

**EDC/TIFA/BRA  
BOARD OF DIRECTORS MEETING**

**Thursday, June 2, 2016  
7:30 a.m.**

**Agenda**

- I. Roll Call
- II. Mike Gurnee, Brownfield Coordinator, Michigan Dept. of Environmental Quality (MDEQ)
- III. Approval of Minutes from May 5, 2016
- IV. Financial Report
- V. Old Business
  - a. CEO Search Process
  - b. Other
- VI. New Business
  - a. Team One Plastics Tax Abatement Application
  - b. Other
- VII. Action to Excuse Absent Directors If Necessary (EDC, TIFA, BRA)
- VIII. Adjournment

## EDC/TIFA/BRA BOARD OF DIRECTORS MEETING MINUTES

May 5, 2016

Members Present: Scott Allread                      Ed Haas  
                         Ray Campbell                      Bernie Konkle  
                         Mauri Ditzler                      Herm McCall  
                         Joe Domingo                      Joyce Spicer

Ex Officio Non Voting Amy Robertson

Others:                      Andy French                      Sheryl Mitchell

Staff:                      Patrick Lopez                      Peggy Sindt  
                         Mariah Phelps

The EDC meeting was called to order by McCall at 7:32 a.m.

1. Spicer moved to approve April's minutes. With support from Konkle, the minutes of April 7, 2016 were approved unanimously.
2. Sindt discussed the March Consolidated Statement with the board. Upon a motion by Spicer and with the support of Konkle, the board accepted March's Consolidated Statement.
3. Sindt introduced AEDC's intern, Mariah Phelps. Phelps presented the board with an update on the Redevelopment Ready Community (RRC) process. Phelps answered the board's questions.
4. Sindt updated the board on the hotel progress. She answered all questions.
5. Ditzler and Sindt updated the board on the progress being made at 101 N. Superior Street. They answered the board's questions.
6. Sindt updated the board on the progress of the Microbrewery.
7. Sindt announced that she will be retiring at the end of September 2016. McCall led preliminary discussion about a CEO search. A search plan will be
8. Upon a motion by Spicer and with support from Konkle, the board unanimously excused the absence of board member Kale.

9. Sindt reminded the board that our next meeting is on June 2nd, at 7:30 a.m.
10. The board meeting was adjourned by McCall at 8:26 a.m.

# Application for Industrial Facilities Tax Exemption Certificate

Issued under authority of Public Act 198 of 1974, as amended. Filing is mandatory.

**INSTRUCTIONS:** File the original and two copies of this form and the required attachments (three complete sets) with the clerk of the local government unit. The State Tax Commission (STC) requires two complete sets (one original and one copy). One copy is retained by the clerk. If you have any questions regarding the completion of this form, call (517) 373-3302.

To be completed by Clerk of Local Government Unit	
Signature of Clerk	▶ Date Received by Local Unit <b>5-13-16</b>
STC Use Only	
▶ Application Number	▶ Date Received by STC

## APPLICANT INFORMATION

All boxes must be completed.

▶ 1a. Company Name (Applicant must be the occupant/operator of the facility) <b>Team 1 Plastics Inc.</b>		▶ 1b. Standard Industrial Classification (SIC) Code - Sec. 2(10) (4 or 6 Digit Code) <b>3089</b>	
▶ 1c. Facility Address (City, State, ZIP Code) (real and/or personal property location) <b>927 Elliott Rd</b>		▶ 1d. City/Township/Village (indicate which) <b>City of Albion</b>	▶ 1e. County <b>Calhoun</b>
▶ 2. Type of Approval Requested <input checked="" type="checkbox"/> New (Sec. 2(5)) <input type="checkbox"/> Transfer <input type="checkbox"/> Speculative Building (Sec. 3(8)) <input type="checkbox"/> Rehabilitation (Sec. 3(6)) <input type="checkbox"/> Research and Development (Sec. 2(10)) <input type="checkbox"/> Increase/Amendment		▶ 3a. School District where facility is located <b>Albion</b>	▶ 3b. School Code <b>ME0100300</b>
		▶ 4. Amount of years requested for exemption (1-12 Years) <b>12</b>	

5. Per section 5, the application shall contain or be accompanied by a general description of the facility and a general description of the proposed use of the facility, the general nature and extent of the restoration, replacement, or construction to be undertaken, a descriptive list of the equipment that will be part of the facility. Attach additional page(s) if more room is needed.

Purpose: To increase size of existing plant and add equipment to accomodate sales growth

Purchase: 3500 sf building expansion and various production and support equipment as listed in the attached.

6a. Cost of land and building improvements (excluding cost of land) .....	▶ <b>\$ 340,990</b>
* Attach list of improvements and associated costs. * Also attach a copy of building permit if project has already begun.	
6b. Cost of machinery, equipment, furniture and fixtures .....	▶ <b>\$ 664,862</b>
* Attach itemized listing with month, day and year of beginning of installation, plus total	
6c. Total Project Costs .....	▶ <b>\$1,005,852</b>
* Round Costs to Nearest Dollar	
<b>Total of Real &amp; Personal Costs</b>	

7. Indicate the time schedule for start and finish of construction and equipment installation. Projects must be completed within a two year period of the effective date of the certificate unless otherwise approved by the STC.

	<u>Begin Date (M/D/Y)</u>	<u>End Date (M/D/Y)</u>	
Real Property Improvements ▶	12/11/2015	6/1/16	▶ <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased
Personal Property Improvements ▶	11/22/2015	12/31/16	▶ <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased

▶ 8. Are State Education Taxes reduced or abated by the Michigan Economic Development Corporation (MEDC)? If yes, applicant must attach a signed MEDC Letter of Commitment to receive this exemption.     Yes     No

▶ 9. No. of existing jobs at this facility that will be retained as a result of this project. <b>68</b>	▶ 10. No. of new jobs at this facility expected to create within 2 years of completion. <b>7</b>
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11. Rehabilitation applications only: Complete a, b and c of this section. You must attach the assessor's statement of SEV for the entire plant rehabilitation district and obsolescence statement for property. The Taxable Value (TV) data below must be as of December 31 of the year prior to the rehabilitation.

a. TV of Real Property (excluding land) .....	_____
b. TV of Personal Property (excluding inventory) .....	_____
c. Total TV .....	_____

▶ 12a. Check the type of District the facility is located in:

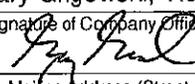
Industrial Development District       Plant Rehabilitation District

▶ 12b. Date district was established by local government unit (contact local unit) <b>12/16/91</b>	▶ 12c. Is this application for a speculative building (Sec. 3(8))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**APPLICANT CERTIFICATION - complete all boxes.**

The undersigned, authorized officer of the company making this application certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way and that all are truly descriptive of the industrial property for which this application is being submitted.

It is further certified that the undersigned is familiar with the provisions of P.A. 198 of 1974, as amended, being Sections 207.551 to 207.572, inclusive, of the Michigan Compiled Laws; and to the best of his/her knowledge and belief, (s)he has complied or will be able to comply with all of the requirements thereof which are prerequisite to the approval of the application by the local unit of government and the issuance of an Industrial Facilities Exemption Certificate by the State Tax Commission.

13a. Preparer Name <b>Gary Grigowski</b>	13b. Telephone Number <b>517-584-8009</b>	13c. Fax Number <b>None</b>	13d. E-mail Address <b>GaryGrigowski@</b>
14a. Name of Contact Person <b>Gary Grigowski</b>	14b. Telephone Number <b>517-584-8009</b>	14c. Fax Number <b>None</b>	14d. E-mail Address <b>Team1Plastics.com</b>
▶ 15a. Name of Company Officer (No Authorized Agents) <b>Gary Grigowski, Vice President</b>			
15b. Signature of Company Officer (No Authorized Agents) 		15c. Fax Number <b>None</b>	15d. Date <b>5/13/2016</b>
▶ 15e. Mailing Address (Street, City, State, ZIP Code) <b>927 Elliott Rd</b>		15f. Telephone Number <b>517-629-2178</b>	15g. E-mail Address

**LOCAL GOVERNMENT ACTION & CERTIFICATION - complete all boxes.**

This section must be completed by the clerk of the local governing unit before submitting application to the State Tax Commission. Check items on file at the Local Unit and those included with the submittal.

▶ 16. Action taken by local government unit <input type="checkbox"/> Abatement Approved for _____ Yrs Real (1-12), _____ Yrs Pers (1-12) After Completion <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Denied (Include Resolution Denying)	16b. The State Tax Commission Requires the following documents be filed for an administratively complete application: <b>Check or Indicate N/A if Not Applicable</b> <input type="checkbox"/> 1. Original Application plus attachments, and one complete copy <input type="checkbox"/> 2. Resolution establishing district <input type="checkbox"/> 3. Resolution approving/denying application. <input type="checkbox"/> 4. Letter of Agreement (Signed by local unit and applicant) <input type="checkbox"/> 5. Affidavit of Fees (Signed by local unit and applicant) <input type="checkbox"/> 6. Building Permit for real improvements if project has already begun <input type="checkbox"/> 7. Equipment List with dates of beginning of installation <input type="checkbox"/> 8. Form 3222 (if applicable) <input type="checkbox"/> 9. Speculative building resolution and affidavits (if applicable)
16a. Documents Required to be on file with the Local Unit <b>Check or Indicate N/A if Not Applicable</b> <input type="checkbox"/> 1. Notice to the public prior to hearing establishing a district. <input type="checkbox"/> 2. Notice to taxing authorities of opportunity for a hearing. <input type="checkbox"/> 3. List of taxing authorities notified for district and application action. <input type="checkbox"/> 4. Lease Agreement showing applicants tax liability.	
16c. LUCI Code	16d. School Code
17. Name of Local Government Body	▶ 18. Date of Resolution Approving/Denying this Application

**Attached hereto is an original application and all documents listed in 16b. I also certify that all documents listed in 16a are on file at the local unit for inspection at any time, and that any leases show sufficient tax liability.**

19a. Signature of Clerk	19b. Name of Clerk	19c. E-mail Address
19d. Clerk's Mailing Address (Street, City, State, ZIP Code)		
19e. Telephone Number	19f. Fax Number	

State Tax Commission Rule Number 57: Complete applications approved by the local unit and received by the State Tax Commission by October 31 each year will be acted upon by December 31. Applications received after October 31 may be acted upon in the following year.

Local Unit: Mail one original and one copy of the completed application and all required attachments to:

**Michigan Department of Treasury  
State Tax Commission  
PO Box 30471  
Lansing, MI 48909**

(For guaranteed receipt by the STC, it is recommended that applications are sent by certified mail.)

STC USE ONLY				
▶ LUCI Code	▶ Begin Date Real	▶ Begin Date Personal	▶ End Date Real	▶ End Date Personal



# Albion Economic Development Corporation

## CITY OF ALBION, MICHIGAN GUIDELINES FOR TAX ABATEMENT UNDER PUBLIC ACT 198

2. Applicants relocating outside of the City of Albion prior to expiration of the exemption certificate shall be responsible for taxes exempted while the certificate was in force.
3. Applicants relocating within the City of Albion prior to expiration of the exemption certificate, upon review by City Council, may be responsible for taxes exempted while the certificate was in force.

### EVALUATION POINTS

An evaluation point system will be utilized for determination of eligibility and the length of tax exempt certification under Public Act 198 of 1974 as amended. Companies emerging from the Albion Business Incubator will be considered new to the city.

1. Cost of the project.
 

a.	Under \$100,000	0	
b.	\$100,001 - \$200,000	3	
c.	\$200,001 - \$300,000	6	
d.	\$300,001 - \$400,000	9	
e.	\$400,001 - \$500,000	12	(14)
f.	Add 1 point per \$500,000 of project cost over \$500,000; round up odd amounts		
  
2. Number of jobs retained or projected to be created
 

a.	1 - 10	4	
b.	11 - 20	8	
c.	21 - 30	12	
d.	31 - 40	16	
e.	Add 1 point per every 10 jobs over 40		

*75 jobs total*
  
3. Status of company
 

a.	Start-up	4	
b.	Less than three years in business	3	
c.	Three to five years in business	2	(1)
d.	Over five years in business	(1)	
  
4. Financial impact to company
 

a.	Increases total assets by 100% or greater	4	
b.	Increases total assets from 50% to 99%	3	
c.	Increases total assets from 25% to 49%	2	
d.	Increases total assets 24% or less	(1)	(1)



**Albion Economic Development Corporation**

**CITY OF ALBION, MICHIGAN  
GUIDELINES FOR TAX ABATEMENT UNDER PUBLIC ACT 198**

5. Miscellaneous (select all that apply)

- a. Project is new for Albion
- b. Project is located within the areas described in the Albion Economic Development Land Use Plan
- c. Project does not involve a move within the City
- d. Company is graduating from the Albion Business Incubator

4  
3  
3  
 4  
45

**POINT AWARDS**

Total Points	Eligibility	Years of Exemption
16 or less	no	none
17 to 19	yes	3
20 to 22	yes	4
23 to 25	yes	5
26 to 28	yes	6
29 to 31	yes	7
32 to 34	yes	8
35 to 37	yes	9
38 to 40	yes	10
41 to 43	yes	11
44 or more	yes	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">12</span>