



**TIFA Agenda
April 3, 2020 9:00am
Special Meeting
City Hall**

The City of Hart TIFA Board is meeting electronically as a result of the COVID-19 virus and to protect the health, safety and welfare of the citizens of Hart, Michigan of such virus, pursuant to law and the mandates of Executive Order 2020-21 issued by Governor Gretchen Whitmer.

1. Call to order
2. Roll Call; G. Goldberg, S. Hegg, B. Hegg, S. Bruch, T. Lipps, L. Ladner
3. Approval of Agenda
4. Approval of Minutes
5. Public Comment
6. ACTION ITEMS
 - a) Amending the FY 20 Budget to provide matching funds for the Small Business Relief Grant program
 - b) Authorize expenditure of \$21,090 as matching contribution to the Small Business Relief Grant Fund
 - i. Recommended motion: The TIFA Board authorizes the expenditure of \$21,090 as a contribution to the Small Business Relief Grant Fund program which is part of the Federal Coronavirus Relief Bill (CARES Act). These funds which will be combined with the funds that have been allocated to Oceana County by the MEDC will only be allocated to applicant businesses located in the City of Hart TIFA District and will be considered to be a grant to the business unless the funds are deemed to be used in a manner that does not comply with the regulations of the Small Business Relief Grant Fund program at which time it will become a five year payable loan at one (1) percent interest.
8. Communications from members
9. Adjournment

| Board Member | Membership | Interest in District |
|---------------|------------|----------------------|
| Scott Hegg | TIFA | Yes |
| Bill Hegg | TIFA | Yes |
| Tracy Lipps | TIFA | Yes |
| Steve Bruch | TIFA | Yes |
| Gale Goldberg | TIFA | |
| Lynne Ladner | TIFA | |



407 S. STATE ST.

HART, MI 49420

TAX INCREMENT FINANCE AUTHORITY (TIFA)

March 12, 2020, at 1:00 pm

MINUTES - DRAFT

Members Present: Steve Bruch, Tracey Lipps, Scott Hegg, Lynne Ladner, and Gale Goldberg

Members absent: Bill Hegg

Others present: Deputy City Clerk - Cheri Eisenlohr

Call to Order: Mr. Bruch called the meeting to order at 1:10 pm. Rollcall was then taken.

Agenda Approval:

- Ms. Goldberg made a motion to accept the agenda, supported by Mr. S. Hegg, all ayes, the motion carried.

February 14, 2020, Minutes Approval: (Not listed on the agenda.)

- No motion was made to accept the minutes.

Public Comments: None

Action Items: None

Discussion Items:

- Financials – Annual Report Status, YTD Revenue & Expenses
 - Mr. S. Hegg asked that the board be provided with copies of a redacted bank statement from this point going forward.
 - A motion was made by Mr. Bruch to include statements, supported by Ms. Lipps, all ayes, the motion carried.
- Pocket Park Status
 - Funds will be transferred from the GF to the Pocket Park fund.
 - A grand opening could be held in conjunction with the Scottville Clown band on August 27, 2020.
- April Public Information Meeting – details
 - The public meeting will be held to discuss the Pocket Park and will be on April 9, 2020, at 1:45 pm. City and County Clerks have to be notified of the meeting.
- Discussion regarding 2020 Meeting Dates and Times:
 - It was decided to meet every other month at 1:00 pm and to cancel/hold meetings as needed.
- Discussion regarding TIFA involvement with HEART organization:
 - The Council has to approve the resolution allowing the funds to come back to the City.
- Discussion related to the creation of a committee for the rollout of the improvement program
 - Mr. Bruch, Mr. S. Hegg, and Ms. Lipps will look into the implementation further.

Communications from Members: None

Ms. Goldberg made a motion to adjourn the meeting at 1:53 pm, supported by Mr. S. Hegg, all ayes, the motion carried, and the meeting adjourned.

The next regularly scheduled meeting, as well as a Public Informational meeting, are to be April 9, 2020, at 1:00 pm.

REVENUE AND EXPENDITURE REPORT FOR CITY OF HART

PERIOD ENDING 06/30/2020

| GL NUMBER | DESCRIPTION | 2019-20 | YTD BALANCE | ACTIVITY FOR | AVAILABLE | % BDT USED |
|--------------------------------|-------------------------|----------------|---------------------------------|---|------------------------------|---------------|
| | | AMENDED BUDGET | 06/30/2020 NORMAL (ABNORMAL) | MONTH 06/30/2020 INCREASE (DECREASE) | BALANCE NORMAL (ABNORMAL) | |
| Fund 215 - TIFA | | | | | | |
| Revenues | | | | | | |
| Dept 000.000 | | | | | | |
| 215-000.000-402.000 | CURRENT PROPERTY TAXES | 41,000.00 | 40,356.88 | 0.00 | 643.12 | 98.43 |
| 215-000.000-665.000 | INTEREST ON INVESTMENTS | 70.00 | 0.00 | 0.00 | 70.00 | 0.00 |
| 215-000.000-699.000 | USE OF CASH RESERVES | 20,000.00 | 0.00 | 0.00 | 20,000.00 | 0.00 |
| Total Dept 000.000 | | 61,070.00 | 40,356.88 | 0.00 | 20,713.12 | 66.08 |
| TOTAL REVENUES | | 61,070.00 | 40,356.88 | 0.00 | 20,713.12 | 66.08 |
| Expenditures | | | | | | |
| Dept 000.000 | | | | | | |
| 215-000.000-740.100 | Materials | 0.00 | 197.73 | 0.00 | (197.73) | 100.00 |
| 215-000.000-801.000 | PROFESSIONAL SERVICES | 0.00 | 32,586.95 | 0.00 | (32,586.95) | 100.00 |
| 215-000.000-999.101 | TRANSFER TO GENERAL FD | 40,000.00 | 0.00 | 0.00 | 40,000.00 | 0.00 |
| 215-000.000-999.245 | Sidewalk Replacement | 10,000.00 | 0.00 | 0.00 | 10,000.00 | 0.00 |
| 215-000.000-999.840 | Main Street Program | 9,000.00 | 4,500.00 | 0.00 | 4,500.00 | 50.00 |
| Total Dept 000.000 | | 59,000.00 | 37,284.68 | 0.00 | 21,715.32 | 63.19 |
| TOTAL EXPENDITURES | | 59,000.00 | 37,284.68 | 0.00 | 21,715.32 | 63.19 |
| Fund 215 - TIFA: | | | | | | |
| TOTAL REVENUES | | 61,070.00 | 40,356.88 | 0.00 | 20,713.12 | 66.08 |
| TOTAL EXPENDITURES | | 59,000.00 | 37,284.68 | 0.00 | 21,715.32 | 63.19 |
| NET OF REVENUES & EXPENDITURES | | 2,070.00 | 3,072.20 | 0.00 | (1,002.20) | 148.42 |

User: CHERYL

Bank TIFA (TIFA)

DB: Hart City

FROM 02/01/2020 TO 02/29/2020

Reconciliation Record ID: 320

| | |
|--------------------------|--------------------|
| Beginning GL Balance: | 97,598.44 |
| Less: Cash Disbursements | <u>(17,077.50)</u> |

Ending GL Balance: 80,520.94

Ending Bank Balance: 97,598.44

Add: Deposits in Transit 0.00

Less: Outstanding Checks

AP Checks

| Check Date | Check Number | Name | Amount |
|------------|--------------|----------------|-----------|
| 02/07/2020 | 1071 | CITY OF HART | 13,390.50 |
| 02/07/2020 | 1072 | PREIN & NEWHOF | 2,592.00 |
| 02/21/2020 | 1073 | PREIN & NEWHOF | 0.00 |
| 02/21/2020 | 1074 | PREIN & NEWHOF | 1,095.00 |

VOIDED 02/21/2020

| | |
|-------------------------------|-----------|
| Total - 4 Outstanding Checks: | 17,077.50 |
| Adjusted Bank Balance | 80,520.94 |
| Unreconciled Difference: | 0.00 |

REVIEWED BY:



DATE:

3/6/2020

Memo

To: TIFA Board

From: Lynne Ladner

cc:

Date: 4/2/2020

Re: TIFA Contribution to Small Business Relief Grant Fund

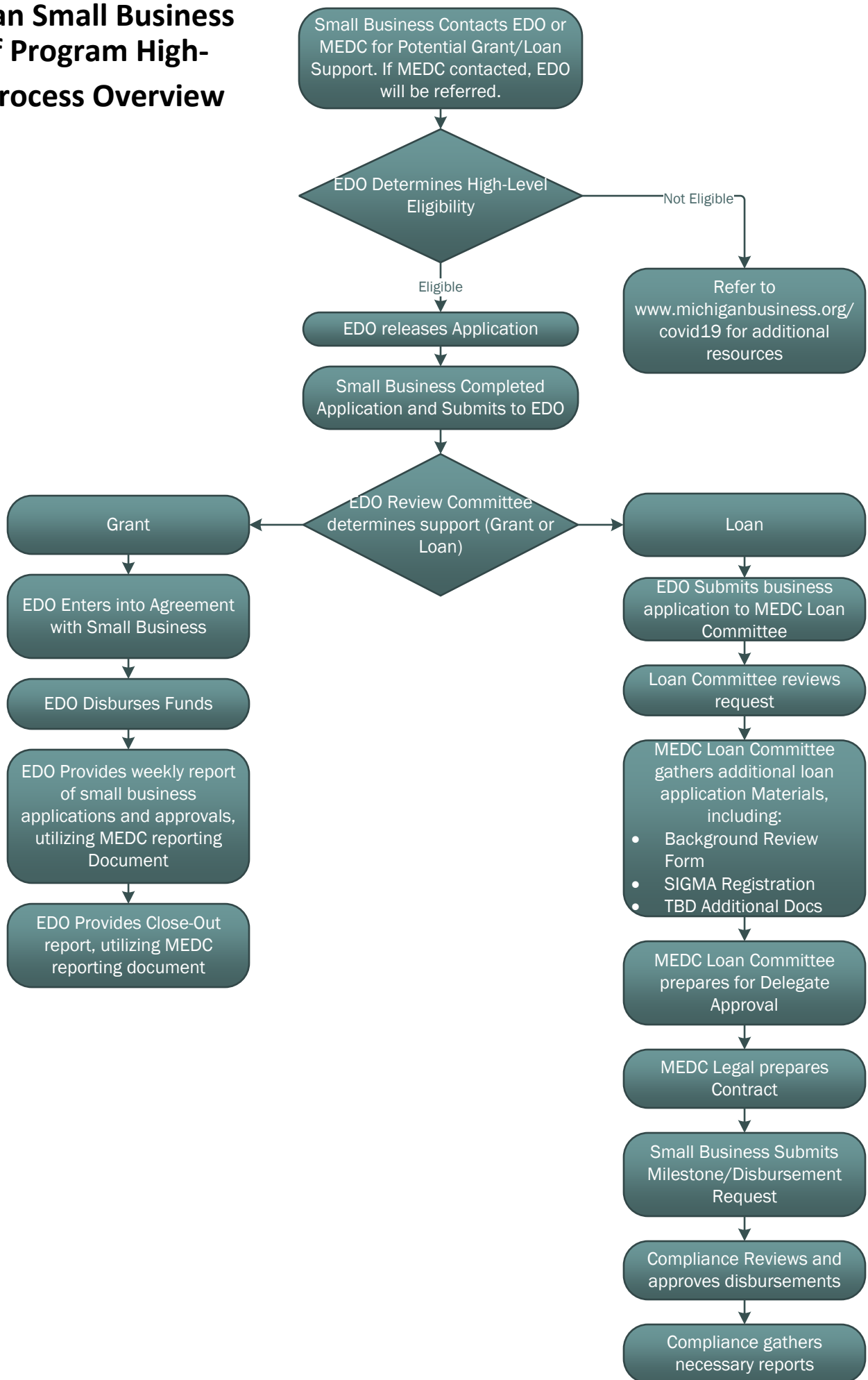
As the global economy struggles with the fallout of the COVID-19 pandemic small businesses are the hardest hit segment in difficult times such as these. It is impossible to know how long the effects of the current pandemic and accompanying state of emergency will impact our local community. The Small Business Relief Grant Fund program is just one part of the greater Federal Stimulus package that was passed by Congress and all efforts are being made to move as quickly as possible to get funds into the hands of businesses as quickly as possible.

The MEDC is the organization that determined the amount of federal funds that would be allocated to Oceana County through this program and it was appropriated to the Oceana County Economic Alliance as the County's Economic Development organization to oversee the program. The OCEA board consists of representatives from businesses, government organizations, the community foundation, attorneys and banks throughout Oceana County. All were given the opportunity to volunteer to participate in the application review committee. However, only a small group consisting of government officials, a banker, chamber official, community foundation representative and the County's representative from the Right Place stepped forward and agreed to participate a total of 6 people in all are on the review committee.

Any money that the TIFA would contribute to the Small Business Relief Grant program would by necessity of state statute and the TIFA development plan only be available to grant to businesses in the City of Hart TIFA district. Additionally, the grantee would be required to sign an agreement that if they do not expend the funds in a manner consistent with the rules and regulations as laid out by the federal program that the grant would convert to a five year loan repayable to the City of Hart TIFA at 1% interest.

Lynne

Michigan Small Business Relief Program High-level Process Overview



APPLICATION INSTRUCTIONS:

1.) Are you eligible?

Eligible Business means a business that:

- Your company is in an industry outlined in Executive Order 2020-9, or any subsequent Executive Order of similar intent ("EO"), or demonstrates it is otherwise affected by the COVID-19 outbreak, that meets one or more of the following: provides support to impacted employees, is located in a downtown district or high impact corridor or has 50 employees or less, or is a company that provides services to companies outlined in the EO and requires additional employees to support to companies or employees impacted by EO;
- Your company has 50 employees or less;
- Your company needs working capital to support payroll expenses, rent, mortgage payments, utility expenses, or other similar expenses that occur in the ordinary course of business; and
- Your company is able to demonstrate an income loss as a result of the EO, or the COVID-19 outbreak.

2.) If your business is eligible, complete this application.

IMPORTANT! PLEASE COMPLETE BOTH TABS IN THIS APPLICATION DOCUMENT. INCOMPLETE APPLICATIONS

APPLICATIONS MUST INCLUDE COPIES OF YOUR PROFIT & LOSS STATEMENTS FOR (2017-2019).

3.) Email your COMPLETED application AND profit and loss statements to your local representative in your

Local committee contacts are as follows:

Ionía: Travis Alden | The Right Place, Inc. | aldent@rightplace.org | 231-233-4349

Montcalm: Kathy Jo VanderLaan | The Right Place, Inc. | vanderLaank@rightplace.org | 616-498-0374

Newaygo: Julie Burrell | The Right Place, Inc. | burrellj@rightplace.org | 231-335-1985

Lake: Jodi Nichols | The Right Place, Inc. | nicholsj@rightplace.org | 231-742-3328

Oceana: Jodi Nichols – The Right Place, Inc. | nicholsj@rightplace.org | 231-742-3328

Kent: Brent Case | The Right Place, Inc. | covidrelief@rightplace.org | 616-301-6246

Barry: Jennifer Heinzman | Barry County Chamber of Commerce & Economic Development Alliance | jennifer@m

Mason: Brandy Miller | Ludington & Scottville Area Chamber of Commerce | brandyh@ludington.org | (231) 845-

Mecosta: Jim Sandy | Mecosta County Development Corporation | jsandy@mecostacounty.org | 231-250-9226

Muskegon: Morgan Carroll | Muskegon Area First | mcarroll@muskegon.org | 231-286-9497

Osceola: Dan Massy | Osceola County Community & Economic Development Dept. | dmassy@osceolacountymi.c

4.) Once we receive your completed application, we will reply to you within 72 hours with next steps.

Michigan Small Business Relief Program

| | |
|---|------|
| Company Name: | |
| County: | |
| Local Economic Development Organization | #N/A |

NOTE: If you meet the Program Eligibility AND one of the Business Qualifications sections, please complete the information on the Application tab. If you do not, please visit www.michigabusiness.org/covid19 or contact your Local Economic Development Organization for alternative resources.

| Program Eligibility (must meet both of the following) | |
|--|---|
| Q1. Has the business experienced an income loss as a result of Executive Order 2020-20, or any subsequent Executive Order of similar intent ("EO")? | |
| Q2. Does the business have a need for working capital to support its payroll expenses, rent, mortgage payments, utility expenses, or other similar expenses that occur in its ordinary course of business? | |
| Funding Type Qualification, must complete one of the following Business Qualification sections: | |
| Business Qualification 1 | Q3. Did the business have 50 employees or less as of March 16, 2020 AND is the business in an industry referenced by Executive Order 2020-20, or any subsequent Executive Order of similar intent. If yes, please provide industry type below: |
| | |
| | OR |
| | Q3. Did the business have 50 employees or less as of March 16, 2020 AND can the business demonstrate that it is otherwise affected by the COVID-19 outbreak: If yes, please describe the business and effect. |
| | |
| | AND meets one of the following: |
| | Q3a. Is the business located in a downtown district or high impact corridor. If yes, please explain: |
| | |
| | Q3b. Is the business providing support to impacted employees? If yes, please explain. |
| | |
| Q3c. Did the business have 50 employees or less as of March 16, 2020 | |
| Q3d. Does the business provide goods or services directly to business types detailed in an EO and requires additional employees to support companies or employees impacted by an EO? If yes, please explain. | |



| | | |
|---|--|--|
| Business Qualification 2 | OR | |
| | Q4. Is the business in an industry referenced by Executive Order 2020-20, or any subsequent Executive Order of similar intent; or has otherwise been affected by the COVID-19 outbreak; or is a supplier of goods or services to one or more companies that have been impacted? If yes, please select business type. | |
| | | |
| | Please describe how you meet this criteria: | |
| | | |
| | AND meets both of the following: | |
| Q4a. Did the business have 100 or less employees as of March 16, 2020? | | |
| Q4b. Is the business able to demonstrate it is unable to access credit through alternative sources? | | |

MICHIGAN SMALL BUSINESS DEVELOPMENT PROGRAM
MICHIGAN SMALL BUSINESS DEVELOPMENT PROGRAM
Application for Financial Assistance

| APPLICATION BACKGROUND | | | |
|--|---|--|------|
| Applicant Entity Legal Name (business entity including DBA if appropriate) | | Amount of Funding Requested | |
| Address (Street/P.O. Box/City, State and Zip Code) | | Applicant Entity Type | |
| Applicant Municipality (city, township, or village) | | Applicant County | |
| Do you have multiple locations | If yes, include city/state of other location(s) | | |
| Identify location(s) in need of support (City/State) | | Do you operate under a franchise agreement? | |
| Applicant Industry | | Type of Business (choose one) | |
| Describe the goods and/or services your business provides | | | |
| State Where Established | Year Established | How long has business been under current ownership | |
| Are you currently a client of the Small Business Development | | | |
| Do you rent or own the space your business operates from? | | | |
| If rent, who is the building owner and how long is your lease for? | | | |
| If own, do you own free and clear or do you have a mortgage or loan of any variety? | | | |
| When is that mortgage or loan paid off (MM/YYYY)? | | | |
| Has the owner, or the Applicant, ever filed for bankruptcy with this business? | | | |
| If yes, when (MM/YYYY) | | | |
| Please Explain | | | |
| Have you applied for, or received, any other support through any other local, state and/or federal government, foundation, or any other business aid since the EO? | | | |
| If yes, please explain and provide status: | | | |
| Do you have any family, financial or close friend relationship to anyone related to EDO staff reviewing this | | | |
| If yes, please explain: | | | |
| How is your business currently operating? | | | |
| Please explain: | | | |
| EMPLOYMENT INFORMATION | | | |
| What is was your employment for the previous three years? Include all employees regardless of employment hours (Full/Part Time) | | 2017 | 2018 |
| How many employees did you have as of March 16, 2020 (Full or Part Time) | | | |
| How many employees do you have as of today's date? | | | |
| How many employees will be retained if your application is approved for funding? | | | |
| What changes have you made to your workforce? | | | |

Please explain:

MICHIGAN BUSINESS DEVELOPMENT PROGRAM

| FINANCIAL INFORMATION | | MICHIGAN ECONOMIC DEVELOPMENT CORPORATION | | | |
|---|-----|---|-------|-----------|-----------|
| What was your annual revenue for the previous year? | | MICHIGAN BUSINESS DEVELOPMENT | | | |
| Please attach a copy of your profit & loss statement for each year. | | 2018 | | | |
| | | 2019 | | | |
| Provide your estimated revenue loss since March 16, 2020. | | | | | |
| Provide the estimated total capital investment made in business over last 3 years? | | | | | |
| Provide your forecasted revenue loss for the next six months: | | | | | |
| April | May | June | July | August | September |
| | | | | | |
| What are your immediate working capital needs (e.g. rent, mortgage, utilities, payroll, accounts payable, debt service, other): | | | | | |
| | | | | | |
| Please Explain: | | | | | |
| CERTIFICATION | | | | | |
| I hereby certify that the information contained in this application and in the exhibits or attachments submitted are true and correct to the best knowledge of the Applicant and the undersigned. | | | | | |
| Signature | | | | Date | |
| | | | | | |
| Typed Name | | | Title | | |
| | | | | | |
| APPLICANT CONTACT | | | | | |
| Name & Title | | Address | | Telephone | Email |
| | | | | | |
| OWNER(S) CONTACT INFORMATION - attach additional pages as necessary | | | | | |
| Name & Title | | Address | | Telephone | Email |
| | | | | | |
| | | | | | |