DUI-2 DEG-ALCOHOL CONC OVER .08 OR MORE W/I 2	1
TRAF-DUI-3 DEG-ALCOHOL CONC OVER .08 OR MORE W/I 2	1
TRAF-DUI-3 DEG-GM	1
TRAFFIC-DAS	1
TRAFFIC-DRINKING/DRIVING-UNDERAGE	1
TRAFFIC-DUI OF ALCOHOL	2
TRAFFIC-DUI-4 DEG .08 OR MORE IN 2 HRS	2
TRAFFIC-DUI-Third-Degree Driving While Impaired-1 A	2
TRAFFIC-DUI-Third-Degree Driving While Impaired-Ref	2
TRAFFIC-DWI-4 DEG DRIVE WHILE IMPAIRED	4
TRAFFIC-INSURANCE-UNINSURED VEHICLE	3
TRAFFIC-OPEN BOTTLE-POSSESS	2
TRAFFIC-Regulation-Driver Who Is Not Owner Must Lat	1
Theft-Other-$1001or greater - F	1
Theft-Other-$500 or less - M	2
Theft-Shoplifting-$500 or less - M	14
Traf - DWI - 3 Deg-Refuse to submit to chemical tes	1
Traffic - Drivers License - Driving After Revocatio	7
Traffic Regulation - Driver Must Carry Proof of Ins	3
Traffic Regulations-Failure to stop for traffic con	1
Trespass-Return to Property Within One Year- MS	1
Unwanted Person	1
Violate No Contact Order - Within 10 years of the f	1
WEAPON-POSS-DANGER WEAPON-POINTING FIREARM TOWARDS	1
Weapons-FE-Possess-Ammunition-Per Conv Violent Crim	1
Total	**147**
Total number of calls generated in Sept.	**1666**
Total number of administrative tickets in Sept.	**2**
Total number of parking tickets in Sept.	**438**

Pathblazers
Grant in Aid Snowmobile Trail



0 2.5 5 10 Miles

N

Pathblazers
Grant in Aid Snowmobile Trail

Grant-in-Aid Snowmobile Trail
CityHibbingParcels

0 1 2 Miles

Pathblazers
Grant in Aid Snowmobile Trail

Public Right of Way

Karkas Rd

N

Esri Community Maps Contributors, St. Louis County (MN), MN Dept Natural Resources, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA, USFWS

0 0.5 1 2 Miles

Pathblazers Grant in Aid Snowmobile Trail

Public Right of Way

Public Right of Way

0 0.13 0.25 0.5 Miles

N

PATHBLAZERS
snowmobile club
HIBBING • CHISHOLM • SIDE LAKE

THIS PERMIT, is granted on November 5, 2025, by City of Hibbing, the landowner(s), to St. Louis County, the sponsor, to establish and/or maintain the

PathBlazers Snowmobile Trail

That City of Hibbing, the lessees, in consideration of -0- dollars, and grants this permit over and upon the following described premises situated in the County of St. Louis, State of Minnesota, to wit:

SUBJECT TO:

1. This permit shall be continuous and will terminate upon sale of land, or upon notification in writing to the Sponsor six(6) months prior to termination by the Landowners(s).
2. The right-of-way shall be open to the general public for snowmobile use.
3. The Sponsor shall at all times have the right to enter upon said right-of-way for any purpose necessary to the performance of lawful powers and duties.
4. The Landowner(s) shall have the right to close said right-of-way during any emergency, with the approval of the Sponsor.
5. The permit is for a 20ft width over the route ~~to be used~~.

Date: 11/5/25 Landowner(s) Signature:

Trail Administrator:

Renewal Proposal – City of Hibbing

Client Type: Self-Funded
Renewal Date: 1/1/2026-12/31/2026
Account Manager: Michelle Phillips

Medical Administration and access fees: 2026	Fee	Yes
Per contract per month (50-199)	$51.00	X
Per contract per month (200-499)	$47.00	☐

Broker Comissions

Commission Amount	PEPM Dollar	N/A
Stop Loss Broker Commission Percentage		N/A

Network

BlueCard PPO	X
High Value Network with BlueCard PPO outside of Minnesota	☐

Always Included:

Return on Recoveries, including Subrogation	30% of savings
Claims Fiduciary	$0.00 per employee per month
Run out	3 months of Administrative fees
Early Termination	3 months of Administrative fees
Standard Utilization Management	$0.00 per employee per month
Case Management Service Fee	$150/hour plus expenses
Behavioral Health Utilization/Case Management (Vended UM/CM/ABA/ABA School Therapy)	$0.00 per employee per month
NICU/Baby Beginnings	$0.00 per employee per month
Underwriting/Actuarial Services	$150/hour
Custom Programming Services	$150/hour
Custom Reporting Services	$150/hour
Custom Communication Services	$150/hour
Customized Solution	$150/hour
Stop Loss Administration	$0.00 per employee per month
Data/File Exchange with additional vendor	Flat Fee and/or PEPM
External PBM Interface	$0.00 per contract per month
Stop Loss premiums/factors	Reference approved stop loss carrier quote

Pharmacy Benefit Manager (PBM)

MagellanRx	☐
SmithRx	X

Stop Loss Carrier

SunLife	☐
HCC	☐
SwissRe	X

Optional Programs

CancerCare (Classic Model)	Care Management Fees Only	X
KISx Card	$0.00 per contract per month	X
AmeriHealth Administrators Telemedicine (medical, behavioral health & dermatology)	$0.79 per contract per month	X
Springbuk	Fee waived	X
Cotiviti	Fee waived	X
Spending Accounts[1]	$500 AmeriHealth Administrators one-time fixed file feed fee	☐

Signature

Your Signature Represents Authorization of all Contents in This Form. Client Must Provide Signature, Electronic Signatures are Accepted.

All fields are REQUIRED.

Name:

Title: Date:

Client Signature:

[1] Further provides integrated Health Reimbursement Accounts (HRA), Flexible Spending Accounts (FSA), Transportation Reimbursement Accounts (TRA), and Health Savings Accounts (HSA) accounts.

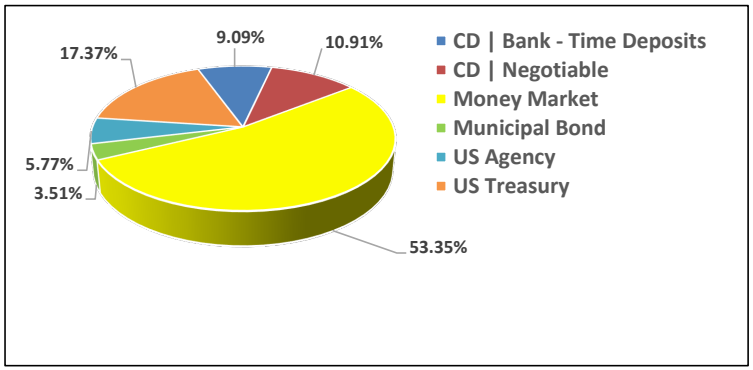
MONTHLY INVESTMENT REPORT

September 30, 2025

Performance	9/30/2025	Tracker Inception 9/30/2024
YTM@Cost	3.934	4.403
Weighted Average Yield to Maturity		
Treasury | 1 Year	3.68	4.03
Treasury | 2 Year	3.60	3.62

Asset Category | Compliance	% of Portfolio	YTM @Cost	Investment Income	Days to Maturity	Face Amount	Market Value
CD | Bank - Time Deposits	9.09%	4.326	17,468.53	427	4,653,700.00	4,660,253.21
CD | Negotiable	10.91%	4.320	19,777.87	905	5,582,000.00	5,641,597.72
Money Market	53.35%	3.942	91,353.44	1	27,302,439.75	27,302,439.75
Municipal Bond	3.51%	4.420	6,211.97	571	1,795,000.00	1,771,801.85
US Agency	5.77%	0.807	4,879.56	158	2,955,000.00	2,932,424.65
US Treasury	17.37%	4.403	41,175.97	505	8,892,000.00	8,800,003.45
	100.00%	**3.934**	**180,867.34**	**255**	**51,180,139.75**	**51,108,520.63**
Cash | Operating	100.00%	0.000	0.000	1	340,870.38	340,870.38
	100.00%	**3.934**	**180,867.34**	**254**	**51,521,010.13**	**51,449,391.01**

9/30/2025



Investment Income	YTM @Cost	Investment Income	Days to Maturity	Face Amount	Market Value
September	4.403	346,838.31	243	58,169,345.61	58,052,478.87
October	4.227	207,871.41	275	57,168,317.21	56,913,535.76
November	4.164	205,908.85	288	54,054,721.97	53,782,889.39
December	3.981	201,244.26	244	63,271,594.87	63,001,080.32
January	3.970	205,299.36	283	59,617,639.04	63,001,080.32
February	3.951	178,997.14	285	59,003,043.14	58,704,931.46
March	3.945	199,400.05	280	59,114,775.74	58,864,981.46
April	3.952	181,117.30	271	58,331,522.53	58,139,702.43
May	3.955	191,362.35	272	56,038,636.30	55,793,586.50
June	3.928	183,761.43	256	57,670,931.38	57,500,168.84
July	3.911	192,883.70	242	58,953,415.66	58,762,918.15
August	3.971	186,450.42	258	53,058,257.05	52,945,868.32
September	3.934	180,867.34	255	51,180,139.75	51,108,520.63
		2,662,001.92			

Tracker Inception | Note

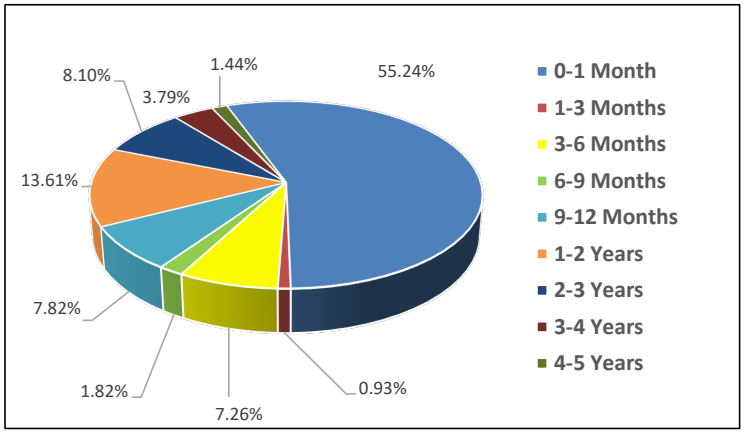
MONTHLY INVESTMENT REPORT

September 30, 2025

9/30/2025

Maturity Range	% of Portfolio	YTM @Cost	Days to Maturity	Duration to Maturity	Face Amount	Market Value
0-1 Month	55.24%	3.866	2	0.00	28,269,739.75	28,269,570.70
1-3 Months	0.93%	4.194	86	0.24	477,500.00	477,500.00
3-6 Months	7.26%	3.293	131	0.36	3,715,000.00	3,704,046.57
6-9 Months	1.82%	4.520	238	0.65	930,300.00	930,300.00
9-12 Months	7.82%	3.375	300	0.82	4,001,100.00	3,993,507.07
1-2 Years	13.61%	4.511	533	1.42	6,966,300.00	6,959,237.45
2-3 Years	8.10%	4.188	888	2.35	4,144,900.00	4,060,585.04
3-4 Years	3.79%	4.197	1292	3.32	1,940,300.00	1,971,894.20
4-5 Years	1.44%	4.320	1571	3.93	735,000.00	741,879.60
	100.01%	**3.934**	**255**	**0.67**	**51,180,139.75**	**51,108,520.63**

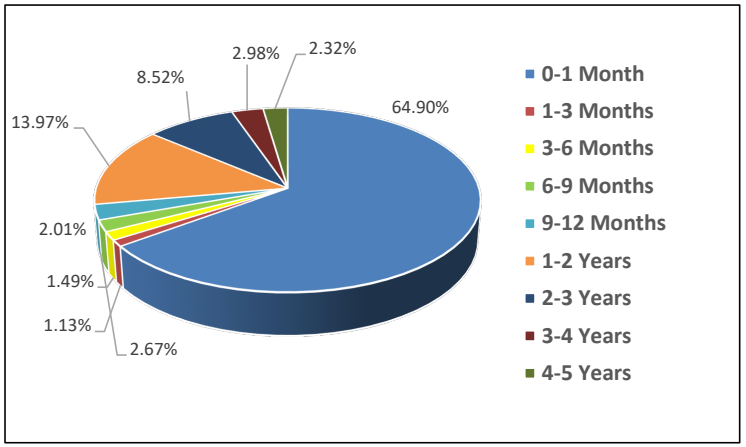
9/30/2025



12/31/2024

Maturity Range	% of Portfolio	YTM @Cost	Days to Maturity	Duration to Maturity	Face Amount	Market Value
0-1 Month	64.90%	4.004	2	0.00	41,064,394.87	41,064,284.57
1-3 Months	1.13%	3.759	53	0.15	717,300.00	717,108.90
3-6 Months	1.49%	4.866	144	0.39	942,700.00	943,694.66
6-9 Months	2.01%	4.455	215	0.59	1,271,700.00	1,264,880.45
9-12 Months	2.67%	2.269	321	0.99	1,689,800.00	1,670,984.00
1-2 Years	13.97%	3.643	517	1.39	8,838,700.00	8,756,697.12
2-3 Years	8.52%	4.715	912	2.40	5,392,000.00	5,294,266.92
3-4 Years	2.98%	3.648	1263	3.28	1,885,000.00	1,823,342.50
4-5 Years	2.32%	4.202	1650	4.13	1,470,000.00	1,475,821.20
	100.00%	**3.981**	**243**	**0.64**	**63,271,594.87**	**63,011,080.32**

12/31/2024



EHLERS
PUBLIC FINANCE ADVISORS

$19,840,000
General Obligation Temporary Sales Tax Revenue Bonds, Series 2025A
City of Hibbing

Portfolio Estimated Interest Report - Project Construction Fund *

As of 10/21/2025

Investment Proceeds Detail **		Yield and Fee Detail		Proceeds Detail		Arbitrage Detail ***		
$ 180,925.50	Estimated Gross Income	2.850%	Arbitrage Yield	$ 19,600,000.00	Beginning Proceeds	18-month Spending Exception	24-month Spending Exception	Reasonable Spend Test
- 6,206.27	Estimated Fees	2.975%	Restricted Yield	- 5,471,100.84	Reimbursements			
= $ 174,719.23	Estimated Net Income	0.150%	Investment Fee	= $ 14,128,899.16	Net Proceeds			

	Projected Cash Flows - Draw Schedule as of 10/20/25				Portfolio Yields and Fees					
Month	Balance	Spend	Income	%Spent	Yield ****	Fee	% Spent	% Spent	% Spent	Day Count
11/30/2025	$ 12,373,147.12	$ 1,792,650.00	$ 38,278.30	36.728%	3.901%	$ 1,380.34				25
12/31/2025	10,844,947.84	1,566,720.00	39,971.94	44.656%	3.877%	1,451.22				30
01/31/2026	9,974,771.08	903,720.00	34,844.62	49.231%	3.856%	1,301.38				30
02/28/2026	5,278,255.60	4,727,547.00	31,985.02	73.135%	3.848%	953.51				30
03/31/2026	3,515,147.30	1,779,309.42	16,750.93	82.133%	3.808%	549.81				30
04/30/2026	2,545,845.41	980,010.90	11,088.07	87.089%	3.785%	379.06	15%	10%		30
05/31/2026	174,739.90	2,378,941.84	8,006.62	99.117%	3.774%	170.29				30
06/30/2026	174,717.79			99.117%		22.10				30
07/31/2026				99.117%						30
08/31/2026				99.117%						30
09/30/2026				99.117%						30
10/31/2026				99.117%			60%	45%		30
11/30/2026				99.117%						30
12/31/2026				99.117%						30
01/31/2027				99.117%						30
02/28/2027				99.117%						30
03/31/2027				99.117%						30
04/30/2027				99.117%			100%	75%		30
05/31/2027				99.117%						30
06/30/2027				99.117%						30
07/31/2027				99.117%						30
08/31/2027				99.117%						30
09/30/2027				99.117%						30
10/31/2027				99.117%				100%		30
11/30/2027				99.117%						30
12/31/2027				99.117%						30
01/31/2028				99.117%						30
02/29/2028				99.117%						30
03/31/2028				99.117%						30
04/30/2028				99.117%						30
05/31/2028				99.117%						30
06/30/2028				99.117%						30
07/31/2028				99.117%						30
08/31/2028				99.117%						30
09/30/2028				99.117%						30
10/31/2028				99.117%					85%	30

Report Disclosures

* For discussion purposes only
** Past performance is not indicative of future results
*** These benchmarks all must be met in order to qualify for a rebate spending exception
**** Indicative Treasury Yields as of 10/15/25

Proposal Disclosures

Ehlers is the joint marketing name of the following affiliated businesses (collectively, the "Affiliates"): Ehlers & Associates, Inc. ("EA"), a municipal advisor registered with the Municipal Securities Rulemaking Board ("MSRB") and the Securities and Exchange Commission ("SEC"); Ehlers Investment Partners, LLC ("EIP"), an SEC registered investment adviser; and Bond Trust Services Corporation ("BTS"), a holder of a limited banking charter issued by the State of Minnesota.

Where an activity requires registration as a municipal advisor pursuant to Section 15B of the Exchange Act of 1934 (Financial Management Planning and Debt Issuance & Management), such activity is or will be performed by EA; where an activity requires registration as an investment adviser pursuant to the Investment Advisers Act of 1940 (Investments and Treasury Management), such activity is or will be performed by EIP; and where an activity requires licensing as a bank pursuant to applicable state law (paying agent services shown under Debt Issuance & Management), such activity is or will be performed by BTS. Activities not requiring registration may be performed by any Affiliate.

This communication does not constitute an offer or solicitation for the purchase or sale of any investment (including without limitation, any municipal financial product, municipal security, or other security) or agreement with respect to any investment strategy or program. This communication is offered without charge to clients, friends, and prospective clients of the Affiliates as a source of general information about the services Ehlers provides. This communication is neither advice nor a recommendation by any Affiliate to any person with respect to any municipal financial product, municipal security, or other security, as such terms are defined pursuant to Section 15B of the Exchange Act of 1934 and rules of the MSRB. This communication does not constitute investment advice by any Affiliate that purports to meet the objectives or needs of any person pursuant to the Investment Advisers Act of 1940 or applicable state law.

Minnesota Department of Public Safety
Alcohol & Gambling Enforcement Division
445 Minnesota Street, 1600
St Paul , Minnesota 55101
651-201-7507

RENEWAL

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code BRPOFSL **License Period Ending** 12/29/2025 **Iden** 67432

Issuing Authority Hibbing **Sunday Sales** ☐ **Yes** ☐ **No**

Licensee Name Lietz Enterprises Inc

DBA Boomtown Brewery & Woodfire Grill

Address 531 E Howard St
Hibbing, MN 55746

Business Phone 218-750-1818

License Fees: **Off Sale** $0.00 **On Sale** $0.00 **Sunday** $0.00

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county wherelicense is issued. $100,000 in cash or securities or $100,000 surety bond may be submitted in lieu of liquor liability.(3.2& liquor licenses are exempt if sales are less than $25,000 at on sale, or $50,000 at off sale).

Licensee Signature DOB SSN Date
(Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature Date
(Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)

County Attorney Signature Date
(County Board issued licenses only(Signature certifies licensee is eligible for license)

Police/Sheriff Signature Date
Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, then sign here.

No. _____

Fee $_____

City_____

County_____

BREW PUB OFF SALE MALT LIQUOR LICENSE

THIS CERTIFIES THAT:

LICENSEE _____

TRADE NAME _____

STREET ADDRESS OR LOT AND BLOCK NO _____

Is authorized to sell malt liquor at off sale at a licensed brew pub subject to the laws and regulations of the State of Minnesota and municipal Ordinances for the Period beginning _____to_____

****SUNDAY LICENSE**** **YES** ☐ **NO** ☐

THIS LICENSE IS APPROVED

_____
Alcohol & Gambling Enforcement Director

_____
Date

_____
Mayor or President

Given under my hand and the Municipal Corporate Seal

City of_____ Date_____

_____
Clerk or Auditor

MINNESOTA LAWFUL GAMBLING

LG240B Application to Conduct Excluded Bingo

No Fee

ORGANIZATION INFORMATION

Organization Name: Hibbing Elks Lodge #1022

Previous Gambling Permit Number: xb00461

Minnesota Tax ID Number, if any: 8044751

Federal Employer ID Number (FEIN), if any: 41-0145830

Mailing Address: PO Box 794

City: Hibbing State: MN Zip: 55746 County: St Louis

Name of Chief Executive Officer (CEO): Charles Radika

CEO Daytime Phone: 218-969-4763 CEO Email: Hibbingelks@gmail.com

(permit will be emailed to this email address unless otherwise indicated below)

Email permit to (if other than the CEO): _____

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

☑ Fraternal ☐ Religious ☐ Veterans ☐ Other Nonprofit Organization

Attach a copy of at least one of the following showing proof of nonprofit status:

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

☑ **Current calendar year Certificate of Good Standing**
Don't have a copy? This certificate must be obtained each year from:

MN Secretary of State, Business Services Division
60 Empire Drive, Suite 100
St. Paul, MN 55103

Secretary of State website, phone numbers:
www.sos.state.mn.us
651-296-2803, or toll free 1-877-551-6767

☐ **Internal Revenue Service-IRS income tax exemption 501(c) letter in your organization's name**
Don't have a copy? Obtain a copy of your federal income tax exempt letter by having an organization officer contact the IRS at 877-829-5500.

☐ **Internal Revenue Service-Affiliate of national, statewide, or international parent nonprofit organization (charter)**
If your organization falls under a parent organization, attach copies of both of the following:
1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling; and
2. the charter or letter from your parent organization recognizing your organization as a subordinate.

EXCLUDED BINGO ACTIVITY

Has your organization held a bingo event in the current calendar year? ☑ Yes ☐ No

If yes, list the dates when bingo was conducted: August 2025

The proposed bingo event will be:

☑ one of four or fewer bingo events held this year. Dates: 12-4-25, 12-11-25 12-18-25

-OR-

☐ conducted on up to 12 consecutive days in connection with a:

☐ county fair Dates: _____

☐ civic celebration Dates: _____

☐ Minnesota State Fair Dates: _____

Person in charge of bingo event: Becky Radika Daytime Phone: 218-969-4763

Name of premises where bingo will be conducted: Hibbing Elks Lodge #1022

Premises street address: 1926 4th Ave E

City: Hibbing If township, township name: _____ County: St Louis

LG240B Application to Conduct Excluded Bingo

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

CITY APPROVAL
for a gambling premises
located within city limits

On behalf of the city, I approve this application for excluded bingo activity at the premises located within the city's jurisdiction.

Print City Name: _____

Signature of City Personnel:

_____

Title:_____ Date:_____

The city or county must sign before submitting application to the Gambling Control Board.

COUNTY APPROVAL
for a gambling premises
located in a township

On behalf of the county, I approve this application for excluded bingo activity at the premises located within the county's jurisdiction.

Print County Name: _____

Signature of County Personnel:

_____

Title:_____ Date:_____

TOWNSHIP (if required by the county)
On behalf of the township, I acknowledge that the organization is applying for excluded bingo activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minnesota Statutes, Section 349.213.)

Print Township Name: _____

Signature of Township Officer:_____

Title: _____ Date: _____

CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge.

Chief Executive Officer's Signature: Charles Radke Date: 10-24-25
(Signature must be CEO's signature; designee may not sign)

Print Name: Charles Radke

MAIL OR FAX APPLICATION & ATTACHMENTS

Mail or fax application and a copy of your proof of nonprofit status to:

Minnesota Gambling Control Board
1711 West County Road B, Suite 300 South
Roseville, MN 55113
Fax: 651-639-4032

An excluded bingo permit will be mailed to your organization. Your organization must keep its bingo records for 3-1/2 years.

Questions?
Call a Licensing Specialist at 651-539-1900.

Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo. Otherwise, bingo hard cards, bingo paper, and bingo number selection devices must be obtained from a distributor licensed by the Minnesota Gambling Control Board. A list of licensed distributors is available on the Gambling Control Board's website at www.mn.gov/gcb.

This form will be made available in alternative format (i.e. large print, braille) upon request.

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

An equal opportunity employer

CITY OF HIBBING

RAFFLE REQUEST

Excluded raffle = Total Prizes awarded $1,500 per year or less
Exempt raffle = Total Annual prizes over $1,500 and under $50,000 requires Minnesota form LG220

RAFFLE REGISTRATION FEE

$15.00 ***Payable to the City of Hibbing***

ORGANIZATION INFORMATION			
Name of Organization:	Blessed Sacrament Church		
Type of Organization:	Non-profit/Religious		
Mailing Address:	2310 7th Ave E		
City, State, Zip	Hibbing, MN 55746		
Contact Person:	Susie Marchetti	**Daytime Phone Number:** 218-262-5541	
Have you conducted other raffles this year	Not in 2026	If YES, What is the total amount of prizes this year, including this Raffle	

GAMBLING PREMISES INFORMATION
Name of premises where gambling activity will be conducted: Blessed Sacrament Church Social Hall
Dates of Activity: February 17, 2026
Check Box or Boxes that Indicate the Type of Gambling Activity: ☑ Raffle ☐ Other _____
Price Per Ticket: $10.00
Total value of prizes to be awarded: $2500
Types of Prizes: Cash

In signing this request, I attest that I represent the above named Non-Profit organization and it meets all requirements of the State of Minnesota to qualify to conduct lawful gambling and proof of non-profit status is available upon request.

Organization Representative _____ Date 10/10/2025

☐ **Registered as Excluded Raffle**

☐ **Send to Council for Approval**

LG220 Application for Exempt Permit

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- awards less than $50,000 in prizes during a calendar year.

If total raffle prize value for the calendar year will be $1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

Application Fee (non-refundable)

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **$100**; otherwise the fee is **$150**.

Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

ORGANIZATION INFORMATION

Organization Name: Blessed Sacrament Church

Previous Gambling Permit Number: X-34113-

Minnesota Tax ID Number, if any: 8379417

Federal Employer ID Number (FEIN), if any: 41-0716799

Mailing Address: 2310 7th Ave East

City: Hibbing State: MN Zip: 55746 County: St. Louis

Name of Chief Executive Officer (CEO): Fr. Daniel Weiske

CEO Daytime Phone: 218-262-5541 CEO Email: fr.daniel.weiske@duluthcatholic.org

(permit will be emailed to this email address unless otherwise indicated below)

Email permit to (if other than the CEO): susie.marchetti@duluthcatholic.org

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

☐ Fraternal ☑ Religious ☐ Veterans ☐ Other Nonprofit Organization

Attach a copy of one of the following showing proof of nonprofit status:

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

☐ **A current calendar year Certificate of Good Standing**

Don't have a copy? Obtain this certificate from:

MN Secretary of State, Business Services Division
60 Empire Drive, Suite 100
St. Paul, MN 55103

Secretary of State website, phone numbers:
www.sos.state.mn.us
651-296-2803, or toll free 1-877-551-6767

☐ **IRS income tax exemption (501(c)) letter in your organization's name**

Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.

☑ **IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**

If your organization falls under a parent organization, attach copies of both of the following:

1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling; and
2. the charter or letter from your parent organization recognizing your organization as a subordinate.

GAMBLING PREMISES INFORMATION

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): Blessed Sacrament Church St. Leo's Social Hall

Physical Address (do not use P.O. box): 2310 7th Ave East

Check one:

☑ City: Hibbing Zip: 55746 County: St. Louis

☐ Township: Zip: County:

Date(s) of activity (for raffles, indicate the date of the drawing): February 17, 2026

Check each type of gambling activity that your organization will conduct:

☐ Bingo ☐ Paddlewheels ☐ Pull-Tabs ☐ Tipboards ☑ Raffle

Gambling equipment for bingo paper, bingo boards, raffle boards, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo ball selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to ***www.mn.gov/gcb*** and click on ***Distributors*** under the ***List of Licensees*** tab, or call 651-539-1900.

LG220 Application for Exempt Permit

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

CITY APPROVAL for a gambling premises located within city limits

☐ The application is acknowledged with no waiting period.

☐ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).

☐ The application is denied.

Print City Name: _____

Signature of City Personnel:

_____

Title: _____ Date: _____

The city or county must sign before submitting application to the Gambling Control Board.

COUNTY APPROVAL for a gambling premises located in a township

☐ The application is acknowledged with no waiting period.

☐ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.

☐ The application is denied.

Print County Name: _____

Signature of County Personnel:

_____

Title: _____ Date: _____

TOWNSHIP (if required by the county)
On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)

Print Township Name: _____

Signature of Township Officer: _____

Title: _____ Date: _____

CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature: _____ Date: 10/10/2025

(Signature must be CEO's signature; designee may not sign)

Print Name: Fr. Daniel Weiske

REQUIREMENTS

Complete a separate application for:

- all gambling conducted on two or more consecutive days; or
- all gambling conducted on one day.

Only one application is required if one or more raffle drawings are conducted on the same day.

Financial report to be completed within 30 days after the gambling activity is done:
A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.

Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

MAIL APPLICATION AND ATTACHMENTS

Mail application with:

____ a copy of your proof of nonprofit status; and

____ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is **$100**; otherwise the fee is **$150**. Make check payable to **State of Minnesota**.

To: Minnesota Gambling Control Board
1711 West County Road B, Suite 300 South
Roseville, MN 55113

Questions?
Call the Licensing Section of the Gambling Control Board at 651-539-1900.

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

This form will be made available in alternative format (i.e. large print, braille) upon request.

An equal opportunity employer

CITY OF HIBBING

RAFFLE REQUEST

Excluded raffle = Total Prizes awarded $1,500 per year or less
Exempt raffle = Total Annual prizes over $1,500 and under $50,000 requires Minnesota form LG220

RAFFLE REGISTRATION FEE

$15.00 ***Payable to the City of Hibbing***

ORGANIZATION INFORMATION			
Name of Organization:	Hibbing Boys Hoop Club		
Type of Organization:	501c3		
Mailing Address:	PO Box 162		
City, State, Zip	Hibbing, MN 55746		
Contact Person:	Jen Toewe	**Daytime Phone Number:** 218-929-2485	
Have you conducted other raffles this year	no	If YES, What is the total amount of prizes this year, including this Raffle	

GAMBLING PREMISES INFORMATION
Name of premises where gambling activity will be conducted: ISD 701 - Lincoln Middle School
Dates of Activity: 1/6/2026
Check Box or Boxes that Indicate the Type of Gambling Activity: ☑ Raffle ☐ Other _____
Price Per Ticket: $10.00
Total value of prizes to be awarded: $1000.00
Types of Prizes: cash prizes

In signing this request, I attest that I represent the above named Non-Profit organization and it meets all requirements of the State of Minnesota to qualify to conduct lawful gambling and proof of non-profit status is available upon request.

Jennifer Toewe — Organization Representative

10/14/25 — Date

☐ **Registered as Excluded Raffle**

☐ **Send to Council for Approval**

CITY OF HIBBING

RAFFLE REQUEST

Excluded raffle = Total Prizes awarded $1,500 per year or less
Exempt raffle = Total Annual prizes over $1,500 and under $50,000 requires Minnesota form LG220

RAFFLE REGISTRATION FEE

$15.00 ***Payable to the City of Hibbing***

ORGANIZATION INFORMATION

Name of Organization:	Hibbing Archery Club		
Type of Organization:	non profit		
Mailing Address:	313 East Howard, P.O. 702		
City, State, Zip	Hibbing MN 55746		
Contact Person:	Glenn F. Haele	**Daytime Phone Number:**	218-969-4042
Have you conducted other raffles this year	NO	If YES, What is the total amount of prizes this year, including this Raffle	

GAMBLING PREMISES INFORMATION

Name of premises where gambling activity will be conducted:
313 East Howard, P.O. 702

Dates of Activity:
April 9 - 6 P.M.

Check Box or Boxes that Indicate the Type of Gambling Activity:
[X] Raffle [ ] Other _____

Price Per Ticket:
$10.00

Total value of prizes to be awarded:
≥ $1500

Types of Prizes:
Pellet smoker grill, Dewalt chainsaw, Hunting Knife Set. LOM 9 ft certificate

In signing this request, I attest that I represent the above named Non-Profit organization and it meets all requirements of the State of Minnesota to qualify to conduct lawful gambling and proof of non-profit status is available upon request.

Glenn F Haele
Organization Representative

11-5-25
Date

[ ] **Registered as Excluded Raffle** 25-11-054

[ ] **Send to Council for Approval** 1454

CITY OF HIBBING

RAFFLE REQUEST

Excluded raffle = Total Prizes awarded $1,500 per year or less
Exempt raffle = Total Annual prizes over $1,500 and under $50,000 requires Minnesota form LG220

RAFFLE REGISTRATION FEE

$15.00 ***Payable to the City of Hibbing***

ORGANIZATION INFORMATION

Name of Organization:	The CAG Foundation		
Type of Organization:	501c3 Non-profit		
Mailing Address:	26109 Hidden Road		
City, State, Zip	Akeley, MN 56433		
Contact Person:	Rod Lowen	**Daytime Phone Number:**	218-966-3866
Have you conducted other raffles this year	N/A	If YES, What is the total amount of prizes this year, including this Raffle	$ 3,900.00

GAMBLING PREMISES INFORMATION

Name of premises where gambling activity will be conducted: Safelite Auto Glass, Hibbing

Dates of Activity: Apr. 1 29, 2026

Check Box or Boxes that indicate the Type of Gambling Activity:

☒ Raffle ☐ Other _____

Price Per Ticket: $ 10.00

Total value of prizes to be awarded: $ 3,900.00

Types of Prizes: Cash

In signing this request, I attest that I represent the above named Non-Profit organization and it meets all requirements of the State of Minnesota to qualify to conduct lawful gambling and proof of non-profit status is available upon request.

_____ 10/30/25

Organization Representative — Date

☐ **Registered as Excluded Raffle**

☐ **Send to Council for Approval**

LG220 Application for Exempt Permit

An exempt permit may be issued to a nonprofit organization that:
- conducts lawful gambling on five or fewer days, and
- awards less than $50,000 in prizes during a calendar year.

If total raffle prize value for the calendar year will be $1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

Application Fee (non-refundable)

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **$100**; otherwise the fee is **$150**.

Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

ORGANIZATION INFORMATION

Organization Name: The CAC Foundation
Previous Gambling Permit Number: X- 93573-25-019
Minnesota Tax ID Number, if any: N/A
Federal Employer ID Number (FEIN), if any: 45-545-9780
Mailing Address: 26109 Hidden Road
City: Akeley State: MN Zip: 56433 County: Hubbard
Name of Chief Executive Officer (CEO): John 'Red' Lowen
CEO Daytime Phone: 218-966-3866 CEO Email: red-lowen@safelite.com
(permit will be emailed to this email address unless otherwise indicated below)
Email permit to (if other than the CEO): N/A

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

☐ Fraternal ☐ Religious ☐ Veterans ☒ Other Nonprofit Organization

Attach a copy of one of the following showing proof of nonprofit status:

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

☐ **A current calendar year Certificate of Good Standing**
Don't have a copy? Obtain this certificate from:
MN Secretary of State, Business Services Division
60 Empire Drive, Suite 100
St. Paul, MN 55103

Secretary of State website, phone numbers:
www.sos.state.mn.us
651-296-2803, or toll free 1-877-551-6767

☒ **IRS income tax exemption (501(c)) letter in your organization's name**
Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.

☐ **IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**
If your organization falls under a parent organization, attach copies of both of the following:
1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling; and
2. the charter or letter from your parent organization recognizing your organization as a subordinate.

GAMBLING PREMISES INFORMATION

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): Safelite
Physical Address (do not use P.O. box): 515 W. 41st St.

Check one:
☒ City: Hibbing Zip: 55746 County: St. Louis
☐ Township: _____ Zip: _____ County: _____

Date(s) of activity (for raffles, indicate the date of the drawing): April 29, 2026

Check each type of gambling activity that your organization will conduct:

☐ Bingo ☐ Paddlewheels ☐ Pull-Tabs ☐ Tipboards ☒ Raffle

Gambling equipment for bingo paper, bingo boards, raffle boards, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo ball selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to ***www.mn.gov/gcb*** and click on ***Distributors*** under the ***List of Licensees*** tab, or call 651-539-1900.

LG220 Application for Exempt Permit

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

CITY APPROVAL for a gambling premises located within city limits

☐ The application is acknowledged with no waiting period.

☐ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).

☐ The application is denied.

Print City Name: _____

Signature of City Personnel:

_____

Title: _____ Date: _____

The city or county must sign before submitting application to the Gambling Control Board.

COUNTY APPROVAL for a gambling premises located in a township

☐ The application is acknowledged with no waiting period.

☐ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.

☐ The application is denied.

Print County Name: _____

Signature of County Personnel:

_____

Title: _____ Date: _____

TOWNSHIP (if required by the county)
On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)

Print Township Name: _____

Signature of Township Officer: _____

Title: _____ Date: _____

CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature: _____ Date: 10/30/25
(Signature must be CEO's signature; designee may not sign)

Print Name: John Rod Lowen

REQUIREMENTS

Complete a separate application for:
- all gambling conducted on two or more consecutive days; or
- all gambling conducted on one day.

Only one application is required if one or more raffle drawings are conducted on the same day.

Financial report to be completed within 30 days after the gambling activity is done:
A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.

Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

MAIL APPLICATION AND ATTACHMENTS

Mail application with:

____ a copy of your proof of nonprofit status; and

____ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is **$100**; otherwise the fee is **$150**. Make check payable to **State of Minnesota**.

To: Minnesota Gambling Control Board
1711 West County Road B, Suite 300 South
Roseville, MN 55113

Questions?
Call the Licensing Section of the Gambling Control Board at 651-539-1900.

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

This form will be made available in alternative format (i.e. large print, braille) upon request.

An equal opportunity employer

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: AUG 13 2014

CAG FOUNDATION
PO BOX 629
SOUTH ST PAUL, MN 55075

Employer Identification Number:
45-5459780
DLN:
17053088328013
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
June 1, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Tamera Ripperda

Director, Exempt Organizations

Letter 947

Joint Powers Agreement
State of Minnesota
Federal Background Checks

ORI – NCJMN0129
SWIFT Contract # 261989

This Agreement is between the State of Minnesota, acting through its commissioner of Public Safety on behalf of the Bureau of Criminal Apprehension ("BCA"), and the City of Hibbing on behalf of its Human Resources Department ("Governmental Unit").

Recitals

1 Under Minnesota Statutes § 471.59, the BCA and Governmental Unit are empowered to engage in such agreements as are necessary to exercise their powers.

2 The BCA is the State Identification Bureau for the State of Minnesota and is responsible for fingerprint identification services including submission of civil, fingerprint-based background checks to the Federal Bureau of Investigation ("FBI") subsequent to conducting Minnesota records checks.

3 The Governmental Unit has a state statute, Minnesota Statutes, § 299C.62, that has been approved by the United States Attorney General as compliant with Public Law 92-544.

4 The Governmental Unit wants to access federal data in support of its duties to conduct background checks as provided by law.

5 The purpose of this Joint Powers Agreement is to memorialize the requirements for Governmental Unit to obtain access and the limitations that apply to the information that Governmental Unit obtains.

Agreement

1 Term of Agreement

1.1 Effective Date. This Agreement is effective on the date the BCA obtains all required signatures under Minnesota Statutes § 16C.05, subdivision 2.

1.2 Expiration Date. This Agreement expires five years from the date it is effective.

2 Agreement Between the Parties

2.1 Request Submission. Governmental Unit agrees that it will collect fingerprints from those individuals for whom a Minnesota and federal fingerprint-based background check will be conducted. Governmental Unit will forward the fingerprints and other documentation to the BCA. The fingerprints will be captured so they meet the requirements of National Institute of Standards and Technology Special Publication 500-290. The Governmental Unit will ensure that all fields required on the fingerprint card are completed.

Fingerprints received by Governmental Unit will be forwarded to the BCA using a secure method.

2.2 Request Processing. On receipt of fingerprints that conform to the requirements of Clause 2.1, the BCA will conduct a check of the Minnesota criminal history repository for any records that match the fingerprints submitted. Any results of a fingerprint

match in Minnesota will be returned to the Governmental Unit with the federal results.

The BCA will also forward the fingerprints to the FBI for processing. The BCA will receive the response from the FBI, redact any data the Governmental Unit is not entitled to receive and forward the results to the Governmental Unit.

2.3 Policies. The FBI and BCA have laws and policies on access, use, audit, dissemination, screening (pre-employment), security, training, and use of the criminal history results. These FBI and BCA policies, as amended and updated from time to time, are incorporated into this Agreement by reference. The policies are available at https://bcanextest.x.state.mn.us//noncrim/launchpad/index.pl. Governmental Unit has created its own policies to ensure that Governmental Unit's employees and contractors comply with all applicable requirements. Governmental Unit ensures this compliance through appropriate enforcement.

2.4 Limitations on Access. BCA agrees that it will comply with applicable state and federal laws when making information accessible. Governmental Unit agrees that it will comply with applicable state and federal laws when accessing, using, disseminating, and storing data. Each party is responsible for its own compliance with the most current applicable state and federal laws.

2.5 Requirement to Update Information. The parties agree that if there is a change to any of the information, whether required by law or this Agreement, the party will send the new information to the other party in writing within 30 days of the change.

2.6 Compliance with Personnel Security Requirements. Per Minnesota Statutes § 299C.46, employees of a Governmental Unit who review results of background checks will be required to take security awareness training and pass a federal, fingerprint-based background check. Any information technology staff who support the work of Governmental Unit and who have physical or logical access to criminal history information will also be required to take security awareness training and pass a federal, fingerprint-based background check and may need to sign a security addendum certification. All required training by Governmental Unit employees will be completed prior to reviewing or handling background checks.

3 Payment

Governmental Unit will pay the BCA for all services performed under this Agreement. For each background check that is processed by BCA, Governmental Unit will pay the fee identified at https://dps.mn.gov/divisions/bca/bca-divisions/criminal-justice-information-services/background-checks/background-check-fees. There is an additional $10.00 fee if the fingerprints are taken at BCA.

4 Authorized Representatives

BCA's Authorized Representative is the person below, or her successor:

Name:	Diane Bartell, Deputy Superintendent
Address:	Dept. of Public Safety; Bureau of Criminal Apprehension 1430 Maryland Avenue East Saint Paul, MN 55106
Telephone:	651.793.2590
Email Address:	Diane.Bartell@state.mn.us

Governmental Unit's Authorized Representative is the person below, or his/her successor:

Name: Angela Kleffman, HR Director
Address: 401 E 21st St
Hibbing, MN 55746
Telephone: 218.312.1574
Email Address: angelakleffman@hibbingmn.gov

5 Assignment, Amendments, Waiver, and Agreement Complete

5.1 Assignment. Neither party may assign nor transfer any rights or obligations under this Agreement.

5.2 Amendments. Any amendment to this Agreement, except that described in Clause 2.5 above, must be in writing and will not be effective until it has been signed and approved by the same parties who signed and approved the original agreement, or their successors in office.

5.3 Waiver. If either party fails to enforce any provision of this Agreement, that failure does not waive the provision or the right to enforce it.

5.4 Agreement Complete. This Agreement contains all negotiations and agreements between the BCA and the Governmental Unit. No other understanding regarding this Agreement, whether written or oral, may be used to bind either party.

6 Liability

The BCA and the Governmental Unit agree each party will be responsible for its own acts and behavior and the results thereof to the extent authorized by law and shall not be responsible or liable for the acts of any others and the results thereof. The BCA's liability shall be governed by provisions of the Minnesota Torts Claims Act, Minnesota Statutes § 3.736, and other applicable law. The Governmental Unit's liability shall be governed by the Minnesota Municipal Tort Claims Act, Minnesota Statutes Chapter 466, and other applicable law.

7 Audits

7.1 Under Minnesota Statutes § 16C.05, subdivision 5, the Governmental Unit's books, records, documents, internal policies and accounting procedures and practices relevant to this Agreement are subject to examination by the BCA, State Auditor, or Legislative Auditor, as appropriate, for a minimum of six (6) years from the end of this Agreement. The examination shall be limited to the books, records, documents, and accounting procedures and practices that are relevant to this Agreement.

7.2 Under applicable state and federal law and policy, the Governmental Unit's records are subject to examination by the BCA and the FBI to ensure compliance with laws, regulations and policies about access, use, and dissemination of data.

8 Government Data Practices

8.1 BCA and Governmental Unit. The BCA and Governmental Unit must comply with the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, as it applies to all data accessible under this Agreement, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the Governmental Unit under this Agreement. The remedies of Minnesota Statutes §§ 13.08 and 13.09 apply to the release of the data referred to in this clause by either the BCA or the Governmental Unit.

9 Investigation of Alleged Violations; Sanctions

For purposes of this clause, "Individual User" means an employee or contractor of

Governmental Unit.

9.1 Investigation. Governmental Unit and BCA agree to cooperate in the investigation and possible prosecution of suspected violations of federal law, state law, and policies and procedures referenced in this Agreement. When BCA becomes aware that a violation may have occurred, BCA will inform Governmental Unit of the suspected violation, subject to any restrictions in applicable law. When Governmental Unit becomes aware that a violation has occurred, Governmental Unit will inform BCA subject to any restrictions in applicable law.

9.2 Sanctions.

9.2.1 Under this Agreement, Governmental Unit must determine if and when an involved Individual User is disciplined due to inappropriate use of data. Governmental Unit may decide to suspend or terminate access and the decision must be made as soon as alleged violation is discovered, after notice of an alleged violation is received, or after an investigation has occurred. Governmental Unit must report the status of the Individual User's access to BCA without delay. BCA reserves the right to temporarily suspend or eliminate an Individual User's access to data and will notify Governmental Unit if an Individual User is affected.

9.2.2 If the BCA determines the Governmental Unit has jeopardized the integrity of the information, BCA may temporarily stop providing some or all the information under this Agreement until the failure is remedied to the BCA's satisfaction. If Governmental Unit's failure is continuing or repeated, Clause 11.1 does not apply and BCA may terminate this Agreement immediately.

10 Venue

Venue for all legal proceedings involving this Agreement, or its breach, must be in the appropriate state or federal court with competent jurisdiction in Ramsey County, Minnesota.

11 Termination

11.1 Termination. The BCA or the Governmental Unit may terminate this Agreement at any time, with or without cause, upon 30 days' written notice to the other party's Authorized Representative.

11.2 Termination for Insufficient Funding. Either party may immediately terminate this Agreement if it does not obtain funding from the Minnesota Legislature, or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the services covered here. Termination must be by written notice to the other party's authorized representative. The Governmental Unit is not obligated to pay for any services that are provided after notice and effective date of termination. However, the BCA will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. Neither party will be assessed any penalty if the agreement is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. Notice of the lack of funding must be provided within 30 days of the affected party receiving that notice.

12 E-Verify Certification (In accordance with Minnesota Statutes § 16C.075)

For services valued in excess of $50,000, Governmental Unit certifies that as of the date of services performed by the BCA, Governmental Unit and all its subcontractors will have implemented or be in the process of implementing the federal E-Verify Program for all newly hired employees in the United States who will perform work on behalf of the

Governmental Unit. Governmental Unit is responsible for collecting all subcontractor certifications and may do so utilizing the *E-Verify Subcontractor Certification Form* available at http://www.mmd.admin.state.mn.us/doc/EverifySubCertForm.doc. All subcontractor certifications must be kept on file with Governmental Unit and made available to the BCA upon request.

13 Continuing Obligations

The following clauses survive the expiration or cancellation of this Agreement: 6. Liability; 7. Audits; 8. Government Data Practices; 9. Investigation of Alleged Violations; Sanctions; and 10. Venue.

BCA and the Governmental Unit indicate their agreement and authority to execute this Agreement by signing below.

GOVERNMENTAL UNIT

Governmental Unit certifies that the appropriate person(s) has(have) executed this Agreement on behalf of the Governmental Unit and its jurisdictional government entity as required by applicable articles, laws, by-laws, resolutions, or ordinances.

By and Title: _____ _____
Governmental Unit Date

By and Title: _____ _____
Governmental Unit Date

By and Title: _____ _____
Governmental Unit Date

By and Title: _____ _____
Governmental Unit Date

By and Title: _____ _____
Governmental Unit Date

DEPARTMENT OF PUBLIC SAFETY, BUREAU OF CRIMINAL APPREHENSION

By and Title: _____ _____
(with delegated authority) Date

COMMISSIONER OF ADMINISTRATION

As delegated to the Office of State Procurement

By: _____ _____
Date

Request for Council Action

City Council Action

Description of Agenda Item

Strategic Initiative

Owner of Agenda Item

Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

Budgetary/Fiscal Impact

Action Requested

Attachments
None

Request for Council Action

City Council Action

Description of Agenda Item

Strategic Initiative

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Attachments
None

Request for Council Action

City Council Action

Description of Agenda Item

Strategic Initiative

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Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

Budgetary/Fiscal Impact

Action Requested

Attachments

1. City of Hibbing 2026-2028 (3 year contract)

LEGISLATIVE SERVICES AGREEMENT

THIS AGREEMENT, made and entered into by and between **City of Hibbing** ("Client") and **LOCKRIDGE GRINDAL NAUEN PLLP** ("Consultant" or "LGN") (collectively the "Parties").

W I T N E S S E T H

WHEREAS, Client, wishes to purchase the services of Consultant to assist Client in monitoring, reporting, and lobbying related to certain state legislative and administrative matters;

NOW, THEREFORE, in consideration of the mutual undertakings and promises hereinafter set forth, Client and Consultant agree as follows:

1. CONSULTANT SERVICES

Consultant shall provide, in coordination with Client's officers, committees and staff, the services listed in Exhibit A hereto. If additional services, projects or work is agreed upon by both Consultant and Client, fees for such additional services, project or work will be negotiated and mutually agreed upon in writing prior to the performance of additional services, projects or work.

2. TERM AND TERMINATION

2.1 Term. The term of engagement for the services provided shall be **January 1, 2026-December 31, 2028**, subject to termination as provided in Section 2.2.

2.2 Termination. This Agreement may be terminated prior to its expiration only as follows:

2.2.1 Upon the written mutual agreement of the Parties hereto;

2.2.2 By either Party upon sixty (60) days written notice to the other Party.

3. COST OF AND PAYMENT FOR SERVICES

3.1 Fees. In consideration of services performed as specified in Section 1 and Exhibit A of this Agreement, Client shall pay Consultant the professional fees in the amount of **$39,600 payable in twelve (12) installments of $3,300 per month commencing January 1, 2026; January 1, 2027 and January 1, 2028**.

3.2 Costs. In addition to payment for professional fees, Client shall pay Consultant for all reasonable incidental expenses incurred by Consultant on Client's behalf.

3.3 Payment. Payment for professional fees and expenses shall be made to Consultant upon submission by Consultant to Client of invoices for services rendered and expenses incurred and Client shall pay Consultant by the dates listed above.

4. **4.1** LGN may use reputable third-party service providers, including 'cloud' service providers, to help us deliver efficient, cost-effective legal services. This may include document/information hosting, sharing, transfer, analysis, processing or storage. By engaging us, **City of Hibbing** understands and consents to having communications, documents and other data pertinent to its matters managed through such third-party technology, including where confidential information may be stored on and accessed from such cloud-based computer servers located in a facility not directly controlled by **LGN**. **City of Hibbing** acknowledges that the use of such services may be subject to the terms and conditions of the provider and accept that **LGN** is not responsible for the security of the data, the provider's security standards, or the risk that the security of information on such cloud-based platforms may be breached. **City of Hibbing** agrees that the benefits of using such technology outweigh the risks, including risks related to confidentiality and security. A list of **LGN's** cloud providers is available upon request.

4.2 **LGN** has adopted a document retention policy that governs the retention and disposition of closed client files. At the conclusion of the matter for which **City of Hibbing** has retained us, we will return all original client documents. At that time, **City of Hibbing** will have sixty (60) days to let us know if you want certain of the documents which remain in the file. If you notify us within this sixty (60) day period, we will not destroy the file until **City of Hibbing** has had an opportunity to identify any such documents and, if appropriate, obtain copies of them. If **City of Hibbing** does not so notify us, we will transfer your file to closed storage and/or an electronic archive pursuant to our file closing and destruction procedures. File contents (including work papers, etc.) will be considered the property of **LGN**. We will retain the file for six (6) years and then destroy its contents, without further notice and in a manner which preserves their confidential nature.

4.3 If, at any time **LGN** concludes that there are no active matters in which we are representing **City of Hibbing**, it will be considered a former, rather than a current client of **LGN**, unless and until **City of Hibbing** asks us to perform additional services, and we agree to perform them.

4.4 If **City of Hibbing** requests us to transfer our file to you or to another firm prior to the completion of the matter, **City of Hibbing** agrees we can make and retain copies of relevant portions of the file and that the cost for such copying is to be paid by **City of Hibbing**, as well as any other copying on its behalf. These charges for copying **City of Hibbing's** file may include, in the case of documents stored electronically, the reasonable cost of retrieving the documents, and **City of Hibbing** agrees to pay these costs.

5. INDEPENDENT CONTRACTOR

Consultant shall select the means, method, and manner of performing the services herein. Consultant is and shall remain an independent contractor with respect to all services performed under this Agreement.

6. COMPLETE AGREEMENT

The Parties each agree and understand that this Agreement, including all Exhibits hereto, constitutes the entire agreement between the Parties and supersedes any prior or contemporaneous oral understandings or agreements with respect to the subject matter hereof.

7. AMENDMENTS AND WAIVERS

This Agreement may not be amended, altered, enlarged, supplemented, abridged, or modified, nor can any provision hereof be waived, except by a writing executed by both Parties which shall be attached hereto. Failure of any Party to enforce any provision of this Agreement shall not constitute or be construed as a waiver of such provision nor of the right to enforce such provision.

8. NOTICES

All notices, demands, and requests permitted or required to be given under this Agreement shall be in writing and deemed given when mailed by the United States mail, postage prepaid, registered or certified mail, return receipt requested, to the address of the appropriate Party as provided herein.

9. ASSIGNMENT.

Contract may not be assigned without the written approval of the City.

10. GOVERNING LAW.

This Contract shall be governed by the Laws of the State of Minnesota.

11. VENUE OF LAWSUITS.

Any litigation with regard to said contract shall be venued in St. Louis County, Minnesota at the St. Louis County Courthouse in Hibbing, Minnesota.

12. GOVERNMENT DATA PRIVACY.

The Consultant agrees to abide by the applicable provisions of the Minnesota Government Data Practice Act, Minnesota Statutes, Chapter 13, HIPAA requirements, and all other applicable state or federal rules, regulations, or orders pertaining to privacy or confidentiality. The Contractor understands that all of the data created, collected, received, stored, used, maintained, or disseminated by the Consultant in performing those functions that the City would perform is subject to the requirements of Chapter 13, and the Consultant must comply with those requirements as if it were a government entity. This does not create a duty on the part of the Consultant to provide the public with access to public data if the public data is available from the City, except as required by the terms of this Agreement."

IN WITNESS WHEREOF, the duly authorized representatives of the Parties hereto have executed this Agreement this _____ day of _____, 2025.

ADDRESS:

401 East 21st Street
Hibbing, MN 55746

CLIENT:

City of Hibbing

_____

By:_____
Its:_____

ADDRESS:

Suite 2200
100 Washington Avenue South
Minneapolis, MN 55401

CONSULTANT:
LOCKRIDGE GRINDAL NAUEN PLLP

_____

By: Harry Gallaher
Its: Managing Partner

EXHIBIT A

Lockridge Grindal Nauen will provide state lobbying services related to local government aid, capital investment and other items as needed.

Request for Council Action

City Council Action

APPROVE RESOLUTION AUTHORIZING THE TRANSFER OF LOT IN SARGENT ADDITION TO HIBBING TO NORTH ST. LOUIS COUNTY HABITAT FOR HUMANITY FOR HOUSING IN THE CITY OF HIBBING.

Description of Agenda Item

APPROVE RESOLUTION AUTHORIZING THE TRANSFER OF LOT IN SARGENT ADDITION TO HIBBING TO NORTH ST. LOUIS COUNTY HABITAT FOR HUMANITY FOR HOUSING IN THE CITY OF HIBBING.

Strategic Initiative

WHEREAS, the City of Hibbing's 2023 Strategic Plan established a Core Strategy for a Well-Rounded, Strong Quality of Life, with an emphasis on the availability of affordable, high-quality housing; and

WHEREAS, the Strategic Plan also prioritizes a Safe, Secure, and Valued Community, in which all residents have access to stable, suitable housing; and

WHEREAS, the City's 2023 Strategic Plan further prioritizes affordable, accessible housing and a safe, inclusive community; and

Owner of Agenda Item

Betsy Olivanti, Community Development Director, 218.421.7939, betsyolivanti@hibbingmn.gov

Introduction/Background/Justification/Key Issues/Legal

The City of Hibbing has a long-standing and productive partnership with Habitat for Humanity that has resulted in tangible benefits for our residents and neighborhoods. Since 2001, thirty-seven local families have been able to call Hibbing home through Habitat's efforts. This includes successful projects in the Brooklyn neighborhood, where Habitat helped remediate and rebuild eight new homes. Additionally, our annual collaboration ensures timely conveyance of city-owned lots for new home construction, and our local high school construction program—run in partnership with Habitat—has educated students while serving seventeen local families.

WHEREAS, By way of a deed dated July 19, 2012, the Estate of John Spanish issued a conveyance of property to the City of Hibbing for the parcel located in Hibbing, St. Louis County, Minnesota, legally described as follows: Lot 5, Block 21, SARGENT ADDITION TO HIBBING Parcel Code: 140-0220-03160 (Torrens). This parcel is in between 1914 7th Ave E and

1920 7th Ave E in Hibbing.

Board/Commission/Committee Actions(s):

None, planning/zoning administrator approved waiving of Planning Commission review.

Budgetary/Fiscal Impact

North St. Louis County Habitat for Humanity will purchase lot for $2,540 and bring it back to a taxable parcel via construction and sale of a home on the parcel.

Action Requested

APPROVE RESOLUTION AUTHORIZING THE TRANSFER OF LOT IN SARGENT ADDITION TO HIBBING TO NORTH ST. LOUIS COUNTY HABITAT FOR HUMANITY FOR HOUSING IN THE CITY OF HIBBING.

Attachments

1. Res-25-11-XX-Lot-Sargent-Addition-w-Deed
2. 2025 Hibbing lot donation letter to the city

At the Council meeting held November 5, 2025, at 5:00 P.M., in the Hibbing City Council Chambers, _____ offered the following Resolution and moved its adoption:

RESOLUTION NO. 25-11-____

RESOLUTION AUTHORIZING THE TRANSFER OF LOT IN SARGENT ADDITION TO HIBBING TO NORTH ST. LOUIS COUNTY HABITAT FOR HUMANITY FOR HOUSING IN THE CITY OF HIBBING

WHEREAS, By way of a deed dated July 19, 2012, the Estate of John Spanish issued a conveyance of property to the City of Hibbing for the parcel located in Hibbing, St. Louis County, Minnesota, legally described as follows:

Lot 5, Block 21, SARGENT ADDITION TO HIBBING
Parcel Code: 140-0220-03160
(Torrens)

Said deed was recorded on September 17, 2012, as Document No. 919849.0; and,

WHEREAS, the City of Hibbing wishes to transfer said parcel to the North St. Louis County Habitat for Humanity to provide for more housing in the City of Hibbing.

NOW, THEREFORE, BE IT RESOLVED, that the City Council of the City of Hibbing does hereby authorize the conveyance of real property located in the City of Hibbing and legally described as follows, to-wit:

Lot 5, Block 21, SARGENT ADDITION TO HIBBING

to the North St. Louis County Habitat for Humanity and further authorizes the Mayor and Clerk to sign the Quit Claim Deed in substantially the form attached hereto and made a part hereof to effect such conveyance.

The motion to adopt the foregoing Resolution was duly supported by _____, and upon being put to a vote, carried as follows:

FOR ADOPTION:

AGAINST ADOPTION: None.

ABSTAINING: None.

ABSENT: None.

Approved by the City Council of the City of Hibbing this _____ day of November, 2025.

CITY OF HIBBING

_____
Pete Hyduke, Mayor

ATTEST:

_____
Candie Seppala, City Clerk

CERTIFICATION

I CERTIFY THAT the above Resolution is a true and correct copy of a Resolution adopted and passed by the Hibbing City Council at its regular meeting held on Wednesday, November _____, 2025.

(city seal)

_____
Candie Seppala
City Clerk

(Top 3 inches reserved for recording data)

QUIT CLAIM DEED
Business Entity to Business Entity

eCRV number: **N/A**

DEED TAX DUE: $**1.65** DATE: _____**, 2025**

FOR VALUABLE CONSIDERATION, **City of Hibbing** a **municipal corporation** under the laws of the **State of Minnesota** ("**Grantor**"), hereby conveys and quitclaims to the **North St. Louis County Habitat for Humanity** a **nonprofit corporation** under the laws of **Minnesota** ("**Grantee**"), real property in **St. Louis** County, Minnesota, legally described as follows:

Lot 5, Block 21, SARGENT ADDITION TO HIBBING.

EXCEPTING all minerals and ores of every kind, that may exist upon, in or under said above described land, with the right to the owners of said minerals to enter upon said land and mine and remove the same with as slight injury to the surface, under the circumstances as can reasonably be done without liability for damages therefore.

SUBJECT to all the building conditions and restrictions as contained in Deed bearing Document No. 70737 filed in the office of the Registrar of Titles.

Check here if all or part of the described real property is Registered (Torrens) ☒

together with all hereditaments and appurtenances belonging thereto.

The total consideration for this transfer of property is $3,000.00 or less.

~~*Check applicable box:*~~

☐ ~~The Seller certifies that the Seller does not know of any wells on the described real property.~~

☐ ~~A well disclosure certificate accompanies this document or has been electronically filed. (If electronically filed, insert WDC number: **[…]**.)~~

☐ ~~I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate.~~

Grantors

City of Hibbing

By: _____
Pete Hyduke
Its: **Mayor**

By: _____
Candie Seppala
Its: **Clerk**

State of Minnesota)
)ss
County of St. Louis)

This instrument was acknowledged before me on _____**, 2025**, by **Pete Hyduke** as **Mayor** of the **City of Hibbing.**

(Stamp)

_____
(signature of notarial officer)

Title (and Rank): Notary Public

My commission expires: _____
(month/day/year)

State of Minnesota)
)ss
County of St. Louis)

This instrument was acknowledged before me on _____**, 2025**, by **Candie Seppala** as **Clerk** of the **City of Hibbing.**

(Stamp)

_____
(signature of notarial officer)

Title (and Rank): Notary Public

My commission expires: _____
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:
Andy Borland, #20710X
Attorney at Law
SELLMAN BORLAND & SIMON PLLC
1907 Third Avenue East, Suite 2, PO Box 37
Hibbing, Minnesota 55746
Telephone: 218-262-5502
Fax: 218-263-4060 jm
Email: attorneys@sellmanborlandsimon.com

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:

North St. Louis County Habitat for Humanity
PO BOX 24
5558 Enterprise Drive NE
Virginia, MN 55792

North St. Louis County Habitat for Humanity®

BUILDING HOMES
BUILDING HOPE

5558 Enterprise Dr. NE
Mail: PO Box 24
Virginia, MN 55792
Phone: 218-749-8910
Toll free: 866-749-8910
Fax: 218-742-9799
www.nslchfh.org
habitat@nslchfh.org

October 14, 2025

Re: Acquisition of a Hibbing lot for affordable home building project in 2026

Dear Mayor Hyduke and council members,

North St. Louis County Habitat for Humanity is seeking a lot on which to build a Habitat for Humanity home on in 2026. This lot is a key success factor in our plans to build two homes in Hibbing in 2026.

We have been working with
Community Development Director, Betsy Olivanti, and have identified a lot that the City of Hibbing owns that is adjacent to a lot owned by Habitat. Obtaining this lot would enable us to build two homes side by side, which helps with our capacity and efficiency in building. We would like to request the City of Hibbing's consideration of donating this lot for the purpose of building another affordable home in Hibbing.

We would like to request the City's assistance in acquiring the following lot for the purpose of building an affordable home for the reduced price of $2,540 which is 20% of the estimated market value.

Parcel Code: 140-0220-03160
Legal Description: Lot 5 Block 21 Sargent Addition to Hibbing

We are very grateful for the many ways in which the City of Hibbing works to help us in our mission of bringing people together to build homes, communities, and hope. We look forward to once again partnering with the City of Hibbing as we continue our commitment to build affordable homes in Hibbing.

Sincerely,

Nathan Thompson

Request for Council Action

City Council Action

APPROVE RESOLUTION WAIVING THE PLANNING COMMISSION'S REVIEW OF THE CITY OF HIBBING'S CONVEYANCE OF REAL PROPERTY IN THE PLAT OF SARGENT ADDITION TO HIBBING, HIBBING, MINNESOTA

Description of Agenda Item

Strategic Initiative

WHEREAS, the City of Hibbing's 2023 Strategic Plan established a Core Strategy for a Well-Rounded, Strong Quality of Life, with an emphasis on the availability of affordable, high-quality housing; and

WHEREAS, the Strategic Plan also prioritizes a Safe, Secure, and Valued Community, in which all residents have access to stable, suitable housing; and

WHEREAS, the City's 2023 Strategic Plan further prioritizes affordable, accessible housing and a safe, inclusive community; and

Owner of Agenda Item

Introduction/Background/Justification/Key Issues/Legal

The City of Hibbing has a long-standing and productive partnership with Habitat for Humanity that has resulted in tangible benefits for our residents and neighborhoods. Since 2001, thirty-seven local families have been able to call Hibbing home through Habitat's efforts. This includes successful projects in the Brooklyn neighborhood, where Habitat helped remediate and rebuild eight new homes. Additionally, our annual collaboration ensures timely conveyance of city-owned lots for new home construction, and our local high school construction program—run in partnership with Habitat—has educated students while serving seventeen local families.

Board/Commission/Committee Actions(s):

NA - waived

Budgetary/Fiscal Impact

Action Requested

APPROVE RESOLUTION NO. 25-11-04 WAIVING THE PLANNING COMMISSION'S REVIEW OF THE CITY OF HIBBING'S CONVEYANCE OF REAL PROPERTY IN THE PLAT OF SARGENT ADDITION TO HIBBING, HIBBING, MINNESOTA

Attachments

1. Res-25-10-XX-waive-planning-comm-review-Habitat

At the Council meeting held Wednesday, November 5, 2025, at 5:00 P.M., in the Hibbing City Council Chambers, Councilor _____ offered the following Resolution and moved its adoption:

RESOLUTION No. 25-____-____

RESOLUTION WAIVING THE PLANNING COMMISSION'S
REVIEW OF THE CITY OF HIBBING'S
CONVEYANCE OF REAL PROPERTY IN THE PLAT OF
SARGENT ADDITION TO HIBBING, HIBBING, MINNESOTA

WHEREAS, The City of Hibbing is interested in conveying real property to North St. Louis County Habitat for Humanity in Hibbing, St. Louis County, Minnesota 55746, legally described as follows, to-wit:

Lot 5, Block 21, SARGENT ADDITION TO HIBBING
Parcel Code: 140-0220-03160
(Torrens)

and,

WHEREAS, The City of Hibbing has adopted a Comprehensive Plan as contemplated by Minnesota Statutes Section 462.356; and,

WHEREAS, Said Statute provides that all acquisitions and conveyances of real property by the municipality shall be reviewed by the Planning Commission of the entity; and,

WHEREAS, Said Statute further contemplates that referring the matter to the Planning Commission to determine if said purchase/ conveyance is in compliance with the Comprehensive Plan may be waived if the governing body (City Council) by a two-thirds vote dispenses with the referral to the Planning Commission.

NOW, THEREFORE, IT IS HEREBY RESOLVED by the City Council of the City of Hibbing that the City of Hibbing hereby waives referral to the Hibbing Planning Commission for its review of the contemplated conveyance of real property located on 7th Avenue East, Hibbing, by the City of Hibbing for a determination regarding whether the conveyance is in compliance with the City of Hibbing's Comprehensive Plan.

The motion to adopt the foregoing Resolution was duly supported by Councilor _____, and upon being put to a vote, carried as follows:

FOR ADOPTION:

AGAINST ADOPTION:

ABSTAINING:

ABSENT:

Adopted and passed this _____ day of _____, 2025.

CITY OF HIBBING

_____
Mayor Pete Hyduke

ATTEST:

_____
Candie Seppala, Clerk

CERTIFICATION

I hereby certify that the foregoing Resolution is a true and correct copy of the Resolution adopted and passed by the Hibbing City Council at its regular meeting held Wednesday, _____, 2025.

(City seal)

_____
Candie Seppala
Senior Executive Assistant

Request for Council Action

City Council Action

Description of Agenda Item

Strategic Initiative

Owner of Agenda Item

Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

Budgetary/Fiscal Impact

Action Requested

Attachments
None

Request for Council Action

City Council Action

Description of Agenda Item

Strategic Initiative

Owner of Agenda Item

Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

Budgetary/Fiscal Impact

Action Requested

Attachments
None

Request for Council Action

City Council Action

Description of Agenda Item

Strategic Initiative

Owner of Agenda Item

Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

Budgetary/Fiscal Impact

Action Requested

Attachments
None

Request for Council Action

City Council Action

Description of Agenda Item

Strategic Initiative

Owner of Agenda Item

Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

Budgetary/Fiscal Impact

Action Requested

Attachments
None

Request for Council Action

City Council Action

Approve the payment to COnsolidated Communications in the amount not to exceed $51,310.36 to cancel the services from 2024

Description of Agenda Item

We have been able to discontinue lines that we don't use. The invoice is for the payment for 2024 usage.

Strategic Initiative

Owner of Agenda Item

Candie Seppala, City Clerk - Deputy Administrator, 218-312-1560, candieseppala@hibbingmn.gov

Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

NONE

Budgetary/Fiscal Impact

2024 budgeted services

Action Requested

Approve the payment to Consolidated Communications in the amount not to exceed $51,310.36 to cancel the services from 2024

Attachments

1. DOC110325

Consolidated communications

P.O. Box 3248 Mankato, MN 56002-3248

Address Service Requested

6052000494 PRESORT PBPS002 <B>

CITY OF HIBBING
401 E 21ST ST
HIBBING MN 55746-5510

See reverse side for alternate payment options

RECEIVED
OCT 10 2025
By

Remittance Information

Account Number:		507-150-5710/0
Billing Date		10/01/25
Due Date:		**10/27/25**
Amount Due:	**$**	**51,310.36**
Total Amount Enclosed:	**$**	_____

Make checks payable to CCI.

CONSOLIDATED COMMUNICATIONS
PO BOX 66523
SAINT LOUIS MO 63166-6523

0900507150571002202510010005131O364

Please detach and return above portion with your payment.

Consolidated communications

Invoice Information

Account Number:		507-150-5710/0
Billing Date:		10/01/25
Due Date:		10/27/25
Amount Due:	**$**	**51,310.36**

Account Summary

Past Charges and Credits		
Previous Bill	$	51,310.36
Payment Received		0.00
Adjustments		0.00
Balance Before New Charges	**$**	**51,310.36**
Total Amount Due	**$**	**51,310.36**

Important Messages

IMPORTANT NOTICE

The Company providing your long distance, internet and, in some cases, voice services has changed its legal name from Consolidated Communications Enterprise Services, LLC, to Fidium Enterprise Services, LLC, and will be doing business under either Fidium or Consolidated Communications. You may notice either or both of these assumed business names on your invoice; however, this change will have no impact on the rates, terms and conditions of the services you receive from the Company.

RECEIVED
OCT 10 2025
By

Consumer Information Summary

[1] Prevent Disconnect [2] LD Provider Change
For more information, please see page 2.

To avoid a 1.50% late payment charge, payment must be received by October 27, 2025. If paying by mail, allow five to seven business days. For phone payment, call 1-866-240-8889.

Customer Service	844-968-7224
Repair Service	844-968-7224
Buried Cable Information	800-252-1166
Technical Support	844-968-7224
www.consolidated.com	

fidium | Consolidated communications

FYI OCT 13 2025

PO Box 1568, Conroe, TX 77304

Consolidated Communications is now Fidium.

01204080 999 01 012852 01
HIBBING PUBLIC LIBRARY
2020 5TH AVE E
HIBBING, MN 55746

from Jill

Dear Valued Customer,

We are pleased to unite our residential, business and wholesale lines of business under a single, modern fiber internet and network services brand – Fidium. This transition to Fidium sets the stage for enhanced capabilities, greater reliability, and more tools to help your business thrive.

What this means for you:

- Your **services, pricing, and support remain the same,** and **no action is required on your part.**
- You'll continue to **use the same portals, logins, and support channels.**

Visible updates you may notice:

- The Fidium brand will roll out across communications, marketing and customer materials over the next several months.
- **Correspondence will come from Fidium** representatives, and **speed tests will display Fidium** as your provider.
- You may now reach us at **1.844.FIDIUMBIZ (1.844.343.4862)** or visit **FidiumBusiness.com** for resources, offerings, and support.
- Effective immediately, our online **Master Services Agreement** containing the contract terms applicable to enterprise services is posted at **FidiumBusiness.com/MSA**. Any services that renew and new services that you order will be subject to the terms of the online Master Services Agreement. However, this update may exclude services provided to government or public educational entities and will have no impact on the rates, terms, or conditions of the services customers receive today through the current term for those services.

For more information, visit **FidiumFiber.com/Future**. Thank you for your continued partnership.

Sincerely,

Your Fidium Team

Request for Council Action

City Council Action

Description of Agenda Item

Strategic Initiative

Owner of Agenda Item

Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

Budgetary/Fiscal Impact

Action Requested

Attachments
None

Request for Council Action

City Council Action

Description of Agenda Item

Purchase 14 sets of turnout per our annual replacement program from Great Plains Fire for $46,673.48

Strategic Initiative

We purchase turnout annually at smaller scales than all sets at once.

Owner of Agenda Item

Erik Jankila, Fire Chief, 218.421.8363, erikjankila@hibbingmn.gov

Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

Budgetary/Fiscal Impact

$53,200 budgeted we switched brands/vendors for a savings of $6526.52

Action Requested

Approve the purchase of 14 sets of turn-out gear per our annual replacement program from Great Plains Fire in the amount of $46,673.48

Attachments

1. 2025 Turnout gear

GREAT PLAINS FIRE

...when quality of service counts

Hibbing Fire Department
2320 Brooklyn Drive
Hibbing, MN. 55746

QUO-106901-W3G3K

Tele: 1-218-969-4931 Fax:

Attn BC Tony Sikich

Date	August 14th 2025
Terms	
Price Quoted are F.O.B.	
Delivery	

Quantity	Description	[illegible]	[illegible]
	Innotex Energy built to Hibbing specs		
	(I have included the build sheet for your review)		
14	** Discounts from Innotex are at 10 and 25 Units**	$ 3,333.82	$ 46,673.48
			$ -
	Specs are built utilizing the Hibbing bailout belts		$ -
	**** Per your request Chief I have deleted the bellows pockets on the		$ -
	coat in favor of the combo zippered pockets like we have with our		$ -
	demo PPE at your site. This also deletes the pocket dividers***		$ -
			$ -
			$ -
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			$ -
			$ -
			$ -
			$ 46,673.48

Quotation Prepared By: Adam Zimmerman

.....When Quality Of Service Counts

Request for Council Action

City Council Action

Description of Agenda Item

Approve the purchase/replacement of non-functioning thermal imaging cameras from MES in the amount of $9,360.00

Strategic Initiative

Owner of Agenda Item

Erik Jankila, Fire Chief, 218.421.8363, erikjankila@hibbingmn.gov

Introduction/Background/Justification/Key Issues/Legal

Two of our cameras are old and batteries are difficult to procure. This is a planned 2025 purchase.

Board/Commission/Committee Actions(s):

Budgetary/Fiscal Impact

$7500.00 from budget. $1860.00 from one-time funds.

Action Requested

Approve the purchase/replacement of non-functioning thermal imaging cameras from MES in the amount of $9,360.00

Attachments

1. 2025 TIC

(877) 637-3473

Quote

Quote #	QT1974204
Date	08/25/2025
Expires	09/12/2025
Sales Rep	Hutchison, Jeremy
Shipping Method	FedEx Ground
Customer	HIBBING FIRE DEPT (MN)
Customer #	C31198

Bill To
HIBBING FIRE DEPT
401 E. 21st Street
Hibbing MN 55746

Ship To
HIBBING FIRE DEPT
2320 BROOKLYN DR
HIBBING MN 55746-1955

Item	Alt. Item #	Units	Description	QTY	Unit Price	Amount
FQ-PANX			AttackPRO+ (NFPA) camera, 2 batteries, 1 desktop battery charger	2	$4,580.00	$9,160.00
RT3-4504			SEEK TIC Attack Pro Gearkeeper with Aluminum Carabiner	4	$50.00	$200.00

customer pays shipping

Subtotal	$9,360.00
Shipping Cost	$0.00
Tax Total	$0.00
Total	$9,360.00

This Quotation is subject to any applicable sales tax and shipping and handling charges that may apply. Tax and shipping charges are considered estimated and will be recalculated at the time of shipment to ensure they take into account the most current information.

All returns must be processed within 30 days of receipt and require a return authorization number and are subject to a restocking fee.

Custom orders are not returnable. Effective tax rate will be applicable at the time of invoice.

QT1974204