



MADISON *Indiana*

City Council Agenda

MEETING DATE: Tuesday, June 18, 2024, at 5:30 PM

MEETING PLACE: Madison City Hall- Council Chambers

- A. Lord's Prayer/Pledge of Allegiance
- B. Calling of roll & notice of absentees
- C. Reading, approving, correcting, or disposing of minutes from prior meeting.
- D. Presentation of petitions, memorials, remonstrance's, introduction of motions and guests
- E. Resolution or Bills
- F. Reports, recommendations, other business from standing/select committees of the city council.
- G. Reports of city officials
 - Economic Development/Emily McKinney:
 - Riverfront Liquor License request for Vintage Lanes
 - Tax abatement compliance review
- H. Bills on third reading
- I. Bills on second reading
 - Ordinance 2024-5: Establishing the Indiana Destination Development Corporation Control Fund and approving the Grant Agreement Sp. Bartlett
- J. Miscellaneous
- K. Public comments
- L. Mayor's comments
- M. Next Council Meeting: Tuesday July 2, 2024, at 5:30 PM
- N. Motion to adjourn.



MADISON Indiana

Common Council Minutes

MEETING DATE: June 4, 2024

MEETING PLACE: Madison City Hall – Council Chambers

The Common Council of the City of Madison, Indiana met in regular session at 5:30 P.M. at City Hall, 101 W. Main St.

Mayor Bob Courtney opened the meeting with the Lord's Prayer followed by the Pledge of Allegiance to the Flag.

Present: Wilber, Bartlett, Dattilo, Krebs, and Storm were present. Schafer attended the meeting via Zoom, and Thevenow was absent (6-1).

Minutes: Bartlett moved to approve May 8, 2024, minutes, seconded by Wilber. All in favor, motion carried (6-0).

Presentation of petitions, memorials, remonstrances, introduction of motion & guests: None.

Resolutions or bills: Ordinance 2024-5: Establishing the Indiana Destination Development Corporation Control Fund and Approving the Grant Agreement (Sp. Bartlett): The Indiana Development Corporation, a tourism development office that is dedicated to supporting and promoting Indiana's tourism and talent attraction efforts will be making restricted donations for various tourism-related initiatives within the City of Madison. The City of Madison wishes to establish a fund to deposit monies donated from the Indiana Destination Development Corporation to the City of Madison initiatives. A control fund is established to deposit monies donated by the Indiana Destination Development Corporation. The monies will come as restricted donations for a specified purpose through an agreement for each donation which will specify the accepted use of funds. The fund shall be named the Indiana Destination Development Corporation Grant Control Fund. All funds contained in the account shall be expended only for the exclusive purpose detailed in each restricted donation agreement. The Common Council of the City of Madison will review and agree to each donation agreement prior to accepting funds and no further appropriation is required. The express and written approval of the Board of Public Works and Safety shall be obtained prior to the expenditure of funds from the account. For each type of restricted donation, separate, individual accounts shall be monitored to reflect receipts, disbursements, and current balances. The fund shall be non-reverting and exist perpetually unless terminated by a subsequent ordinance enacted by the Common Council. If the fund is terminated by a subsequent ordinance enacted by the Common Council, the remaining balance of the terminated account shall revert to the general budget of the Common Council.

Resolution 2024-6C: Supporting JC Council Ordinance to Raise Innkeeper's Tax (Sp. Bartlett): In July 1987 Jefferson County Council "Council" increased the Jefferson County Innkeeper's Tax from 4% to 5%. In May 2019, Council adopted Ordinance 2019-1 setting forth procedures for local collection of the tax pursuant to IC 6-9-15-6. In September 2021, Council adopted Ordinance 2021-03 which identifies the composition of the seven-member board of managers whose role it is to invest the funds in a manner that promotes the development and growth of convention activity, tourism, and industry in Madison and Jefferson County. In March 2024 the General Assembly passed Senate Bill 238 which became Public Law 121 when signed by Governor Eric J. Holcomb on March 13, 2024. The legislation amends IC 6-9-15-6 to enable Jefferson County and other counties to impose a rate of up to 8% Innkeeper's Tax until December 31, 2045. The investment of innkeeper tax which is assessed on lodging and short-term rentals and supports the quality-of-life strategies,

drives business to our local economies, enhances workforce retention and development, supports small business, provides funding for arts and culture, and funds capital needs across the community. To increase this tax, Jefferson County Council must pass an ordinance adopting the increased amount. The City of Madison has representation on the Jefferson County Board of Tourism and supports Jefferson County Council's effort to pass an ordinance raising the Innkeeper's Tax from 5% to 8%, effective January 1, 2025.

Motion: Bartlett moved to approve Resolution 2024-6C, seconded by Dattilo. **Roll Call:** Dattilo – Y, Wilber – Y, Bartlett – Y, Schafer – Y, Krebs – Y, and Storm – Y. All in favor, resolution passes (6-0).

Reports, recommendations, and other business from standing/select committees of City Council: New

Projects Committee: Josh Schafer, a member of the New Projects Committee, presented the committee's current progress to the public and council. They have started by reviewing the Council Rules and Procedures.

Report of city officials: MPD Chief Shawn Scudder: Chief Scudder briefed the council on police call statistics, staffing, the Community Watch Program, and preparations for street traffic calming solutions.

Bills on third reading: None.

Bills on second reading: None.

Miscellaneous: None.

Public comment: Deanna Shelley asked the council questions regarding capital planning, Main Street semi-traffic, street traffic calming solutions, the current road and sidewalk projects, TSO trash rates, and abandoned vehicle ordinances. Jaret Boyd, who lives at 111 East Third Street, congratulated the city on the opening of the Crystal Beach Aquatic Park and also expressed concerns regarding the traffic at the corner of West Street. Elyse Detmer, residing at 104 East Third Street, sought clarification on an abandoned vehicle ordinance.

Mayor's comments: A ribbon cutting will take place on June 11, 2024, to announce the Economic Development initiative with the City of Madison Port Authority. This initiative aims to attract new businesses and make use of railroad transportation. On June 8, 2024, there will be a swearing-in ceremony for Shirley Rynearson, the new Clerk-Treasurer. The city will be conducting a lead line survey, reaching out to each household in the city to assess homes that may have lead lines connecting to the city's water supply. An application will be sent to city residents soon, allowing them to choose the size of their new trash cans.

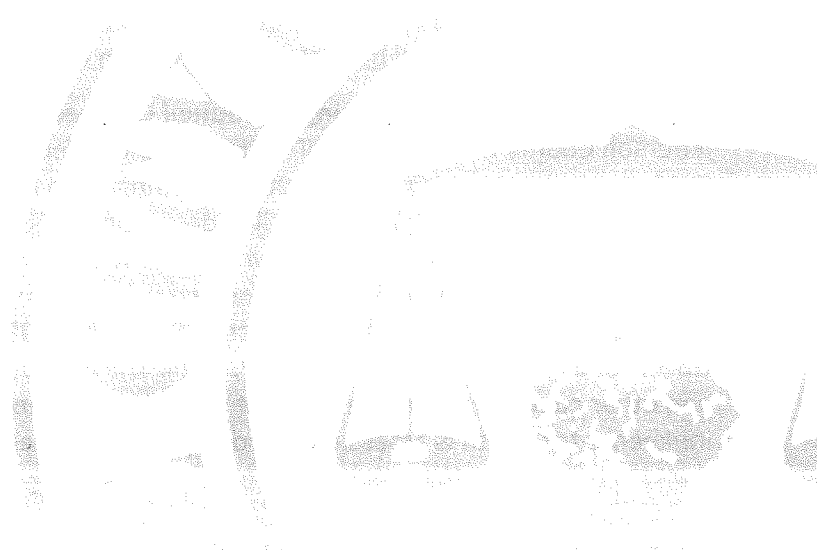
The next regular meeting will be Tuesday, June 18, 2024, @ 5:30 pm.

Adjourn: Bartlett moved to adjourn, seconded by Wilber. All in favor (6-0).

Attested:

President Pro Tempore

Shirley Rynearson, Clerk-Treasurer





MADISON
Indiana

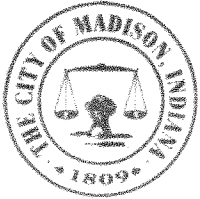
MADISON
Indiana

***Riverfront Liquor License
CHECK LIST – Application***

Applicant: Vintage Lanes

- Application Contact Info
- Application Fee
- Business Plan
- Site/Floor Plan
- Menu/Hours
- Number of Jobs/Nature of Jobs/Salary Ranges
- Owners Day-to-Day Involvement
- Collaboration and Support Growth
- Plan for Improvements
- Proof of Insurance
- ATC Application
- Signed Condition of Eligibility
- Meeting for Review of Application - Date: 5/28/24 Time: 10:30 am

Notes/Questions



MADISON

Indiana
Economic and Redevelopment

Riverfront Liquor License Application

Obtaining a Liquor License within the Downtown Madison Riverfront Redevelopment District

Please turn in completed Application including \$1,500
Fee to: The Economic Development Department
 City Hall, 101 West Main Street

Information Type: (Check All That Apply)

- Applicant
- Property Owner
- Tenant

Application Type: (Check One)

- Restaurant
- Cultural Experience Venue

Primary Owner Contact and Proof of Ownership (Please Attach)
 (State of Indiana – Secretary of State Request)

Name: Matt & Daniel Chandler

Address: 111 E 2nd St Madison, IN 47250

Phone No.: 8125841376 Fax No.: _____

E-mail Address: hello@vintageianesmadison.com

Business Classification (S Corp, LLC, Etc.): (Please Attach Proof)
LLC

Other Owners/Percentages (if applicable)

Matt Chandler 50 %

Daniel Chandler 50 %

FOR OFFICE USE ONLY

5/28/24

Date Received

Tanya + Emily

Reviewed by

5/28/24

Date of Review

Council Approved

Condition of Eligibility Letter
Sent Date

Notes:

Business/Property Information:

Business Name: Vintage Lanes LLC

Address: 301 Jefferson St. Madison, IN 47250

Property Parcel ID Number: 39-13-02-241-004.000-007 (Can be found online or through the planning office)

Or General location (if no address has been assigned provide a street corner):

Property Size: _____ acres or _____ square feet 7000

Zoning: new zoning has been assigned through city

Madison Riverfront District Liquor License Permit Checklist:

1. Business plan for the business or how it will contribute to the cultural fabric and quality of life of Madison and support the growth of the Riverfront District. **(Please Attach)**

a. A detailed site plan that includes the size, floor plan, and layout of the venue and exterior dining areas (identifying seat count) **(Please Attach)**

b. Description of operations (hours, menus, schedule, etc.)

In attached business plan.

c. Number of jobs and nature of jobs to be added to the community and salary range

10+ - Bartender, Lead Bartender, Barback, Manager

\$12-15 hourly rate

- d. Provide a statement of the Owner's day-to-day involvement in the operations of the business

At Vintage Lanes, Owners Matt & Daniel Chandler will be committed to maintaining a hands-on approach and remain heavily involved in the day-to-day operations of the business. As active leaders on-site, they oversee various aspects of the business including but not limited to

Customer Service, Operations Management, Staff & Training Development
Marketing & Promotion, Financial Oversight and Continuous Improvement.

- e. Provide a statement of how you plan to collaborate and support the growth of the Riverfront District while encouraging a healthy, safe, and fun atmosphere, which generally complements other redevelopment efforts.

We are dedicated to collaborating with the Riverfront District's stakeholders, fostering safety, fun, and growth. Through strategic partnerships and community engagement, we'll ensure a vibrant atmosphere that complements ongoing redevelopment efforts. Our focus on safety measures, sustainable practices, and local economic support will contribute to a thriving and enjoyable environment. By actively participating in civic initiatives and continuous improvement, we aim to be a positive force in the district's success story.

2. Submit a Plan for any improvements including a timetable for completion. (Building permits may be needed under separate application with the Planning Department) **(Please attach approval letter from planning department)**
 - a. The plan should include financial and owner strength for the financing of the venture. **(Please attach either a letter from bank, or another form of financial information)**
3. Proof of insurance **(Please attach)**
 - i. Business Liability
4. Submit one hard copy of the application, including a \$1,500 application fee
5. Submit the completed Application from the Indiana ATC

CONDITION OF ELIGIBILITY

All Madison Riverfront District Permit applications will be under review by the Economic Development Department, the Mayor, and City Council of the City of Madison.

If the application is approved the Mayor and the Common Council of the City of Madison will give the applicant a signed letter, to that effect. It is understood that the ATC will not take action on this, one, two, or three-way Riverfront District Liquor License without this letter of recommendation.

The applicant is responsible for contacting the City Planner, City Building Inspector and/or the City Zoning Board, to mutually identify any information, that is not applicable, needed for following City Ordinances and Permit Process. The applicant is required to provide any other information requested by the City of Madison, and the Economic Development Department to demonstrate compliance, with the requirements of the Riverfront District Permit.

Restaurants receiving one, two, or three-way licenses, within the District, will be required to sell a minimum of \$200,000 in gross food sales, for the first two years, and \$275,000 for the third year and beyond. The restaurant must be open a minimum of 240 days per year.

Cultural experience venues receiving one, two or three-way licenses within the District will be required to have a minimum performance capacity of 125 people and must adhere to the state minimum of food requirement under, 905 IAC 1-20-1, under the authority of IC 7.1-3-20-9.

As part of the yearly license renewal, applicants will have to demonstrate that these requirements have been met at the location for which the license has been granted, in addition to the requirements of the City of Madison application process.

Permits are not transferable, not portable within or without the district and any renewals are subject to compliance, with the terms of these local rules, and any agreement negotiated with the City of Madison. The permits shall not be pledged as collateral, or subject to any lien, judgment, property settlement agreement, or third-party claim.

The information included, in and with, this application, is completely true and correct to the best of my knowledge and belief.




(Applicant's Signature)

5/28/24

(Date)

Property Owner's Signature (the "owner" does not include tenants or contract buyers): I authorize the filing of this application and will allow the City to enter this property for purpose of analyzing this request.



(Owner's Signature)

5/28/24

(Date)



(Owner's Signature)

5/28/24

(Date)

ARTICLES OF ORGANIZATION

Formed pursuant to the provisions of the Indiana Code

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 202309141725007
BUSINESS TYPE Domestic Limited Liability Company
BUSINESS NAME VINTAGE LANES LLC
PRINCIPAL OFFICE ADDRESS 301 Jefferson St, Madison, IN, 47250, USA

ARTICLE II - REGISTERED OFFICE AND ADDRESS

REGISTERED AGENT TYPE Individual
NAME Matt Chandler
ADDRESS 111 E 2nd St, Madison, IN, 47250, USA
SERVICE OF PROCESS EMAIL matt@thechandlerhotel.com

I acknowledge that the Service of Process email provided above is the email address at which electronic service of process may be accepted

ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE

PERIOD OF DURATION Perpetual
EFFECTIVE DATE 09-14/2023
EFFECTIVE TIME 02:48PM

ARTICLE IV - GOVERNING PERSON INFORMATION

TITLE Manager
NAME Daniel Chandler
ADDRESS 111 E 2nd St, Madison, IN, 47250, USA

TITLE Manager
NAME Matt Chandler
ADDRESS 111 E 2nd St, Madison, IN, 47250, USA

Vintage Lanes Sample Menu

2 charcuterie board options: a smaller option for 1-2 guests and a larger option to accommodate bigger parties

Hot sandwich

Hot soup

Coffee

Milk

Soft drinks

NEW

Renewal of Number

Mount Vernon Fire Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

Direct Bill Policy

POLICY DECLARATIONS

No. CP 2673648

NAMED INSURED AND ADDRESS:

MATTHEW CHANDLER AND DANIEL SELTER

PO BOX 63

MADISON, IN 47250

POLICY PERIOD: (MO. DAY YR.) From: 09/26/2023 To: 09/26/2024

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Individual

BUSINESS DESCRIPTION: Vacant Building without Renovation

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.


	PREMIUM
Commercial Liability Coverage Part	\$350.00
Commercial Property Coverage Part	\$3,216.00
TOTAL:	\$3,566.00

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

See Endorsement EOD (1/95)

Agent: **VOLDICO, LLC (2684)**
420 S. Buckeye St
Osgood, IN 47037

Issued: 09/21/2023 4:21 PM

By: 
Authorized Representative

UPD (08-07) THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

EXTENSION OF DECLARATIONS

Policy No. CP 2673648

Effective Date: 09/26/2023

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

The following forms apply to multiple coverage parts

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
2110IN	10/19	Indiana Service of Suit
CG2173	01/15	Exclusion Of Certified Acts Of Terrorism
CP0450	07/88	Vacancy Permit
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement
IL0156	09/07	Indiana Changes - Concealment, Misrepresentation Or Fraud
IL0192	07/02	Indiana Changes - Pollution
IL0272	11/21	Indiana Changes - Cancellation and Nonrenewal
IL0935	07/02	Exclusion Of Certain Computer-Related Losses
Jacket	07/19	Policy Jacket
L-395	11/05	Vacant Building Protection Warranty
L-610	11/04	Expanded Definition Of Bodily Injury
LLQ100	07/06	Amendatory Endorsement
LLQ368	08/10	Separation Of Insureds Clarification Endorsement
P-247	12/20	Exclusion of Certified Acts of Terrorism
TRIADN	12/20	Disclosure Notice of Terrorism Insurance Coverage

The following forms apply to the Commercial Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG2018	04/13	Additional Insured-Mortgagee, Assignee or Receiver
CG2104	11/85	Exclusion - Products-Completed Operations Hazard
CG2107	05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2109	06/15	Exclusion - Unmanned Aircraft
CG2136	03/05	Exclusion - New Entities
CG2139	10/93	Contractual Liability Limitation
CG2144	04/17	Limitation of Coverage to Designated Premises, Project or Operation
CG2147	12/07	Employment-Related Practices Exclusion
IL0117	12/10	Indiana Changes - Workers' Compensation Exclusion
IL0272	11/21	Indiana Changes - Cancellation and Nonrenewal
L 278VAC	12/14	Independent Contractors/Subcontractors Exclusion
L-232s	09/05	Classification Limitation Endorsement
L-500	12/17	Bodily Injury Exclusion - All Employees, Volunteer Workers, Temporary Workers, Casual Laborers, Contractors and Subcontractors
L-532 VAC	12/14	Exclusion - Construction Operations

EXTENSION OF DECLARATIONS

Policy No. CP 2673648

Effective Date: 09/26/2023

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

L-540	11/09	Exclusion - Exterior Work Over 50 Feet
L-599	10/12	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
L-783	10/12	Amendment of Liquor Liability Exclusion
L-819	09/18	Swimming Pool, Hot Tub or Spa Exclusion

The following forms apply to the Commercial Property coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CP 101	06/08	Maintenance Of Heat Condition
CP 109	06/09	Functional Building Valuation
CP 141 DEP	04/20	Changes - Actual Cash Value and Depreciation Definition
CP 142	04/14	Protective Devices Or Services Provisions
CP 224	10/21	Asbestos Material Exclusion
CP 225	02/11	Exclusion - Lead Contamination
CP 226	02/11	Absolute Pollution Exclusion - Property
CP 227	02/11	Mold, Fungus, Bacteria, Virus Or Organic Pathogen Exclusion
CP 238	04/15	Exclusion - Loss Or Damage - Copper
CP 245	09/15	Earth Movement Exclusion
CP0010	06/07	Building And Personal Property Coverage Form
CP0090	07/88	Commercial Property Conditions
CP0152	07/96	Indiana Changes - Rights Of Recovery
CP1030	06/07	Causes Of Loss - Special Form
CP1032	08/08	Water Exclusion Endorsement
CP1056	06/07	Sprinkler Leakage Exclusion
CP1075	12/20	Cyber Incident Exclusion
IL0272	11/21	Indiana Changes - Cancellation and Nonrenewal
Notice-Cyber Incident Excl-CY	10/20	Cyber Incident Exclusion Endorsement Advisory Notice to Policyholders
P-247	12/20	Exclusion of Certified Acts of Terrorism

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy No. CP 2673648

Effective Date: 09/26/2023
12:01 STANDARD TIME

DESCRIPTION OF PREMISES

<i>Prem</i>	<i>Bldg</i>	<i>Location, Construction, Occupancy and Other Information</i>	<i>Territory</i>	<i>Fire Code</i>
1	1	301 Jefferson St, Madison, IN 47250	006	1180
		Description: Vacant Building without Renovation		
		Covered Causes of Loss: Special Excluding Sprinkler Leakage	Protection Class	4
		Construction: Joisted Masonry	Number of Stories: 3	Square Footage: 5520
		Special Deductible: None	Special Deductible Type:	

COVERAGES PROVIDED - INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN

<i>Prem</i>	<i>Bldg</i>	<i>Coverage</i>	<i>Limits of Insurance</i>	<i>Deductible</i>	<i>Coinsurance % or Monthly Indemnity</i>	<i>+ Valuation</i>	<i>Premium</i>
1	1	Building	\$400,000	\$1,000	80%	FBV	\$3,216
MINIMUM PREMIUM FOR PROPERTY COVERAGE PART:							\$250
TOTAL PREMIUM FOR PROPERTY COVERAGE PART:							\$3,216
MP - minimum premium							
+ Valuation: ACV - Actual Cash Value; RC - Replacement Cost; RC/ACV - Replacement Cost/ACV Roof FBV - Functional Building Value; AA - Agreed Amount; ALS - Actual Loss Sustained							

LOSS PAYABLE(S): NONE

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Endorsement EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No. CP 2673648

Effective Date: 09/26/2023
12:01 STANDARD TIME

LIMITS OF INSURANCE

Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	Excluded
General Aggregate Limit	\$2,000,000

LIABILITY DEDUCTIBLE

\$0

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Location	Address	Territory
1	301 Jefferson St, Madison, IN 47250	006

PREMIUM COMPUTATION

Loc	Classification	Code No.	Premium Basis	Pr/Co	Rate		Advance Premium	
					All Other	Pr/Co	All Other	
1	Vacant Buildings - not factories - Other than Not-For-Profit	68606	5,520 Per 1,000 Total Area	Excluded	24.192	Excluded		\$350 MP
1	Additional Insured - Mortgagee, Assignee or Receiver	49950	1 Flat	Excluded	0.000	Excluded		Included
TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART:								\$350
(This Premium may be subject to adjustment.)							MP - minimum premium	

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Form EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



**APPLICATION FOR NEW OR TRANSFER PERMIT –
RETAILER OR DEALER**
State Form 51189 (R8 / 7-22)

FOR OFFICE USE ONLY	
Date received (mm/dd/yy)	
Permit number	
Permit type	
Base fee receipt number	
Catering receipt number	
Processor	
Jurisdiction	

INSTRUCTIONS:

1. Type or print legibly.
2. Include payment.
3. Do not complete shaded areas.
4. If there is no opening for this applied permit or there is an omission, this application will be returned.
5. Please attach a completed Property Tax Clearance – Form 1 (State Form 1462), if applicable.
6. Please attach a completed County Verification of Business Location form (State Form 44184), if applicable.
7. Please attach a Certificate of Existence from the Indiana Secretary of State. (Not applicable for sole proprietorships and simple partnerships.)

*This agency is requesting your Social Security Number in accordance with IC 4-1-8-1, disclosure is mandatory, and this record cannot be processed without it.

SECTION 1. GENERAL INFORMATION

1.1 Permit type for which you are applying. (See Section 11 for list of permit types.)

Riverfront

1.2. Please briefly describe your business that qualifies you for this permit type. (Do not just state the permit type.)

Riverfront Development District

1.3. Permit number (Required for transfers.)

1.4. This ownership entity is (Check one)

- Sole Owner
 Limited Partnership
 Municipality
 Simple Partnership
 Limited Liability Partnership
 Club Association
 Corporation
 Limited Liability Company
 Club Corporation

1.5. Application type

- New (fee schedule in Section 11)
 Transfer of location (\$250 transfer fee IC 7.1-4-4.1-6)
 Transfer of ownership (\$250 transfer fee IC 7.1-4-4.1-6)
 Transfer of ownership and location (\$500 transfer fee IC 7.1-4-4.1-6)

1.6. Business entity making this application

Vintage Lanes LLC

1.7. Telephone number of applicant

(812) 5841376

1.8. Doing business as (DBA)

Vintage Lanes

1.9. Premises address – Location where alcoholic beverages will be dispensed

Street name and number

301 Jefferson St.

City / Town

Madison

State

IN

ZIP code

47250

1.10. E-mail address

hello@vintagelanesmadison.com

1.11. Telephone number of premises

()

1.12. Mailing address

Same as above

NOTE: Notices from the ATC will be sent to the mailing address provided on this form. It is the permittee's responsibility to notify the ATC of any changes to the mailing address.

Name

Matt Chandler

Address (number and street, city, state, and ZIP code)

111 E 2nd St. Madison, IN 47250

1.13. What county is the proposed permit premises located in?

Jefferson

1.14. Is the proposed permit premises located inside the corporate limits of a city / town?

Yes No

1.15. If yes, please name the incorporated city / town.

1.16. Is there at least 200 feet between this premises and any church or school?

Yes No

If no, please check the exception that applies:

- Church or school provided a written statement pursuant to IC 7.1-3-21-11 (Applies only to grocery store, drug store, restaurant, hotel, or catering hall.) (Copy of written statement must be attached to application.)
 Wall of the premises and wall of the church or school are separated by at least eighty-five (85) feet, including a two-lane road of at least thirty (30) feet in width

- The application is for a retail restaurant permit located in a facility on the National Register of Historic Places
(Include documentation of the historic designation.)
- The application is for a retail restaurant permit located within the bounds of an historic district established by ordinance pursuant to IC 36-7-11-7
(Include documentation of the historic designation and a district map indicating the location of the premises within the historic district.)
- The application is for one of the following permit types:
 - a) Mall under IC 7 1-3-20-24.4;
 - b) City market under IC 7 1-3-20-25;
 - c) Historic railway station under IC 7 1-3-20-16(e)(1);
 - d) Renovation under IC 7 1-3-20-16(e)(2); or
 - e) Food hall master under IC 7 1-3-20-29 or food hall vendor under IC 7 1-3-20-30
- An alcoholic beverage permit premises has continuously operated at the location since prior to the opening of the church or school.

1.17. Do any individuals, corporations, limited liability companies, limited liability partnerships, or stock owners, members, or partners of any such entities have any interest, either directly or indirectly, in any distiller, vintner, farm winery, rectifier, brewer, primary source of supply, or wholesaler permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1.18. As owner, do you manage the premises? <i>If no, please complete Section 7, Manager's Questionnaire.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.19. Do you sell tobacco products? <i>If yes, please provide the Tobacco Sales Certificate number</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1.20. Do you consent for the duration of the permit to inspection and search by an enforcement officer, without a warrant or other process, of your licensed premises and vehicles to determine compliance with the provisions of Indiana Code 7.1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.21. Do you have the right to possess (rent, lease, mortgage, or own) the permit premises for the term of the permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2. QUALIFICATIONS

THE FOLLOWING QUESTIONS PERTAIN TO ALL INDIVIDUALS HAVING AN INTEREST IN THIS APPLICATION.

NOTE: "Individuals" referred to in all questions in the below section include limited liability companies (LLCs), limited liability partnerships (LLPs), corporations, partnerships, and all other business entities recognized under Indiana law, as well as a natural person where applicable.

2.1. Are all individuals with an interest in this application citizens of the United States?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.2. Are all individuals with an interest in this application of sound mind and good repute in the community in which they reside?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.3. Have any individuals with an interest in this permit been convicted of a felony or a misdemeanor? <i>(If yes, please attach a letter detailing with conviction, court, date, and sentence information.)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.4. Have any individuals with an interest in this application ever been convicted of and/or found to have committed a violation of the Indiana Alcoholic Beverage laws, rules, regulations, or orders of the ATC? <i>(If yes, please attach a letter detailing the conviction and/or violation, including permit number(s).)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.5. Are any individuals with an interest in this application a law enforcement officer, a non-elected officer of a municipal corporation or government subdivision, or an officer of the state of Indiana, charged with any duty or function in the enforcement of Title 7.1 of the Indiana Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.6. Have any individuals with an interest in this application held a permit under Title 7.1 of the Indiana Code and had the permit revoked within one (1) year prior to the date of this application? <i>(If yes, please provide the permit number(s) and an explanation.)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.7. Have any individuals with an interest in this application made an application for an alcoholic beverage permit of any type which was denied less than one (1) year prior to this application for a permit (unless the application was denied by reason of a procedural or technical defect)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.8. Do any individuals, corporations, limited liability companies, limited liability partnerships, partnerships, or stock owners, members, or partners of such entities have any interest, either directly or indirectly, in any other permits or registrations of any kind issued under Title 7.1 of the Indiana Code connected with, but not limited to, the production, distribution, transportation, or sale of alcoholic beverages? <i>If yes, list permits below. (Attach additional sheet if necessary.)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Permit number(s)

2.9. Are you indebted to a person or an officer or agent of that person, who holds a brewer's permit or wholesale permit, for a debt, secured by a lien, mortgage, or otherwise upon the premises for which the beer retailers permit is to be applicable or upon any of the property or fixtures in the premises, or used, or to be used in connection with the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SECTION 3. AFFIDAVIT OF OWNERSHIP

(NOTE: IC 7.1-3-21-8 requires the disclosure of each person who is, or will be, financially or beneficially interested in the permit and the business conducted, or to be conducted, under it. Changes to this list must be filed by the applicant or permittee within ten (10) days of the date when the change became effective.)

3.1 Complete name Matthew Chandler		Social Security number * 307049623	Date of birth (month, day, year) 01/19/1988	Citizen of United States <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code) 111 E 2nd St. Madison, IN 47250				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input checked="" type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership 50%
3.2 Complete name Daniel Chandler		Social Security number * 405291223	Date of birth (month, day, year) 11/24/1985	Citizen of United States <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code) 111 E 2nd St. Madison, IN 47250				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input checked="" type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership 50%
3.3 Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
3.4 Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
3.5 Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
3.6 Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
3.7 Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
3.8 Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
3.9 Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input checked="" type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership

If you need more space, please attach additional sheets.

SECTION 4. ESCROW REQUEST

The permit application process may take up to ninety (90) days, including application review, newspaper public notice, orange sign posting, local alcoholic beverage hearing in the county, commission meeting approval, and final floor plan approval by the Indiana State Excise Police. If your application is approved and you will not be immediately ready to open to the public upon approval by the commission, the permit will need to be placed in escrow, a non-operational status pursuant to IC 7.1-3-1.1. All applicants must answer the following questions:

4.1.1 When will the permit premises for which you are applying be ready to open for business?

11/01/2024

(mm/dd/yy)

4.1.2 If you will not be ready to open to the public within ninety (90) days, please explain the steps you are taking to make the proposed permit operational, and provide an estimated timeframe for when the permit will be operational. *(Please attach additional sheets as needed)*

We plan to be operational and have construction of the bowling and wine bar complete by October, we will then take another 30 days to train staff and build inventory, prior to opening to the public.

SECTION 5. RETAIL PERMIT QUESTIONS

(Skip to next section if you are not applying for a retail permit.)

5.1 MINORS (To be completed by ALL retail permit applicants.)

5.1.1 Will minors be present in the permit premises? *(If no, move to next applicable section.)*

Yes No

5.1.2 Check the exception to IC 7.1-5-7-10 that allows minors in your permit premises. *(See IC 7.1-5-7-11 for additional information.)*

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Civic center <input type="checkbox"/> Sports arena <input type="checkbox"/> Bona fide club <input type="checkbox"/> Dining car <input type="checkbox"/> Club car <input type="checkbox"/> Automobile racetrack <input type="checkbox"/> Catering hall under IC 7.1-3-20-24 that is not open to the public <input type="checkbox"/> Indoor golf facility <input type="checkbox"/> Licensed premises owned or operated by a postsecondary educational institution as described in IC 21-17-6-1. <input checked="" type="checkbox"/> Recreational facility (such as a golf course, bowling center, or similar facility) whose principal purpose or function of the business is recreational activity and not the sale of food and beverages <input type="checkbox"/> Restaurant has full** separation between bar room and family room <input type="checkbox"/> A restaurant, the proprietor of which is the permit holder of a brewery permit issued under IC 7.1-3-2-2(b), that has limited separation***, but is not subject to the minimum gross food sales set forth in 905 IAC 1-41-2 <input type="checkbox"/> A restaurant, the proprietor of which is the permit holder of an artisan distiller permit that has limited separation*** but is not subject to the minimum gross food sales set forth in 905 IAC 1-41-2 <input type="checkbox"/> A hotel other than a part of a hotel that is a room in a restaurant in which a bar is located over which alcoholic beverages are sold or dispensed by the drink* | <ul style="list-style-type: none"> <input type="checkbox"/> Convention center <input checked="" type="checkbox"/> Bowling center <input type="checkbox"/> Boat <input type="checkbox"/> Pullman car <input type="checkbox"/> Passenger airplane <input type="checkbox"/> Satellite facility (as defined in IC 4-31-2-20.5) <input type="checkbox"/> Entertainment complex <input type="checkbox"/> Indoor theater under IC 7.1-3-20-26 <input type="checkbox"/> Horse racetrack facility holding a recognized meeting permit under IC 4-31-5 <input type="checkbox"/> Senior residence facility campus (as defined in IC 7.1-3-1-29(c)) at which alcoholic beverages are given or furnished as provide under IC 7.1-3-1-29 <input type="checkbox"/> No alcoholic beverages are served across a bar and service is accomplished by an employee <input type="checkbox"/> A restaurant, the proprietor of which is the permit holder of a farm winery permit, that has limited separation***, but is not subject to the minimum gross food sales set forth in 905 IAC 1-41-2. <input type="checkbox"/> The licensed premises of a food hall master permit under IC 7.1-3-20-29 or a food hall vendor permit under IC 7.1-3-20-30 that qualifies under IC 7.1-5-7-11(a)(30). <input type="checkbox"/> Restaurant that has limited*** separation between bar room and family room and has minimum gross food sales of \$200,000 per year or 60% percent of the gross food and alcoholic beverage sales |
|---|---|

** Please note that you will be required to have full** or limited*** separation at any bar that is located in a room in a restaurant if minors may be present in the restaurant and no other exception applies.*

*** Full separation is a nontransparent wall at least seventy-two (72) inches high with a doorway or an open archway of no more than five (5) feet in width separating the barroom and the family dining room.*

**** Limited separation is a structure or barrier that reasonably deters free access and egress without requirement for doors or gates separating the barroom and the family dining room.*

5.3. BEER, WINE, AND LIQUOR RETAILER RESTAURANT (209) IN UNINCORPORATED AREA <i>(Excluding recreational facilities such as golf courses and tennis clubs)</i>	
5.3.1. For a beer, wine, and liquor retailer in an unincorporated area (also known as a type 209 permit), is your projection that annual gross food sales at the location will exceed not less than \$200,000 by the end of the first two (2) years of operations and annual gross food sales will be at least \$100,000 each year thereafter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4. LIQUOR RETAILER IN INCORPORATED AREA <i>(Does not include beer only, wine only, or beer and wine retailers.)</i>	
5.4.1. Is the proposed permit premises located in an incorporated city having a population of less than 5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4.2. If the answer is yes, have you attached to the application the enabling ordinance from the city consenting to the issuance of liquor retailer's permits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5. RETAIL CARRYOUT OF ALCOHOLIC BEVERAGES <i>(Please review State Form 56312 to determine if the applicant for permit type qualifies for carryout.)</i>	
5.5.1. Do you wish to sell alcoholic beverages for carryout? <i>(If yes, please attach State Form 56312, Carry-out Supplement.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.6. CATERING HALL	
5.6.1. Are you applying for a special three-way catering hall permit that will allow you to sell alcoholic beverages for on-premises consumption on a premises that is used only for private catered events and has accommodations for at least 250 individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7. CLUBS	
5.7.1. If you are applying for a club permit, please check the appropriate box: <input type="checkbox"/> Social Club <input type="checkbox"/> Fraternal Club	
5.7.2. If a social club, does your association or organization meet the general requirements of IC 7.1-3-20-1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7.3. If a fraternal club, does your association or corporation meet the general requirements of IC 7.1-3-20-1 and the specific requirements of IC 7.1-3-20-7?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7.4. If your club premises is outside the corporate limits, do you meet the requirements of IC 7.1-3-20-3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8. HOTEL / RESORT HOTEL	
5.8.1. If you are applying as a hotel, do you meet the general requirements of IC 7.1-3-20-18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8.2. If you are applying as a resort hotel, do you meet the requirements of 7.1-3-20-21?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9. HISTORIC DISTRICT	
5.9.1. If you are applying for an historic district permit, is the restaurant located in a district that is on the National Register of Historic Places pursuant to IC 7.1-3-20-16(g) (includes a county courthouse, historic opera house, historic jail and sheriff's house)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, you must submit the appropriate verification, including a district map identifying the location of your restaurant, an approval letter from a city or town representative that indicates whether the city or town adopted an ordinance that requires a written commitment pursuant to IC 7.1-3-19-17, and a copy of the ordinance creating the district. If the city or town ordinance requires a written commitment, you must also submit a copy of the written commitment.</i>	
5.10. AIRPORT, ECONOMIC REDEVELOPMENT, RIVERFRONT, RAILWAY STATION, MOTOR SPORTS DISTRICT, LAKE FRONT, DEVELOPMENT DISTRICT, RENOVATION PROJECT	
5.10.1. If you are applying for a permit authorized by IC 7.1-3-20-16 or IC 7.1-3-20-16.8, do you meet the requirements for the designated permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.10.2. Please specify the type of permit for which you are applying: <u>Riverfront</u> <i>(Please see Section 11 for a full list of permit types)</i>	
<p>NOTE: <i>If you are applying for a municipal riverfront/lakefront development permit (IC 7.1-3-20-16(d) and IC 7.1-3-20-16.1) or a lakefront development permit, motorsports development permit IC 7.1-3-20-16(k) or (l), redevelopment permit (IC 7.1-3-20-16.8), or renovation project (IC 7.1-3-20-16(e)(2)), you must also submit a letter indicating that the statutory requirements have been met and the mayor's approval of the permit, a map of the district identifying the premises location, and a copy of the ordinance creating the district.</i></p> <p><i>If you are applying for a permit in a publicly owned airport (IC 7.1-3-20-16(b)), union railway station (IC 7.1-3-20-16(c)), railway station (IC 7.1-3-20-16(e)), cultural center (IC 7.1-3-20-16(f)), or redevelopment district (IC 7.1-3-20-16(h) and (i)), please submit supporting documentation showing that your premises is located in a district that meets the qualification of the section authorizing the permit.</i></p> <p><i>If you are applying for a lakefront district permit pursuant to IC 7.1-3-20-16(j) and IC 7.1-3-20-16.2, please submit a map of the district identifying the location of your restaurant, detailed information concerning the expenditures of the state, local, and federal funds on the municipal lakefront development project, and a copy of the local ordinance or resolution authorizing the municipal lakefront development project.</i></p>	

5.11. EXCURSION BOAT

5.11.1. If you are applying for a boat permit, do you engage in regular passenger service which makes regular runs

Permit number(s)

Signature of manager

Date (mm/dd/yy)

SECTION 8. FLOOR PLAN

INSTRUCTIONS: All applicants must submit a floor plan drawing on letter size (8½" x 11") paper attached to this application. The drawing must show dimensions and identifications of any existing family room(s), seating arrangement(s), ballroom(s), bar(s), dance floor area(s), kitchen area(s), restrooms, storage and office areas, entrances/exits, patios, beer gardens, service windows, and alcoholic beverage display areas for all types of permits. Please sign and date the drawing.

NOTE: All drawings must be approved by the Commission before the permit is issued. If you wish to receive preliminary approval before construction begins, contact your local excise district office. Contact information for local excise district offices can be found at <http://in.gov/atc/sep/2379.htm>.

SECTION 9. CERTIFICATION OF APPLICANT

I certify that this application was completed by myself or by the preparer identified herein. I certify that I have read this completed document and that all information provided herein and on any attachments is true and correct. I UNDERSTAND THAT IT IS A FELONY UNDER LAW TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.

I hereby consent for the duration of the permit term to inspection and search by an enforcement officer, without a warrant or other process, of my licensed premises, any approved satellite facility, approved storage facility, and vehicles to determine compliance with the provision of Indiana Code 7.1.

Note: The applicant **MUST** sign this application unless the proper Power of Attorney forms are attached to this application.

Signature of applicant

Date signed (month, day, year)

Printed name of applicant

Title of applicant

SECTION 10. CERTIFICATION OF PREPARER (if applicable)

I certify that I have examined this application and the accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete. I certify that the applicant reviewed the completed form prior to signing.

Signature of preparer

Date signed (month, day, year)

Printed name of preparer

Telephone number

SECTION 11. PAYMENT AND CONTACT INFORMATION

Please remit business check, certified check, or money order. Applications will not be processed without payment. (See attached fee schedule.)

Checks should be made payable to the Indiana Alcohol and Tobacco Commission.

MAIL TO:

Indiana Alcohol and Tobacco Commission
302 West Washington Street, Room E114
Indianapolis, IN 46204

For additional information: www.IN.gov/atc or (317) 232-2430

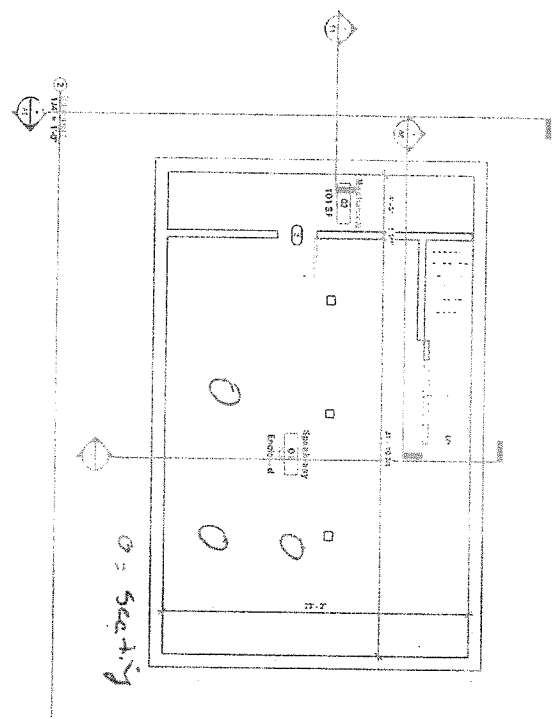
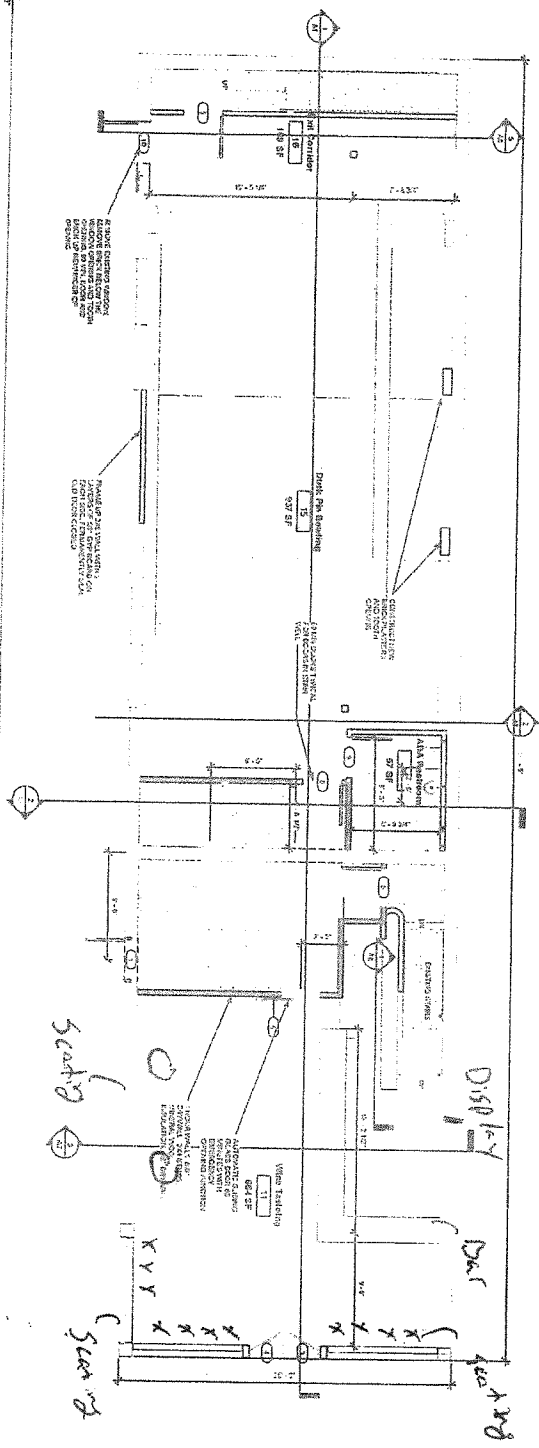
SECTION 12. PERMIT TYPES

Permit Type		Fee	Fee Statute	
Dealer Permits	Drug store (IC 7.1-1-3-15)	Beer	\$500	IC 7.1-4-4.1-12
		Beer and wine	\$750	IC 7.1-4-4.1-12
		Beer and liquor	\$750	IC 7.1-4-4.1-12
		Beer and wine	\$750	IC 7.1-4-4.1-12
		Beer, wine, and liquor	\$1000	IC 7.1-4-4.1-12
		Liquor	\$500	IC 7.1-4-4.1-12
	Grocery store (IC 7.1-1-3-18.5)	Beer	\$500	IC 7.1-4-4.1-12
		Beer and wine	\$750	IC 7.1-4-4.1-12
	Package liquor store (IC 7.1-3-10-4)	Beer, wine and liquor	\$1000	IC 7.1-4-4.1-12
		Beer	\$500	IC 7.1-4-4.1-9
	Restaurant (IC 7.1-3-20-9)	Wine	\$500	IC 7.1-4-4.1-9
		Beer and wine	\$750	IC 7.1-4-4.1-9
		Beer, wine and liquor unincorporated (209)	\$1000	IC 7.1-4-4.1-9
		Beer, wine, and liquor incorporated (210)	\$1000	IC 7.1-4-4.1-9
		Beer, wine and liquor incorporated – small city (210-1)	\$1000	IC 7.1-4-4.1-9
Beer		\$500	IC 7.1-4-4.1-9	
Beer and wine		\$750	IC 7.1-4-4.1-9	
Social club (IC 7.1-3-20-1)	Beer, wine, and liquor	\$1000	IC 7.1-4-4.1-9	
	Beer	\$500	IC 7.1-4-4.1-9	
	Beer and wine	\$750	IC 7.1-4-4.1-9	
Civic center (IC 7.1-3-1-25), malls (IC 7.1-3-20-24.4), and market (IC 7.1-3-20-25)	Beer, wine, and liquor	\$1000	IC 7.1-4-4.1-9	
	Beer	\$250	IC 7.4-4-4.1-10	
	Beer and wine	\$250	IC 7.4-4-4.1-10	
Fraternal club	Beer, wine, and liquor	\$250	IC 7.4-4-4.1-10	
	Beer and wine	\$750	IC 7.1-4-4.1-9	
	Beer, wine, and liquor	\$1000	IC 7.1-4-4.1-9	
Historic district (IC 7.1-3-20-16(g))	Beer	\$250	IC 7.4-4-4.1-10	
	Beer and wine	\$750	IC 7.1-4-4.1-9	
Economic redevelopment (IC 7.1-3-20-16(h) & (i))	Beer, wine, and liquor – Jeffersonville or Clarksville (IC 7.1-3-20-16(h))	\$1350	IC 7.1-3-20-16(h)	
	Beer, wine, and liquor – Portage (IC 7.1-3-20-16(i))	\$1000	IC 7.1-4-4.1-9	
Hotel (IC 7.1-3-20-18)	Beer and wine retailer	\$750	IC 7.1-4-4.1-9	
	Beer, wine, and liquor retailer	\$1000	IC 7.1-4-4.1-9	
Motor sports district (IC 7.1-3-20-16(k) and (l))	Beer, wine, and liquor	\$1000	IC 7.1-4-4.1-9	
Airport / railway (IC 7.1-30-20-16(b), (c), and (e))	Beer, wine, and liquor	\$1000	IC 7.4-4-4.1-9	
State park	Beer, wine, and liquor	\$250	IC 7.1-4-4.1-9(d)	
Dining car (IC 7.1-3-6-6, IC 7.1-3-16-1, IC 7.1-3-11-1)	Wine retailer	\$500	IC 7.1-4-4.1-11	
	Beer, wine, and liquor	\$500	IC 7.1-4-4.1-11	
Race track (IC 7.1-3-6-16, IC 7.1-3-14-6)	Beer	\$500	IC 7.1-4-4.1-9	
Excursion boat (IC 7.1-3-11-9, IC 7.1-3-6-11, IC 7.1-3-16-3)	Beer and wine	\$750	IC 7.1-4-4.1-9	
	Beer, wine, and liquor	\$500	IC 7.1-4-4.1-11	
Gaming site (IC 7.1-3-17.5)	Beer, wine, and liquor	\$25,000	905 IAC 1-43.1-2	
State fair (IC 7.1-3-21-14)	Beer, wine, and liquor	\$0	IC 7.1-3-21-14	
Catering hall (IC 7.1-3-20-24)	Beer, wine, and liquor	\$1000	IC 7.1-4-4.1-9	
Horse track (IC 7.1-3-17.7)	Beer, wine, and liquor	\$4000	905 IAC 1-39-1	
Horse track satellite facility (IC 7.1-3-17.7)	Beer, wine, and liquor	\$2000	905 IAC 1-39-1	
Development district (IC 7.1-3-20-16.8)	Beer, wine, and liquor	\$1000	IC 7.1-4-4.1-9	
Riverfront (IC 7.1-30-20-16(d)) and lakefront (IC 7.1-3-20-16(i))	Beer and wine	\$750	IC 7.1-4-4.1-9	
	Beer, wine, and liquor	\$1000	IC 7.1-4-4.1-9	
Food hall (IC 7.1-3-20-29 to 30)	Food hall master permit beer, wine, and liquor	\$5000 annual renewal fee	IC 7.1-4-4.1-20	
	Food hall vendor beer – less than 1000 square feet	\$1000 annual renewal fee	IC 7.1-4-4.1-21	
	Food hall vendor beer and wine – less than 1000 square feet	\$1000 annual renewal fee	IC 7.1-4-4.1-21	
	Food hall vendor beer, wine, and liquor – less than 1000 square feet	\$1000 annual renewal fee	IC 7.1-4-4.1-21	
	Food hall vendor beer – 1000 to 2500 square feet	\$1000 annual renewal fee	IC 7.1-4-4.1-21	
	Food hall vendor beer and wine – 1000 to 2500 square feet	\$1000 annual renewal fee	IC 7.1-4-4.1-21	
	Food hall vendor beer, wine, and liquor – 1000 to 2500 square feet	\$1000 annual renewal fee	IC 7.1-4-4.1-21	
Renovation (IC 7.1-3-20-16(e)(2))	Beer	\$500	IC 7.1-4-4.1-9	
	Beer and wine	\$750	IC 7.1-4-4.1-9	
	Beer, wine, and liquor	\$1000	IC 7.1-4-4.1-9	

Vintage Lanes Improvement Plan

Vintage Lanes is undergoing comprehensive rehabilitation to bring new life to these historic buildings. Our plans include modern updates such as HVAC, plumbing, electric, and insulation to ensure a comfortable and efficient space. Additionally, we're restoring each building's architectural integrity with window restoration, tuckpointing, and exterior repairs. The interior will feature two levels of duckpin bowling lanes and a chic wine bar, creating a vibrant and inviting atmosphere by November 2024. As we move forward, our focus will extend to constructing an apartment and rooftop terrace, adding luxurious amenities for our guests by Q1 2025. This phased approach ensures that each aspect of Vintage Lanes receives meticulous attention, culminating in a one-of-a-kind entertainment destination.

1. First Floor
1/4" = 1'-0"



Floor Plans
A1

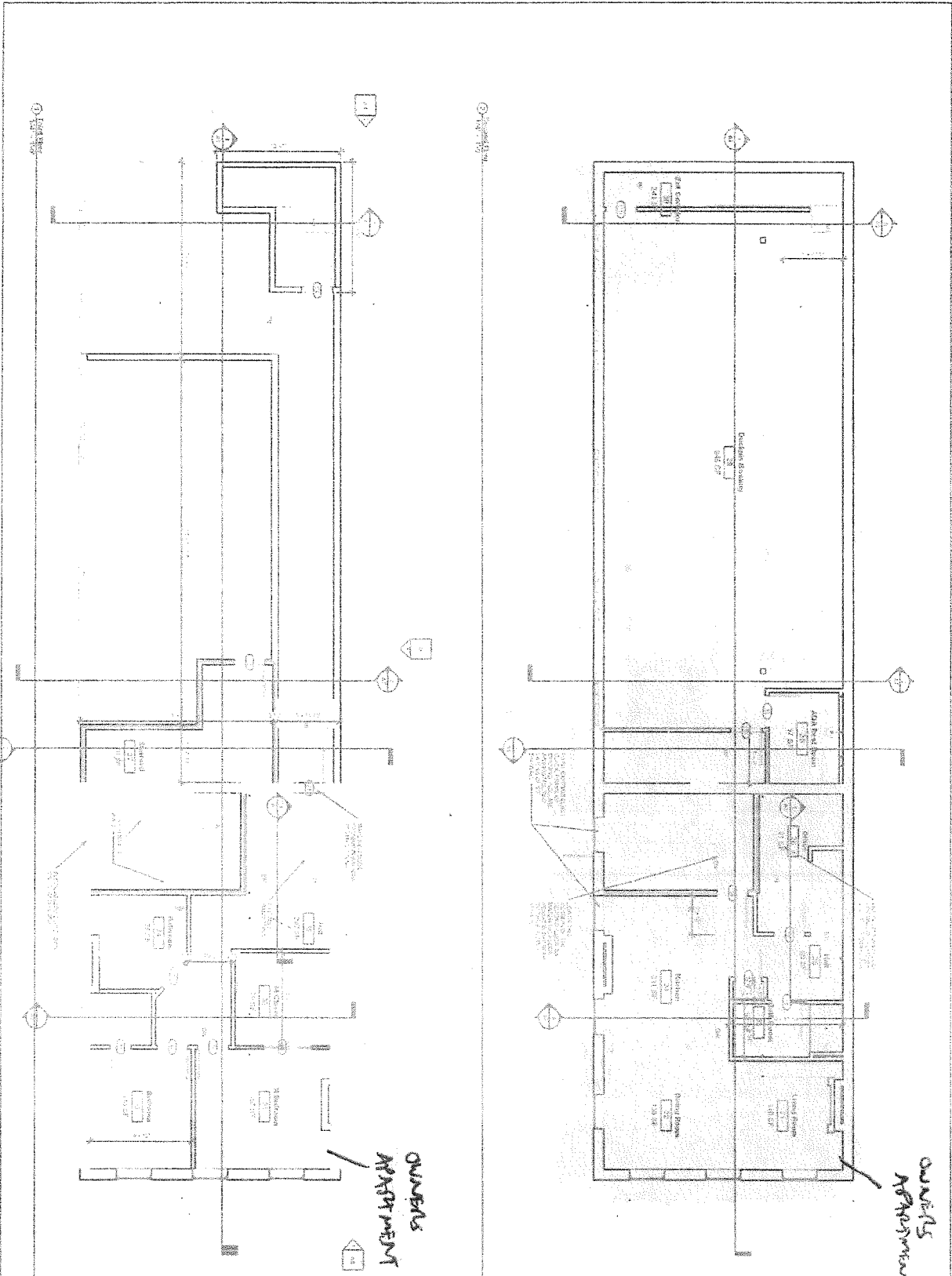
DATE	DESCRIPTION

MATT CHANDLER & DANIEL SELTER
VINTAGE LANES
 301 JEFFERSON STREET
 MADISON, IN 47250



DONALD K. BALL
 403 MANLY STREET
 INDIANAPOLIS, INDIANA
 46204-1156
 TEL: 317-633-1111





Floor Plans
A2

NO.	DESCRIPTION	DATE
1	ISSUED FOR PERMIT	08/14/12
2	ISSUED FOR PERMIT	08/14/12
3	ISSUED FOR PERMIT	08/14/12
4	ISSUED FOR PERMIT	08/14/12
5	ISSUED FOR PERMIT	08/14/12
6	ISSUED FOR PERMIT	08/14/12
7	ISSUED FOR PERMIT	08/14/12
8	ISSUED FOR PERMIT	08/14/12
9	ISSUED FOR PERMIT	08/14/12
10	ISSUED FOR PERMIT	08/14/12

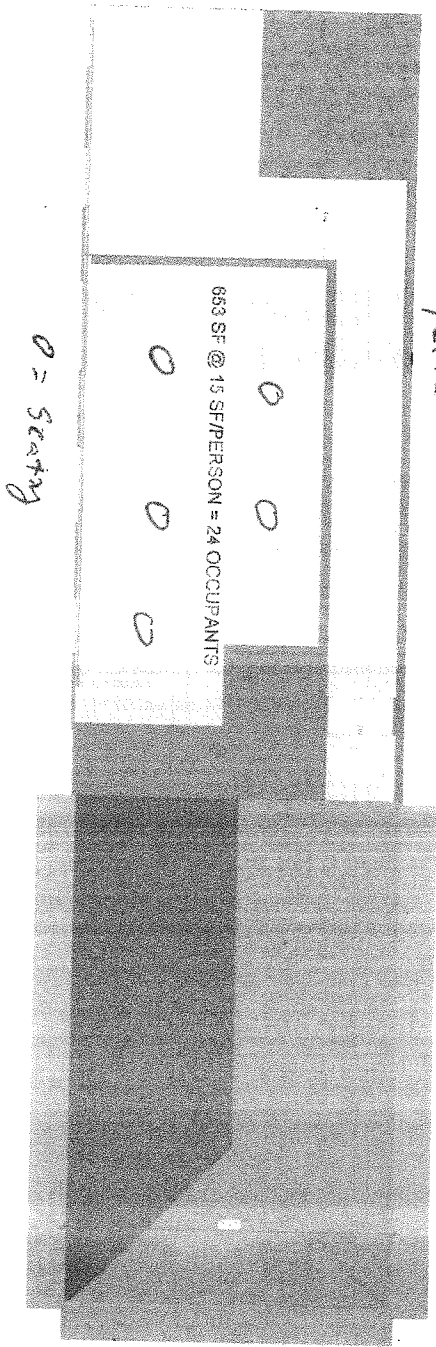
MATT CHANDLER & DANIEL SELTER
VINTAGE LANES
 301 JEFFERSON STREET
 MADISON, IN 47203



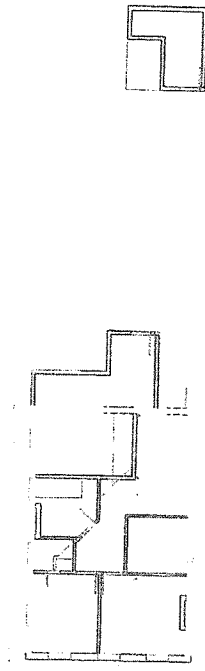
DONALD K'BALL
 DONALD K'BALL ARCHITECTS
 1000 W. MARKET STREET
 MADISON, IN 47203
 TEL: 765.241.1111
 WWW.DONALDKBALL.COM



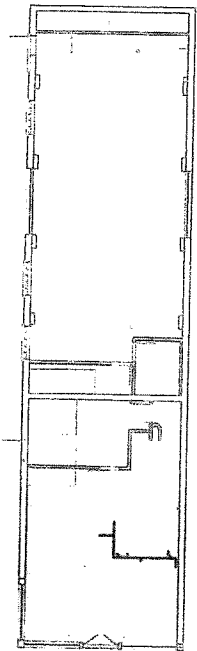
① First Floor
1/16" = 1'-0"



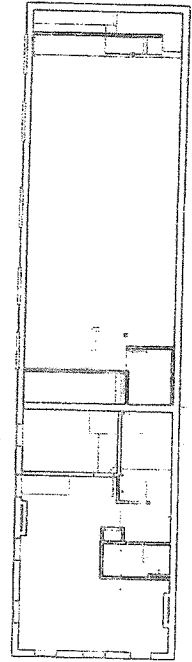
① First Floor
1/16" = 1'-0"



② First Floor
1/16" = 1'-0"



① Second Floor
1/16" = 1'-0"



① Basement
1/16" = 1'-0"



First Floor Reflected
Ceiling Plan
A3

PROJECT	VINTAGE LANES
DATE	10/20/2024
SCALE	AS SHOWN
DRAWN BY	DAVID
CHECKED BY	DAVID

NO.	DESCRIPTION	DATE

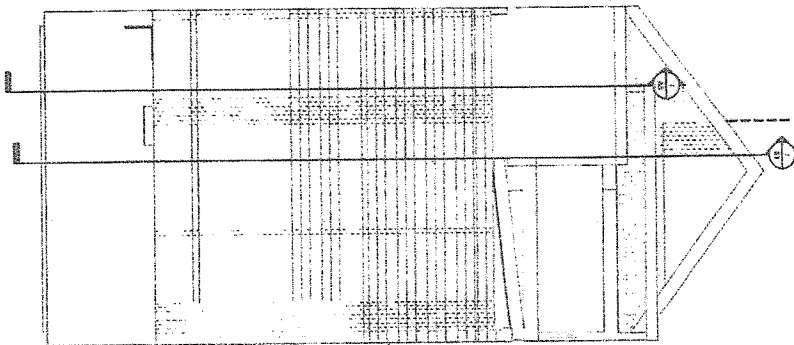
MATT CHANDLER & DANIEL SELTER
VINTAGE LANES
301 JEFFERSON STREET
MADISON, IN 47250



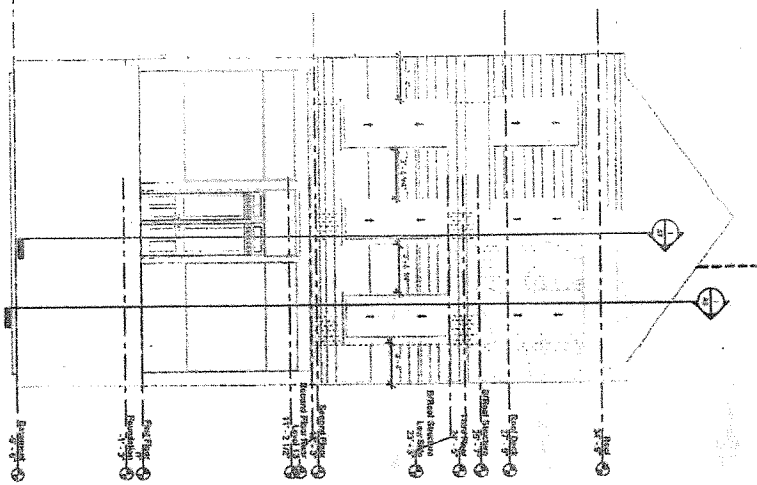
DONALD R. BALL
302 WALNUT STREET
MADISON, INDIANA
572 550 7100
www.donaldrball.com



0-11
1/4" = 1'-0"



0-11
1/4" = 1'-0"



Elevations
A4
Scale: 1/4" = 1'-0"

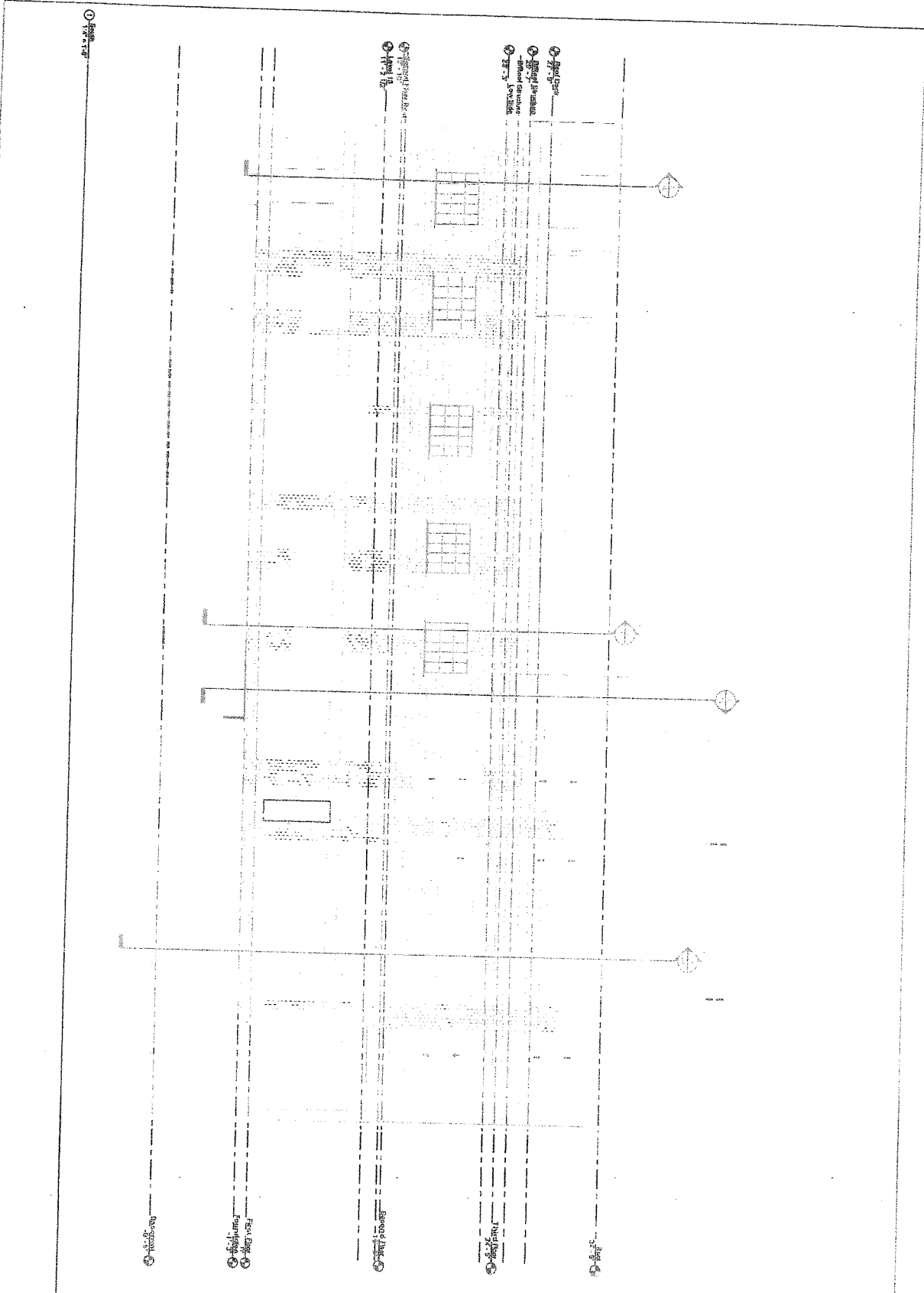
PROJECT NO.	DATE
DESCRIPTION	BY
CHECKED	DATE
APPROVED	DATE

MATT CHANDLER & DANIEL SELTER
 VINTAGE LANES
 301 JEFFERSON STREET
 MADISON, IN 47250

DATE
 TIME
 DRAWN BY

DONALD K BALL
 223 W. WALTON STREET
 MADISON, INDIANA
 47202-1828
 (317) 255-1128





Elevations
A5

NO.	DESCRIPTION	DATE	BY

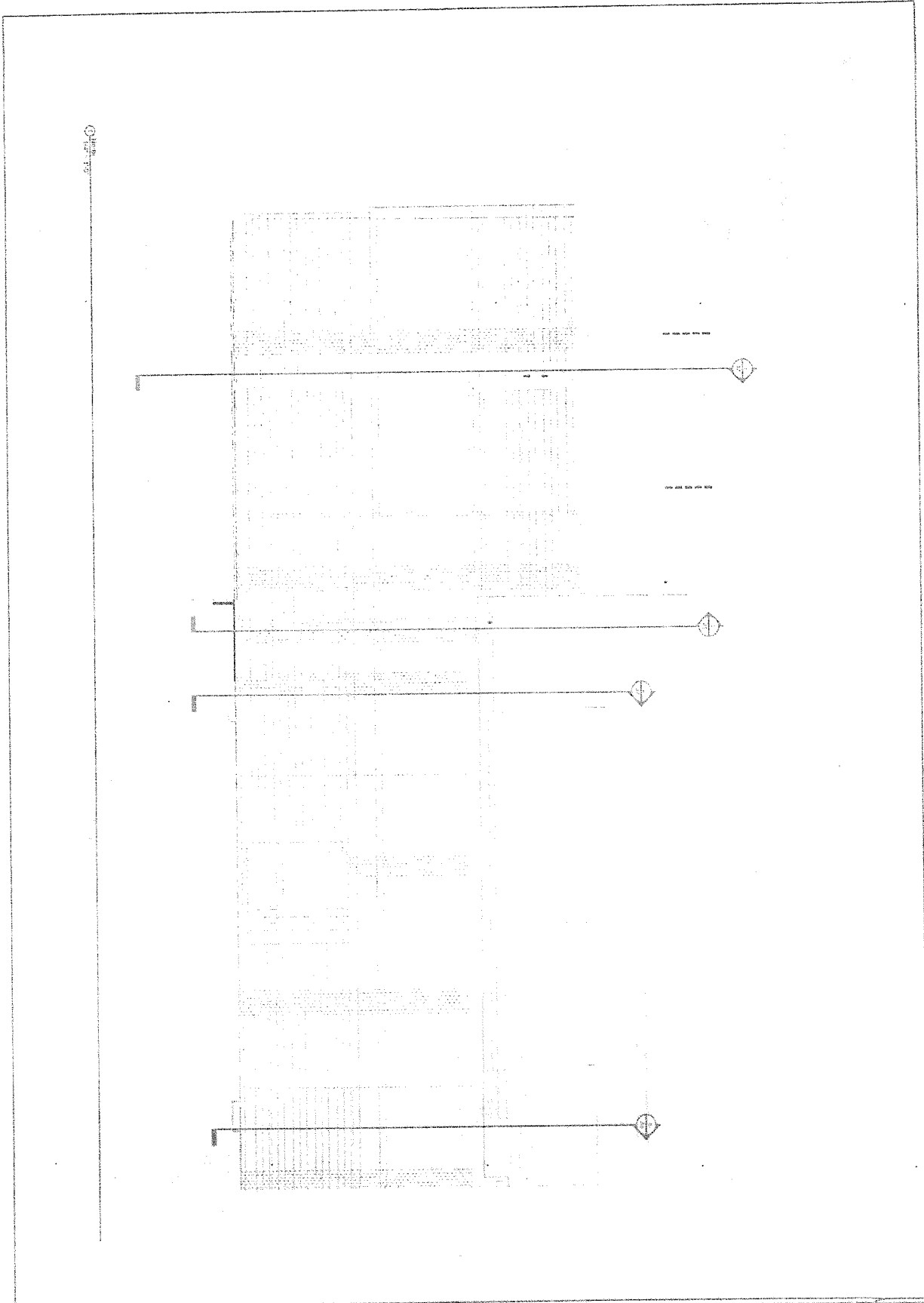
MATT CHANDLER & DANIEL SELTER
VINTAGE LANES
301 JEFFERSON STREET
MADISON, IN 47250

CONTRACT NO.
DATE



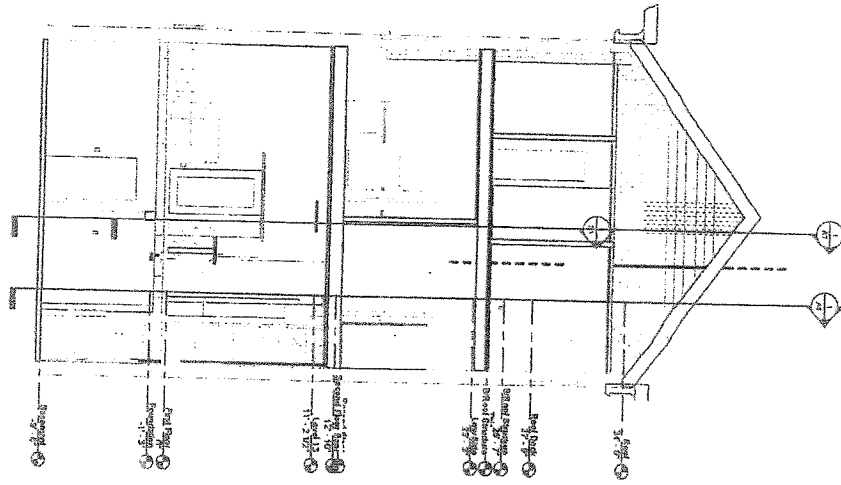
DONALD K. BALL
322 WALTON STREET
MADISON, INDIANA
47202-1502



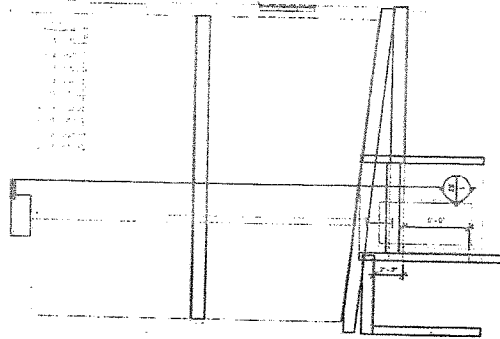


<p>Elevations A6</p>	<p>DATE: 10/1/07</p> <p>SCALE: 1/8" = 1'-0"</p>	<p>MATT CHANDLER & DANIEL SELTER VINTAGE LANES 301 JEFFERSON STREET MADISON, IN 47202</p>	<p>DONALD H. BALL ARCHITECT 1000 N. UNIVERSITY AVENUE SUITE 100 MADISON, IN 47202 (765) 253-1111</p> 
---------------------------------	---	--	--

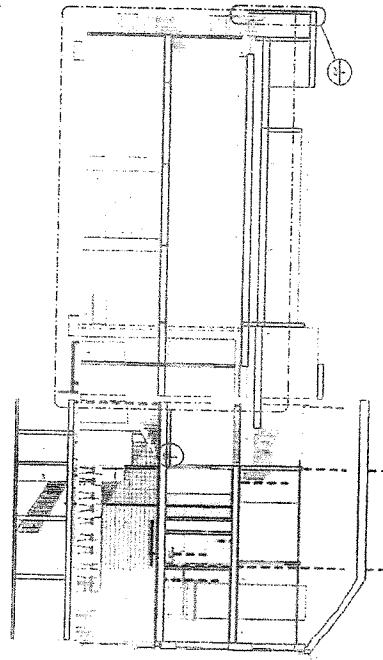
Section 1



Section 2



Section 3



Building Sections

A7

NO. 1	NO. 2	NO. 3	NO. 4	NO. 5	NO. 6	NO. 7	NO. 8	NO. 9	NO. 10

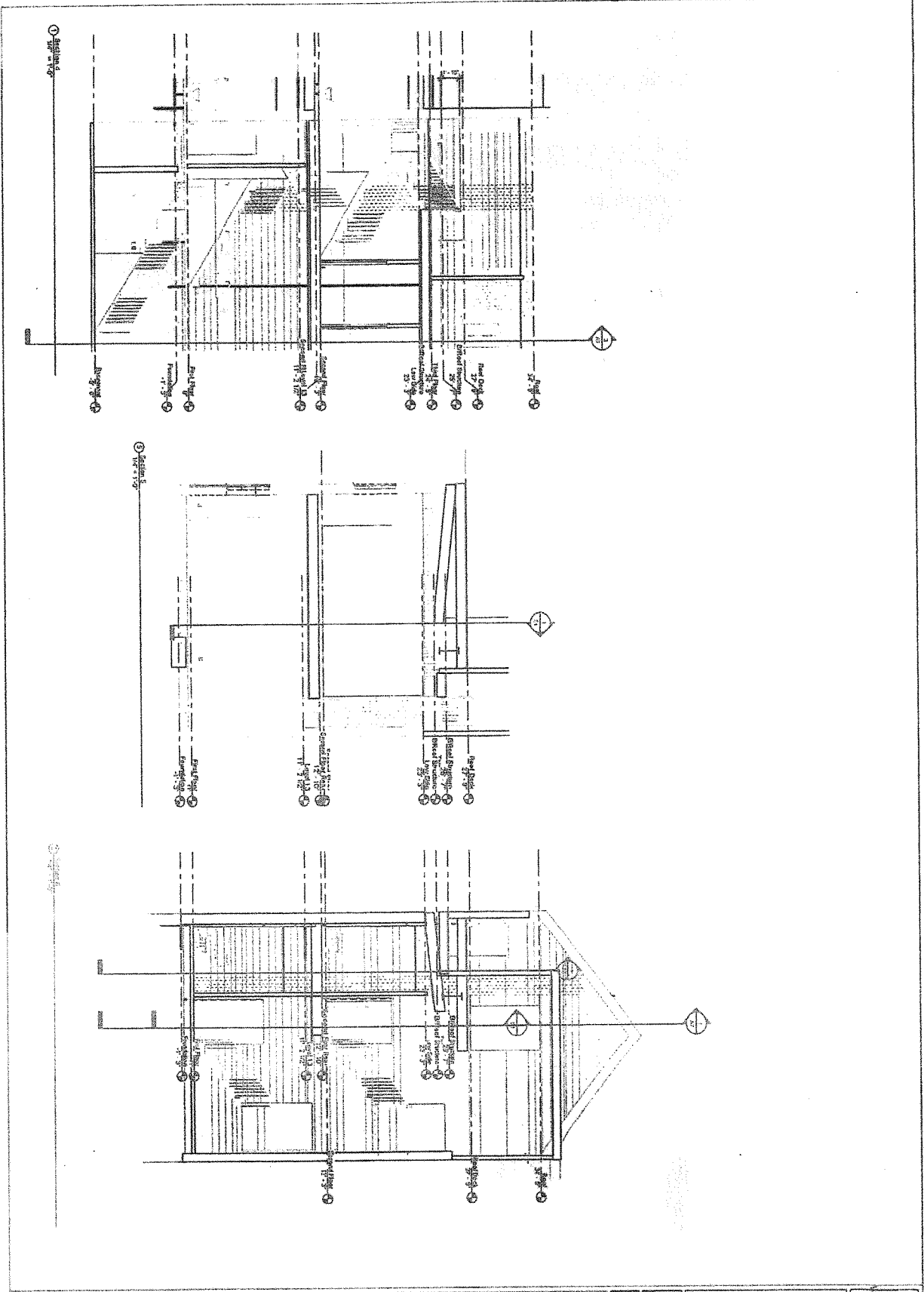
MATT CHANDLER & DANIEL SELTER
 VINTAGE LANES
 301 JEFFERSON STREET
 MADISON, IN 47250

SCALE
 1/8" = 1'-0"



DONALD K. BALL
 REGISTERED PROFESSIONAL ENGINEER
 INDIANA
 No. 12,345





Building Sections
A8

NO. OF SHEETS	8
TOTAL SHEETS	8
CHECKED BY	AMBL
DATE	10/1/08
DESIGNED BY	AMBL
DATE	10/1/08
PROJECT NO.	08-0000
PROJECT NAME	VINTAGE LANES
CLIENT NAME	MATT CHANDLER & DANIEL SELTER
CLIENT ADDRESS	301 JEFFERSON STREET MADISON, IN 47250

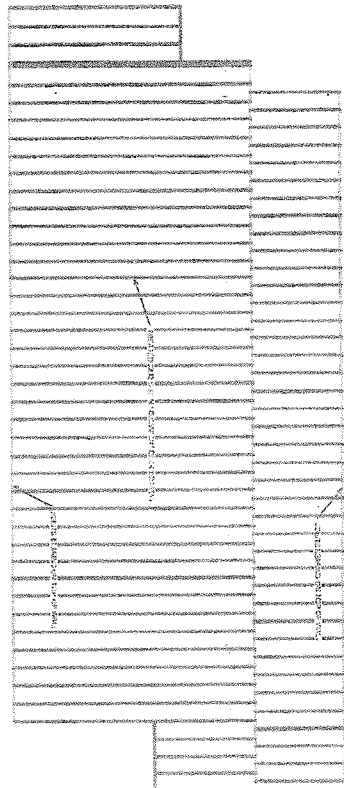
MATT CHANDLER & DANIEL SELTER
VINTAGE LANES
301 JEFFERSON STREET
MADISON, IN 47250

DATE: 10/1/08
SCALE: 1/4\"/>

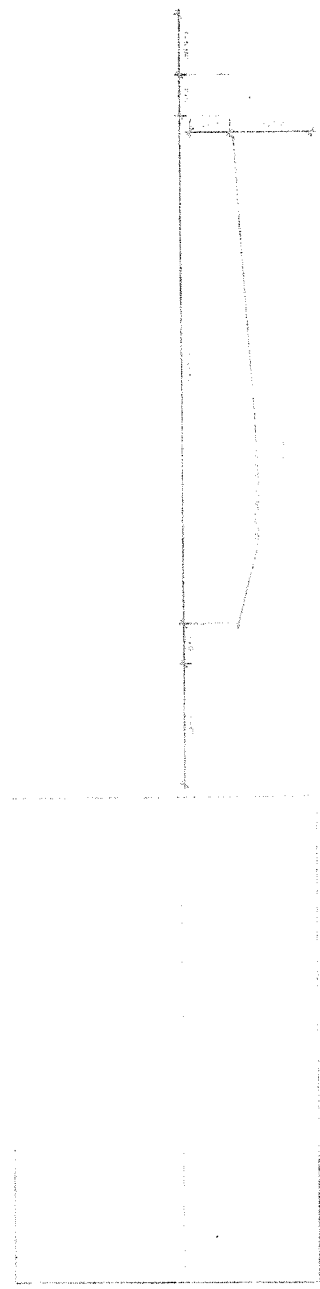
DONALD K BALL
REGISTERED ARCHITECT
400 WALNUT STREET
MADISON, INDIANA
47202-2012
(765) 253-1111



SECTION 11



SECTION 12



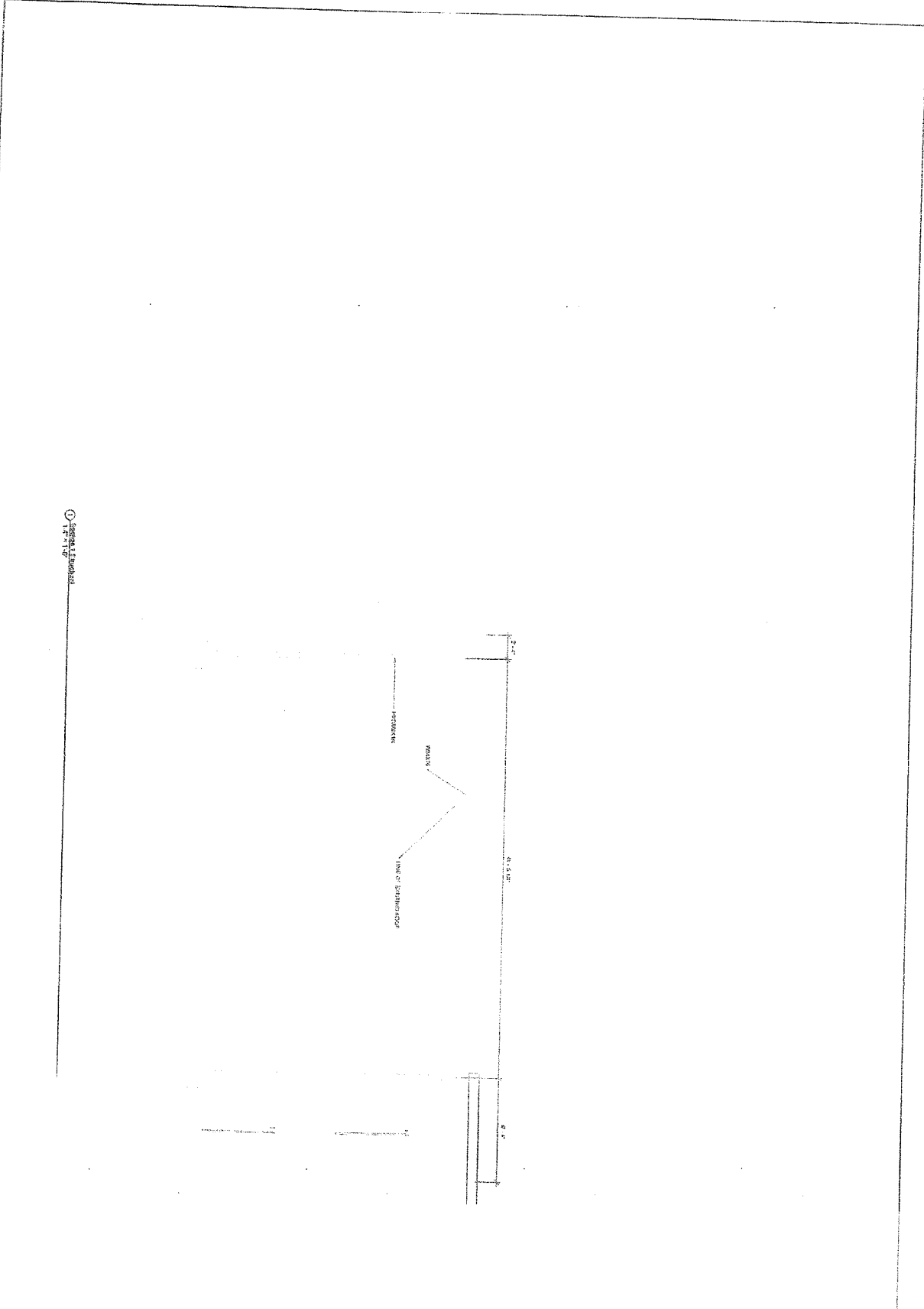
Roof Deck Structural
S0


NO. OF SHEETS	11
TOTAL SHEETS	11
DATE	10/1/12
PROJECT	VINTAGE LANES
LOCATION	301 JEFFERSON STREET
CITY	MADISON, IN
STATE	IN
ZIP	47206

MATT CHANDLER & DANIEL SELTER
VINTAGE LANES
301 JEFFERSON STREET
MADISON, IN 47206

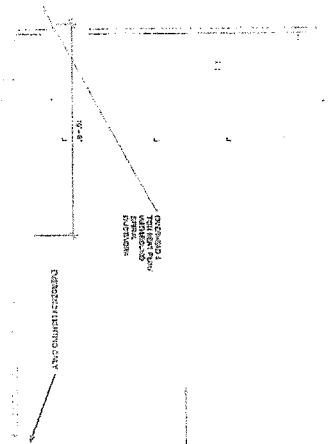
DONALD W. BALL
REGISTERED PROFESSIONAL ENGINEER
NO. 17424
EXPIRES 12/31/15
301 E. 10th St.
Madison, IN 47206



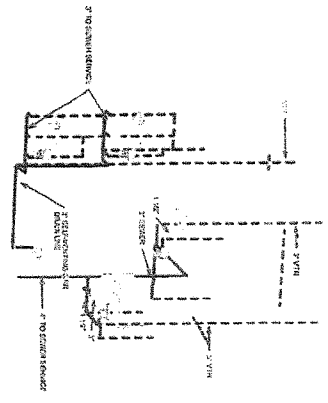


Roof Deck Beam Elevation S1 <small>Scale: 1/4" = 1'-0"</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: 8px;">PROJECT NO.</td><td style="font-size: 8px;">DATE</td></tr> <tr><td style="font-size: 8px;">DRAWN BY</td><td style="font-size: 8px;">CHECKED BY</td></tr> <tr><td style="font-size: 8px;">DATE</td><td style="font-size: 8px;">DATE</td></tr> </table>	PROJECT NO.	DATE	DRAWN BY	CHECKED BY	DATE	DATE	MATT CHANDLER & DANIEL SELTER VINTAGE LANES 301 JEFFERSON STREET MADISON, IN 47260	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: 8px;">PROJECT NO.</td><td style="font-size: 8px;">DATE</td></tr> <tr><td style="font-size: 8px;">DRAWN BY</td><td style="font-size: 8px;">CHECKED BY</td></tr> <tr><td style="font-size: 8px;">DATE</td><td style="font-size: 8px;">DATE</td></tr> </table>	PROJECT NO.	DATE	DRAWN BY	CHECKED BY	DATE	DATE	
PROJECT NO.	DATE															
DRAWN BY	CHECKED BY															
DATE	DATE															
PROJECT NO.	DATE															
DRAWN BY	CHECKED BY															
DATE	DATE															

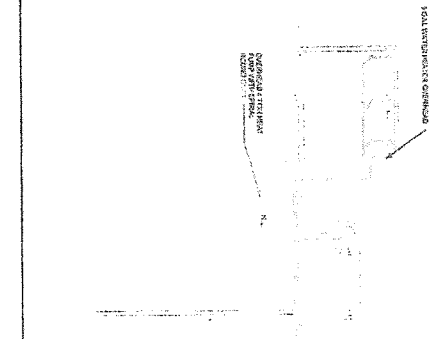
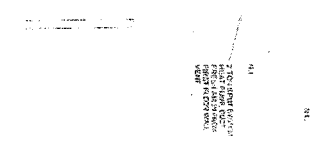
② East Elevation
1/4" = 1'-0"



① Elevation 1/8"



① Elevation 1/8"



MEP Plan
MEP0

NO.	REVISION	DATE

MATT CHANDLER & DANIEL SELTER
VINTAGE LANES
 301 JEFFERSON STREET
 MADISON, IN 47250

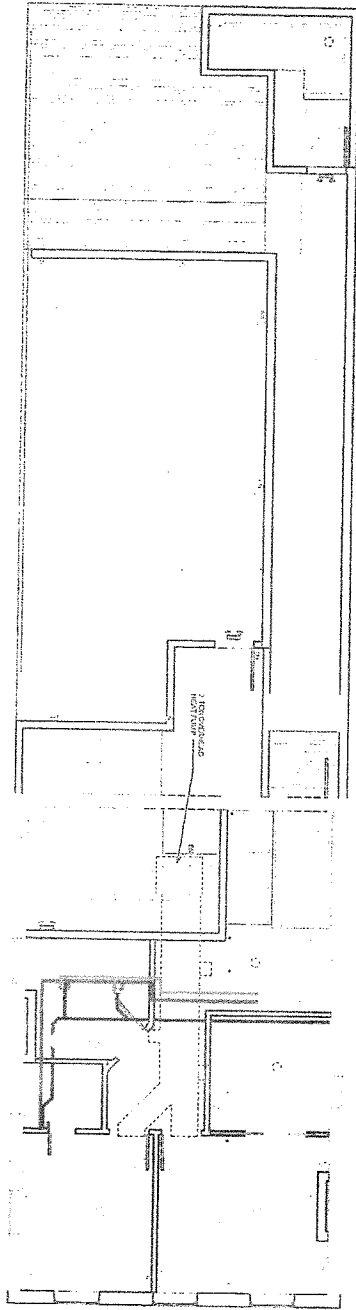
DATE: 08/11/2010
 TIME: 10:00 AM
 PROJECT: VINTAGE LANES
 SHEET: MEP0

DONALD K BALL
 ARCHITECT
 805 MAIN STREET
 MADISON, INDIANA
 572 405 1000

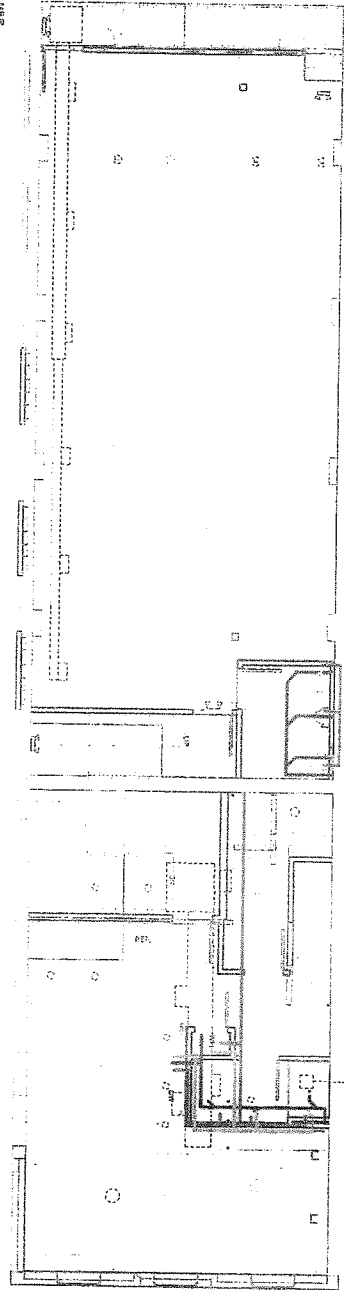


11/10/2009 9:30:27 AM

Section 1000



Section 1000



<p>MEP Plan MEP1</p>	<p>MEP CONSTRUCTION</p>	<table border="1"> <tr><td>NO.</td><td>DATE</td><td>REVISION</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	NO.	DATE	REVISION													<p>MATT CHANDLER & DANIEL SELTER VINTAGE LANES 301 JEFFERSON STREET MADISON, IN 47250</p>	<p>BY: [Signature] DATE: [Date]</p>	<p>DONALD H. KILL 321 N. JEFFERSON STREET MADISON, INDIANA 47202-1000 502.833.2277</p>	
NO.	DATE	REVISION																			



2024 Tax Abatements

All six of our tax abatements have been reviewed by the Economic & Redevelopment Office and are in substantial compliance for 2024.

Personal Property

Grote:

Employees and Salaries	As Estimated on SB-1	Actual
Current Number of Employees	477	480
Salaries	\$32,082,098	\$36,895,700
Number of Employees Retained	477	477
Salaries	\$32,082,098	\$32,082,098
Number of Additional Employees	15	15
Salaries	\$780,000	\$4,813,602
Cost and Values	As Estimated on SB-1	Actual
Value of Proposed Project (Manufacturing Equipment)	\$210,000	\$851,057
Net Value upon Project Completion	\$210,000	\$851,057
Value of Proposed Project (IT Equipment)	\$350,000	\$86,683
Net Value upon Project Completion	\$350,000	\$86,683
Employees and Salaries	As Estimated on SB-1	Actual



MADISON

Indiana
Economic and Redevelopment

Current Number of Employees	426	480
Salaries	\$27,592,559	\$36,895,700
Number of Additional Employees	35	30
Salaries	\$1,670,032	\$1,207,972
Cost and Values	As Estimated on SB-1	Actual
Net Value upon project completion (Manufacturing Equipment)	\$4,087,022	\$4,581,477
Net Value upon project completion (Logistical Equipment)	\$548,940	\$326,384
Employees and Salaries	As Estimated on SB-1	Actual
Current Number of Employees	405	480
Salaries	\$18,061,056	\$36,895,700
Number of Additional Employees	30	5
Salaries	\$1,277,952	\$240,717
Cost and Values	As Estimated on SB-1	Actual
Net Value Upon Project Completion	\$2,054,305	\$90,832

US Premier Tube:

Employees and Salaries	As Estimated on SB-1	Actual
Current Number of Employees	88	116
Salaries	\$4,200,000	\$7,707,451



MADISON

Indiana
Economic and Redevelopment



Number of Employees Retained	88	82
Salaries	\$4,200,000	\$6,537,096
Number of Additional Employees	19	34
Salaries	\$578,000	\$1,170,355
Cost and Values	As Estimated on SB-1	Actual
Value of Proposed Project (Manufacturing Equipment)	\$1,818,446	\$2,704,082

Vehicle Service Group:

Employees and Salaries	As Estimated on SB-1	Actual
Current Number of Employees	410	471
Salaries	\$22,539,122	\$26,740,83
Number of Employees Retained	410	471
Salaries	\$22,539,122	\$26,740,830
Number of Additional Employees	15	61
Salaries	\$584,250	\$4,201,708
Cost and Values	As Estimated on SB-1	Actual
Value of Proposed Project	\$2,800,000	\$2,994,171



Real Property

Fairfield Inn & Suites (Cotton Mill):

Employees and Salaries	As Estimated on SB-1	Actual
Current number of employees	40	43
Salaries*	\$800,000.00	\$609,511.00
Cost and Values	As Estimated on SB-1	Actual
Values before project	\$1,450,000.00	\$1,450,000.00
Values of proposed project	\$14,550,000.00	\$13,800,000.00
Values of any property being replaced		\$450,000.00
Net values upon project completion	\$16,000,000.00	\$13,800,000.00

*The Cotton Mill has more part-time employees than full-time, so that accounts for the discrepancy with the salary numbers.

Riverside Tower:

Employees and Salaries	As Estimated on SB-1	Actual
Number of Additional Employees	1	1
Salaries	\$40,420.00	\$40,420.00
Cost and Values	As Estimated on SB-1	Actual
Values of proposed project	\$8,445,303.00	\$8,445,303.00
Net values upon project completion	\$8,445,303.00	\$8,445,303.00



MADISON

Indiana
Economic and Redevelopment

Trilogy-Riverside Terrace:

Employees and Salaries	As Estimated on SB-1	Actual
Number of Additional Employees	100	107
Salaries	\$2,700,000.00	\$2,800,408.62
Cost and Values	As Estimated on SB-1	Actual
Value of proposed project	\$15,100,000.00	\$15,020,367.22
Net Value upon project completion	\$15,100,000.00	\$15,020,367.22



May 15, 2024

CERTIFIED MAIL # 7020181000232434856

Return Receipt Requested

Common Council of the City of Madison
101 West Main Street
Madison, IN 47250

RE: Annual Filings -- Compliance with Statement of Benefits
Grote Industries, LLC
2600 Lanier Dr, Madison IN

Dear Members of the County Council:

Please find enclosed the 24p25 Form CF-1 for the real property abatement for 2600 Lanier Drive in Madison IN. I have attached the SB-1 that was filed when the abatement was originally granted. We are also submitting this filing to the Jefferson County Auditor.

Please call if you have any questions or require additional information.

Cordially,

Steve Brunson
Vice President, Credits & Incentives
(317)596-3260 ext. 2437
sbrunson@dmainc.com

Enclosures

DUCHARME, McMILLEN & ASSOCIATES, INC. | DMAinc.com

9229 Delegates Row | Suite 375 | Indianapolis, IN 46240 | 317-596-3260 | Fax: 317-596-3264



**COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

PRIVACY NOTICE
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

FORM CF-1 / PP
2024 PAY 2025

- INSTRUCTIONS:**
1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
 2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.
 3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

SECTION 1 TAXPAYER INFORMATION								
Name of taxpayer Grote Industries, LLC						County Jefferson		
Address of Taxpayer (street and number, city, state and ZIP code) 2600 Lanier Dr Madison IN 47250						DLGF Taxing District Number 39007		
Name of Contact Person Brian Blanton			Telephone Number (812) 273-8604			Email Address brian.blanton@grote.com		
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY								
Name of Designating Body Common Council of the City of Madison				Resolution Number 2024-3C		Estimated Start Date (month, day, year) 12/31/2023		
Location of Property 2600 Lanier Drive Madison IN 47250						Actual Start Date (month, day, year) / /		
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.						Estimated Completion Date(month, day, year) 12/31/2026		
						Actual Completion Date (month, day, year) / /		
SECTION 3 EMPLOYEES AND SALARIES								
EMPLOYEES AND SALARIES						AS ESTIMATED ON SB-1	ACTUAL	
Current Number of Employees						477	480	
Salaries						32,082,098	36,895,700	
Number of Employees Retained						477	477	
Salaries						32,082,098	32,082,098	
Number of Additional Employees						15	3	
Salaries						780,000	4,813,602	
SECTION 4 COST AND VALUES								
AS ESTIMATED ON SB-1	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project								
Plus: Values of Proposed Project	210,000		700,000				350,000	
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	210,000		700,000				350,000	
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project								
Plus: Values of Proposed Project	851,057	479,138					86,683	48,804
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	851,057	479,138					86,683	48,804
NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (c).								
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER								
WASTE CONVERTED AND OTHER BENEFITS						AS ESTIMATED ON SB-1	ACTUAL	
Amount of Solid Waste Converted								
Amount of Hazardous Waste Converted								
Other Benefits:								
SECTION 6 TAXPAYER CERTIFICATION								
I hereby certify that the representations in this statement are true.								
Signature of Authorized Representative <i>Brian Blanton</i>				Title CFO		Date Signed (month, day, year) 6/15/2024		

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
2. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
4. If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:			
<input type="checkbox"/>	The property owner IS in substantial compliance		
<input type="checkbox"/>	The property owner IS NOT in substantial compliance		
<input type="checkbox"/>	Other (specify) _____		
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By:		Designating Body	
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.			
Time of Hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Hearing (month, day, year)	Location of Hearing
HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied (see instruction 5 above)	
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By:		Designating Body	
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]			
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.			



**STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51764 (R5 / 1-21)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be to the designating body **BEFORE** a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.
- To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between January 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between January 1 and the extended due date of that year. (IC 6-1.1-12.1-5.6)
- Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)

SECTION 1 TAXPAYER INFORMATION								
Name of taxpayer Grote Industries, LLC			Name of contact person Brian Blanton					
Address of taxpayer (street and number, city, state, ZIP code) 2600 Lanier Dr Madison IN 47250					Telephone number (812) 273-8604			
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT								
Name of designating body Common Council of the City of Madison					Resolution number (s) 2024-3C			
Location of property 2600 Lanier Drive Madison IN 47250			County Jefferson		DLFG taxing district number 39007			
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment (Use additional sheets if necessary)				ESTIMATED				
				Start Date		Completion Date		
				Manufacturing Equipment	12/31/2023	12/31/2026		
				R & D Equipment	12/31/2023	12/31/2026		
				Logist Dist Equipment *	12/31/2023	12/31/2026		
IT Equipment *	12/31/2023	12/31/2026						
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT								
Current number	Salaries	Number retained	Salaries	Number additional	Salaries			
477	32,082,098	477	32,082,098	15	780,000			
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT								
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value
Current values								
Plus estimated values of proposed project	210,000		700,000				350,000	
Less values of any property being replaced								
Net estimated values upon completion of project	210,000		700,000				350,000	
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER								
Estimated solid waste converted (pounds) _____			Estimated hazardous waste converted (pounds) _____					
Other benefits:								
SECTION 6 TAXPAYER CERTIFICATION								
I hereby certify that the representations in this statement are true.								
Signature of authorized representative <i>Brian Blanton</i>					Date signed (month, day, year) 5/15/2024			
Printed name of authorized representative Brian Blanton			Title CFO					

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

- A. The designated area has been limited to a period of time not to exceed _____ calendar years * (see below). The date this designation expires is _____. *NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*
- B. The type of deduction that is allowed in the designated area is limited to:
- | | | | |
|--|------------------------------|-----------------------------|--|
| 1. Installation of new manufacturing equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>Check box if an enhanced abatement was approved for one or more of these types.</i> |
| 3. Installation of new logistical distribution equipment. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Installation of new information technology equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
- C. The amount of deduction applicable to new manufacturing equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- D. The amount of deduction applicable to new research and development equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- F. The amount of deduction applicable to new information technology equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- G. Other limitations or conditions (specify) _____
- H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:
- | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|--|
| <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Year 3 | <input type="checkbox"/> Year 4 | <input type="checkbox"/> Year 5 | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 |
| <input type="checkbox"/> Year 6 | <input type="checkbox"/> Year 7 | <input type="checkbox"/> Year 8 | <input type="checkbox"/> Year 9 | <input type="checkbox"/> Year 10 | Number of years approved: _____ |
| | | | | | <i>(Enter one to twenty (1-20) years, may not exceed twenty (20) years.)</i> |
- I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? Yes No
 If yes, attach a copy of the abatement schedule to this form.
 If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: (signature and title of authorized member of designating body)	Telephone number	Date signed (month, day, year)
Printed name of authorized member of designating body	Name of designating body	
Attested by: (signature and title of attester)	Printed name of attester	

* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17

Abatement schedules

- Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:
- (1) The total amount of the taxpayer's investment in real and personal property.
 - (2) The number of new full-time equivalent jobs created.
 - (3) The average wage of the new employees compared to the state minimum wage.
 - (4) The infrastructure requirements for the taxpayer's investment.
- (b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.
- (c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.



**COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

PRIVACY NOTICE
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

FORM CF-1 / PP

2024 PAY 2025

- INSTRUCTIONS:**
1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
 2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.
 3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer Grote Industries, LLC		County Jefferson
Address of Taxpayer (street and number, city, state and ZIP code) 2600 Lanier Dr Madison IN 47250		DLGF Taxing District Number 39007
Name of Contact Person Brian Blanton	Telephone Number (812) 273-8604	Email Address brian.blanton@grote.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body Common Council of the City of Madison	Resolution Number 5-2018	Estimated Start Date (month, day, year) 10/31/2018
Location of Property 2600 Lanier Drive Madison IN 47250		Actual Start Date (month, day, year) 10/31/2018
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. See attached		Estimated Completion Date(month, day, year) 12/31/2019
		Actual Completion Date (month, day, year) 12/31/2019

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	426	480
Salaries	27,592,559	36,895,700
Number of Employees Retained		
Salaries		
Number of Additional Employees	35	30
Salaries	1,670,032	1,207,972

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
AS ESTIMATED ON SB-1								
Values Before Project								
Plus: Values of Proposed Project	4,087,022				548,940			
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	4,087,022				548,940			
ACTUAL								
Values Before Project	4,581,477	908,781			326,384	84,145		
Plus: Values of Proposed Project								
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	4,581,477	908,781			326,384	84,145		

NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative <i>Brian Blanton</i>	Title CFO	Date Signed (month, day, year) 5/15/2024
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ATTACHMENT TO FORM CF-1, page 1, Section 2

Name of taxpayer

Grote Industries, LLC

SECTION 2

LOCATION AND DESCRIPTION OF PROPERTY

Description of real property improvements and/or new manufacturing equipment to be acquired

Improvements and modifications of existing facility to allow high volume production of the Headlamp New Generation Manufacturing Center

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:			
<input type="checkbox"/>	The property owner IS	in substantial compliance	
<input type="checkbox"/>	The property owner IS NOT	in substantial compliance	
<input type="checkbox"/>	Other (specify)	_____	
Reasons for the Determination <i>(attach additional sheets if necessary)</i>			
Signature of Authorized Member			Date Signed <i>(month, day, year)</i>
Attested By:		Designating Body	
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.			
Time of Hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Hearing <i>(month, day, year)</i>	Location of Hearing
HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied <i>(see instruction 5 above)</i>	
Reasons for the Determination <i>(attach additional sheets if necessary)</i>			
Signature of Authorized Member			Date Signed <i>(month, day, year)</i>
Attested By:		Designating Body	
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]			
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.			



**STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51764 (R5 / 1-21)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be to the designating body **BEFORE** a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.
- To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between January 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between January 1 and the extended due date of that year.
- Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)

SECTION 1 TAXPAYER INFORMATION										
Name of taxpayer Grote Industries, LLC					Name of contact person Brian Blanton					
Address of taxpayer (street and number, city, state, ZIP code) 2600 Lanier Dr Madison IN 47250							Telephone number (812) 273-8604			
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT										
Name of designating body Common Council of the City of Madison							Resolution number (s) 5-2018			
Location of property 2600 Lanier Drive Madison IN 47250					County Jefferson		DLFG taxing district number 39007			
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment (Use additional sheets if necessary) Improvements and modifications of existing facility to allow high volume production of the Headlamp New Generation Manufacturing Center					ESTIMATED					
							Start Date		Completion Date	
					Manufacturing Equipment		10/31/2018		12/31/2019	
					R & D Equipment					
					Logist Dist Equipment *		10/31/2018		12/31/2019	
IT Equipment *										
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT										
Current number 426		Salaries 27,592,559		Number retained		Salaries		Number additional 35		Salaries 1,670,032
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT										
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.			MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
			Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value
Current values										
Plus estimated values of proposed project			4,087,022				548,940			
Less values of any property being replaced										
Net estimated values upon completion of project			4,087,022				548,940			
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER										
Estimated solid waste converted (pounds) _____					Estimated hazardous waste converted (pounds) _____					
Other benefits:										
SECTION 6 TAXPAYER CERTIFICATION										
I hereby certify that the representations in this statement are true.										
Signature of authorized representative <i>Brian Blanton</i>							Date signed (month, day, year) 5/15/2024			
Printed name of authorized representative Brian Blanton					Title CFO					

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

- A. The designated area has been limited to a period of time not to exceed _____ calendar years * (see below). The date this designation expires is _____. *NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*
- B. The type of deduction that is allowed in the designated area is limited to:
- | | | | |
|--|------------------------------|-----------------------------|--|
| 1. Installation of new manufacturing equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>Check box if an enhanced abatement was</i> |
| 3. Installation of new logistical distribution equipment. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>approved for one or more of these types.</i> |
| 4. Installation of new information technology equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
- C. The amount of deduction applicable to new manufacturing equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- D. The amount of deduction applicable to new research and development equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- F. The amount of deduction applicable to new information technology equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- G. Other limitations or conditions (specify) _____
- H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:
- | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|--|
| <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Year 3 | <input type="checkbox"/> Year 4 | <input type="checkbox"/> Year 5 | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 |
| <input type="checkbox"/> Year 6 | <input type="checkbox"/> Year 7 | <input type="checkbox"/> Year 8 | <input type="checkbox"/> Year 9 | <input type="checkbox"/> Year 10 | Number of years approved: _____ |
| | | | | | <i>(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)</i> |
- I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? Yes No
 If yes, attach a copy of the abatement schedule to this form.
 If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: (signature and title of authorized member of designating body)	Telephone number	Date signed (month, day, year)
Printed name of authorized member of designating body	Name of designating body	
Attested by: (signature and title of attester)	Printed name of attester	

* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17

Abatement schedules

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
- (2) The number of new full-time equivalent jobs created.
- (3) The average wage of the new employees compared to the state minimum wage.
- (4) The infrastructure requirements for the taxpayer's investment.

(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.

(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.



**COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

PRIVACY NOTICE
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

FORM CF-1 / PP
2024 PAY 2025

- INSTRUCTIONS:**
1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
 2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.
 3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer Grote Industries, LLC		County Jefferson
Address of Taxpayer (street and number, city, state and ZIP code) 2600 Lanier Dr Madison IN 47250		DLGF Taxing District Number 39007
Name of Contact Person Brian Blanton	Telephone Number (812) 273-8604	Email Address brian.blanton@grote.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body Common Council of the City of Madison	Resolution Number 7-2011	Estimated Start Date (month, day, year) 05/15/2011
Location of Property 2600 Lanier Drive Madison IN 47250		Actual Start Date (month, day, year) 05/15/2011
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. Improvements and modifications of existing facility to allow high volume production of LightForm product.		Estimated Completion Date (month, day, year) 12/31/2014
		Actual Completion Date (month, day, year) 12/31/2014

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees		405	480
Salaries		18,061,056	36,895,700
Number of Employees Retained			
Salaries			
Number of Additional Employees		30	5
Salaries		1,277,952	240,717

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
AS ESTIMATED ON SB-1								
Values Before Project								
Plus: Values of Proposed Project	2,054,305						20,500	
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	2,054,305						20,500	
ACTUAL								
Values Before Project	90,832	1,024						
Plus: Values of Proposed Project								
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	90,832	1,024						

NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS		AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted			
Amount of Hazardous Waste Converted			
Other Benefits:			

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative <i>Brian Blanton</i>	Title CFO	Date Signed (month, day, year) 5/15/2024
--	--------------	---

Type text here

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to, (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:			
<input type="checkbox"/>	The property owner IS	in substantial compliance	
<input type="checkbox"/>	The property owner IS NOT	in substantial compliance	
<input type="checkbox"/>	Other (specify)	_____	
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By:		Designating Body	
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.			
Time of Hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Hearing (month, day, year)	Location of Hearing
HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied (see instruction 5 above)	
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By:		Designating Body	
APPEAL RIGHTS [IC 6-1.1-12-1-5.9(e)]			
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.			



**STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51764 (R5 / 1-21)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be to the designating body **BEFORE** a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.
- To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between January 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between January 1 and the extended due date of that year. (IC 6-1.1-12.1-5.6)
- Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits.
- For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)

SECTION 1 TAXPAYER INFORMATION									
Name of taxpayer Grote Industries, LLC				Name of contact person Brian Blanton					
Address of taxpayer (street and number, city, state, ZIP code) 2600 Lanier Dr Madison IN 47250						Telephone number (812) 273-8604			
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT									
Name of designating body Common Council of the City of Madison						Resolution number (s) 7-2011			
Location of property 2600 Lanier Drive Madison IN 47250				County Jefferson		DLFG taxing district number 39007			
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment (Use additional sheets if necessary) Improvements and modifications of existing facility to allow high volume production of LightForm product.				ESTIMATED					
						Start Date		Completion Date	
				Manufacturing Equipment		05/15/2011		12/31/2014	
				R & D Equipment		05/15/2011		12/31/2014	
				Logist Dist Equipment *		05/15/2011		12/31/2014	
IT Equipment *		05/15/2011		12/31/2014					
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT									
Current number 405		Salaries 18,061,056		Number retained		Salaries			
						Number additional 30			
						Salaries 1,277,952			
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT									
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.		MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
		Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value
Current values									
Plus estimated values of proposed project		2,054,305						20,500	
Less values of any property being replaced									
Net estimated values upon completion of project		2,054,305						20,500	
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER									
Estimated solid waste converted (pounds) _____				Estimated hazardous waste converted (pounds) _____					
Other benefits:									
SECTION 6 TAXPAYER CERTIFICATION									
I hereby certify that the representations in this statement are true.									
Signature of authorized representative <i>Brian Blanton</i>						Date signed (month, day, year) 5/15/2024			
Printed name of authorized representative Brian Blanton				Title CFO					
				5/15/2024					

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

- A. The designated area has been limited to a period of time not to exceed _____ calendar years * (see below). The date this designation expires is _____. *NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*
- B. The type of deduction that is allowed in the designated area is limited to:
- | | | | |
|--|------------------------------|-----------------------------|--|
| 1. Installation of new manufacturing equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>Check box if an enhanced abatement was</i> |
| 3. Installation of new logistical distribution equipment. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>approved for one or more of these types.</i> |
| 4. Installation of new information technology equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
- C. The amount of deduction applicable to new manufacturing equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- D. The amount of deduction applicable to new research and development equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- F. The amount of deduction applicable to new information technology equipment is limited to \$ _____ cost with an assessed value of \$ _____. *(One or both lines may be filled out to establish a limit, if desired.)*
- G. Other limitations or conditions *(specify)* _____
- H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:
- | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|--|
| <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Year 3 | <input type="checkbox"/> Year 4 | <input type="checkbox"/> Year 5 | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 |
| <input type="checkbox"/> Year 6 | <input type="checkbox"/> Year 7 | <input type="checkbox"/> Year 8 | <input type="checkbox"/> Year 9 | <input type="checkbox"/> Year 10 | Number of years approved: _____ |
| | | | | | <i>(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)</i> |
- I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? Yes No
 If yes, attach a copy of the abatement schedule to this form.
 If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: <i>(signature and title of authorized member of designating body)</i>	Telephone number	Date signed <i>(month, day, year)</i>
Printed name of authorized member of designating body	Name of designating body	
Attested by: <i>(signature and title of attester)</i>	Printed name of attester	

* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17

Abatement schedules

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
- (2) The number of new full-time equivalent jobs created.
- (3) The average wage of the new employees compared to the state minimum wage.
- (4) The infrastructure requirements for the taxpayer's investment.

(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.

(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.



**COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance.

PRIVACY NOTICE
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

FORM CF-1 / PP
20__ Pay 20__

RECEIVED

MAY 15 2024

- INSTRUCTIONS:**
1. Property owners whose Statement of Benefits was approved must file this form with the local designating body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
 2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15, 2024 unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.
 3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

JEFFERSON COUNTY ASSESSOR

SECTION 1 TAXPAYER INFORMATION								
Name of Taxpayer US Premier Tube Mills LLC						County Jefferson		
Address of Taxpayer (number and street, city, state, and ZIP code) 2855 Michigan Road, Madison, IN 47250						DLGF Taxing District Number 39007		
Name of Contact Person Taka Hanaki				Telephone Number (972) 714-7351		Email Address thanaki@masterhalo.com		
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY								
Name of Designating Body City Council of Madison, Indiana				Resolution Number 9-2007		Estimated State Date (month, day, year) 04/01/2017		
Location of Property 2855 Michigan Road, Madison, IN 47250						Actual Start Date (month, day, year) 06/01/2017		
Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired. Slitting equipment, robotics, IT system upgrade, construction of access/lot						Estimated Completion Date (month, day, year) 12/31/2017		
						Actual Completion Date (month, day, year) 12/16/2019		
SECTION 3 EMPLOYEES AND SALARIES								
EMPLOYEES AND SALARIES			AS ESTIMATED ON SB-1			ACTUAL		
Current Number of Employees			88			116		
Salaries			4,200,000			7,707,451		
Number of Employees Retained			88			82		
Salaries			4,200,000			6,537,096		
Number of Additional Employees			19			34		
Salaries			578,000			1,170,355		
SECTION 4 COST AND VALUES								
AS ESTIMATED ON SB-1	MANUFACTURING EQUIPMENT		RESEARCH & DEVELOPMENT EQUIPMENT		LOGISTICAL DISTRIBUTION EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project	\$	\$ 5744000	\$	\$	\$	\$	\$	\$
Plus: Values of Proposed Project	\$ 1818446	\$	\$	\$	\$ 790169	\$	\$ 295194	\$
Less: Values of Any Property Being Replaced	\$	\$	\$	\$	\$	\$	\$	\$
Net Values Upon Completion of Project	\$ 1818446	\$	\$	\$	\$ 790169	\$	\$ 295194	\$
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project	\$	\$ 5744000	\$	\$	\$	\$	\$	\$
Plus: Values of Proposed Project	\$ 2704082	\$	\$	\$	\$	\$ 52822	\$	\$
Less: Values of Any Property Being Replaced	\$	\$	\$	\$	\$	\$	\$	\$
Net Values Upon Completion of Project	\$	\$	\$	\$	\$	\$	\$	\$
NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).								
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER								
WASTE CONVERTED AND OTHER BENEFITS				AS ESTIMATED ON SB-1		ACTUAL		
Amount of Solid Waste Converted								
Amount of Hazardous Waste Converted								
Other Benefits:								
SECTION 6 TAXPAYER CERTIFICATION								
I hereby certify that the representations in this statement are true.								
Signature of Authorized Representative 				Title VP-CFO		Date Signed (month, day, year) 5/28/2024		

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

1. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
2. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
4. If the designating body determines that the property owner has **NOT** made a reasonable effort to comply, the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:			
<input type="checkbox"/>	The property owner IS in substantial compliance		
<input type="checkbox"/>	The property owner IS NOT in substantial compliance		
<input type="checkbox"/>	Other (specify) _____		
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By		Designating Body	
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.			
Time of Hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Hearing (month, day, year)	Location of Hearing

HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied (see Instruction 5 above)	
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By		Designating Body	
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]			
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.			



**COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

PRIVACY NOTICE
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

FORM CF-1 / PP

20 24 Pay 20 25

- INSTRUCTIONS:**
1. Property owners whose Statement of Benefits was approved must file this form with the local designating body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
 2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.
 3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

SECTION 1 TAXPAYER INFORMATION								
Name of Taxpayer Vehicle Service Group LLC						County Jefferson		
Address of Taxpayer (number and street, city, state, and ZIP code) 2700 Lanier Drive, Madison, IN 47250						DLGF Taxing District Number 39007		
Name of Contact Person Colin Ulrey			Telephone Number (812) 265-9515			Email Address culrey@vsgdover.com		
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY								
Name of Designating Body Common Council of the City of Madison, IN				Resolution Number 65-2018		Estimated State Date (month, day, year) 10/31/2018		
Location of Property 2700 Lanier Drive, Madison, IN 47250						Actual Start Date (month, day, year) 12/31/2018		
Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired. Manufacturing equipment to increase capacity with metal cutting machine.						Estimated Completion Date (month, day, year) 12/31/2019		
						Actual Completion Date (month, day, year) 12/10/2019		
SECTION 3 EMPLOYEES AND SALARIES								
EMPLOYEES AND SALARIES			AS ESTIMATED ON SB-1			ACTUAL		
Current Number of Employees			410			471		
Salaries			22,539,122			26,740,830		
Number of Employees Retained			410			471		
Salaries			22,539,122			26,740,830		
Number of Additional Employees			15			61		
Salaries			584,250			4,201,708		
SECTION 4 COST AND VALUES								
AS ESTIMATED ON SB-1	MANUFACTURING EQUIPMENT		RESEARCH & DEVELOPMENT EQUIPMENT		LOGISTICAL DISTRIBUTION EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project	\$	\$	\$	\$	\$	\$	\$	\$
Plus: Values of Proposed Project	\$ 2,800,00	\$	\$	\$	\$	\$	\$	\$
Less: Values of Any Property Being Replaced	\$	\$	\$	\$	\$	\$	\$	\$
Net Values Upon Completion of Project	\$	\$	\$	\$	\$	\$	\$	\$
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project	\$	\$	\$	\$	\$	\$	\$	\$
Plus: Values of Proposed Project	\$ 2,994,171	\$	\$	\$	\$	\$	\$	\$
Less: Values of Any Property Being Replaced	\$	\$	\$	\$	\$	\$	\$	\$
Net Values Upon Completion of Project	\$	\$	\$	\$	\$	\$	\$	\$
NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).								
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER								
WASTE CONVERTED AND OTHER BENEFITS					AS ESTIMATED ON SB-1		ACTUAL	
Amount of Solid Waste Converted								
Amount of Hazardous Waste Converted								
Other Benefits:								
SECTION 6 TAXPAYER CERTIFICATION								
I hereby certify that the representations in this statement are true.								
Signature of Authorized Representative <i>Karl Rodward</i>				Title Authorized Agent			Date Signed (month, day, year) 5/30/2024	

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

1. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
2. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
4. If the designating body determines that the property owner has **NOT** made a reasonable effort to comply, the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:			
<input type="checkbox"/>	The property owner IS in substantial compliance		
<input type="checkbox"/>	The property owner IS NOT in substantial compliance		
<input type="checkbox"/>	Other (specify) _____		
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By		Designating Body	
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.			
Time of Hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Hearing (month, day, year)	Location of Hearing

HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied (see Instruction 5 above)	
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By		Designating Body	
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]			
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.			



**COMPLIANCE WITH STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS**

State Form 51766 (R3 / 2-13)

Prescribed by the Department of Local Government Finance

20 24 PAY 20 25

FORM CF-1 / Real Property

PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

INSTRUCTIONS:

1. This form does not apply to property located in a residentially distressed area or any deduction for which the Statement of Benefits was approved before July 1, 1991.
2. Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).
3. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
4. This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.1(b))
5. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).

SECTION 1		TAXPAYER INFORMATION	
Name of taxpayer Cotton Mill, LLC	County Jefferson		
Address of taxpayer (number and street, city, state, and ZIP code) 1113 W Fireweed Ln, Ste 202, Anchorage, AK 99503		DLGF taxing district number	
Name of contact person Ron Bateman		Telephone number (907) 764-8502	
SECTION 2		LOCATION AND DESCRIPTION OF PROPERTY	
Name of designating body City of Madison	Resolution number	Estimated start date (month, day, year)	
Location of property 108 St. Michaels Ave., Madison, IN 47250		Actual start date (month, day, year) 02/01/2020	
Description of real property improvements Preservation and renovation of the Eagle Cotton Mill into a Fairfield Inn & Suites with 85 rooms, conference and meeting space, bar and outdoor event space		Estimated completion date (month, day, year)	
		Actual completion date (month, day, year) 7/12/2021	
SECTION 3		EMPLOYEES AND SALARIES	
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current number of employees		40	43
Salaries		800,000.00	609,511.00
Number of employees retained			
Salaries			
Number of additional employees			43
Salaries			609,511.00
SECTION 4		COST AND VALUES	
COST AND VALUES		REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1		COST	ASSESSED VALUE
Values before project		1,450,000.00	
Plus: Values of proposed project		14,550,000.00	
Less: Values of any property being replaced			
Net values upon completion of project		16,000,000.00	
ACTUAL		COST	ASSESSED VALUE
Values before project		1,450,000.00	
Plus: Values of proposed project		13,800,000.00	
Less: Values of any property being replaced		450,000.00	
Net values upon completion of project		13,800,000.00	
SECTION 5		WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER	
WASTE CONVERTED AND OTHER BENEFITS		AS ESTIMATED ON SB-1	ACTUAL
Amount of solid waste converted			
Amount of hazardous waste converted			
Other benefits:			
SECTION 6		TAXPAYER CERTIFICATION	
I hereby certify that the representations in this statement are true.			
Signature of authorized representative 		Title Member rep	Date signed (month, day, year) 05/13/2024

**OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)
THAT WAS APPROVED AFTER JUNE 30, 1991**

INSTRUCTIONS: (IC 6-1.1-12.1-5.1 and IC 6-1.1-12.1-5.9)

1. Not later than forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
2. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. The date of this hearing may not be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts to substantially comply with the Statement of Benefits (Form SB-1/Real Property) and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
4. If the designating body determines that the property owner has **NOT** made reasonable efforts to comply, then the designating body shall adopt a resolution terminating the property owner's deduction. If the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:			
<input type="checkbox"/> the property owner IS in substantial compliance			
<input type="checkbox"/> the property owner IS NOT in substantial compliance			
<input type="checkbox"/> other (specify) _____			
Reasons for the determination (attach additional sheets if necessary)			
Signature of authorized member			Date signed (month, day, year)
Attested by:		Designating body	
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance. (Hearing must be held within thirty (30) days of the date of mailing of this notice.)			
Time of hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of hearing (month, day, year)	Location of hearing
HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied (see instruction 4 above)	
Reasons for the determination (attach additional sheets if necessary)			
Signature of authorized member			Date signed (month, day, year)
Attested by:		Designating body	
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]			
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.			

SIGNATURE CERTIFICATE



REFERENCE NUMBER
6FE53E21-43BE-47C9-B009-2F3D65970AAF

TRANSACTION DETAILS

Reference Number
6FE53E21-43BE-47C9-B009-2F3D65970AAF

Transaction Type
Signature Request

Sent At
05/13/2024 14:42 EDT

Executed At
05/13/2024 23:30 EDT

Identity Method
email

Distribution Method
email

Signed Checksum
55c1cd01ba0b7b5fc0691d3a871707cee0f69b55172187d0deac5eb9a9166cae

Signer Sequencing
Disabled

Document Passcode
Disabled

DOCUMENT DETAILS

Document Name
Cotton Mill CF-1 Real Property 2024-for sig

Filename
Cotton_Mill_CF-1_Real_Property_2024-for_sig.pdf


Pages
2 pages

Content Type
application/pdf

File Size
172 KB

Original Checksum
a1f707cc58a82692f7278d941c67ed7bfc97be6e07e1f55b857baf21c3d77665

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name Glenn Gellert Email glenn.gellert@gmail.com Components 3	Status signed Multi-factor Digital Fingerprint Checksum e653b15fde4b62b81b38c7b449a2dfb13aad8c5024769419badeaf9c3ed36b11 IP Address 97.73.244.8 Device Mobile Safari via iOS Drawn Signature  Signature Reference ID A4EB220E Signature Biometric Count 4	Viewed At 05/13/2024 23:30 EDT Identity Authenticated At 05/13/2024 23:30 EDT Signed At 05/13/2024 23:30 EDT

AUDITS

TIMESTAMP	AUDIT
05/13/2024 14:42 EDT	Kate Womack (kate@jmtaxadvocates.com) created document 'Cotton_Mill_CF-1_Real_Property_2024-for_sig.pdf' on Chrome via Windows from 98.220.142.38.
05/13/2024 14:42 EDT	Glenn Gellert (glenn.gellert@gmail.com) was emailed a link to sign.
05/13/2024 23:29 EDT	Glenn Gellert (glenn.gellert@gmail.com) viewed the document on Mobile Safari via iOS from 97.73.244.8.
05/13/2024 23:30 EDT	Glenn Gellert (glenn.gellert@gmail.com) viewed the document on Mobile Safari via iOS from 97.73.244.8.
05/13/2024 23:30 EDT	Glenn Gellert (glenn.gellert@gmail.com) authenticated via email on Mobile Safari via iOS from 97.73.244.8.
05/13/2024 23:30 EDT	Glenn Gellert (glenn.gellert@gmail.com) signed the document on Mobile Safari via iOS from 97.73.244.8.



**COMPLIANCE WITH STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS**

State Form 51766 (R6 / 4-23)
Prescribed by the Department of Local Government Finance

2023 PAY 2024
FORM CF-1 / Real Property

PRIVACY NOTICE
The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.3 (k) and (l).

INSTRUCTIONS:

1. Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).
2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
3. This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15 or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.3(f))
4. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).

SECTION 1 TAXPAYER INFORMATION		
Name of Taxpayer Riverside Tower, LP (dba: Riverside Tower Apartments)		County Jefferson
Address of Taxpayer (number and street, city, state, and ZIP code) 509 Spring Street Jeffersonville, IN 47130		DLGF Taxing District Number 007
Name of Contact Person Brandon Denton	Telephone Number (502) 339-0611	Email Address bdenton@dentonfloyd.com
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY		
Name of Designating Body City of Madison Common Council	Resolution Number 58-2018	Estimated Start Date (month, day, year) December 01, 2018
Location of Property 1001 W. 2nd St. Madison, IN 47250		Actual Start Date (month, day, year) December 28, 2018
Description of Real Property Improvements The Riverside Tower Apartments represents a proposed investment in excess of \$8 million in the city of Madison. The project entailed the transformation of the former Tower Manufacturing property into a 50-unit affordable senior housing development.		Estimated Completion Date (month, day, year) February 01, 2020
		Actual Completion Date (month, day, year) March 10, 2021
SECTION 3 EMPLOYEES AND SALARIES		
EMPLOYEES AND SALARIES		
	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees		
Salaries		
Number of Employees Retained		
Salaries		
Number of Additional Employees	1	1
Salaries	40,420.00	40,420.00
SECTION 4 COST AND VALUES		
COST AND VALUES		
REAL ESTATE IMPROVEMENTS		
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE
Values Before Project	\$	\$ 90,400.00
Plus: Values of Proposed Project	\$ 8,445,303.00	\$ 1,232,237.00
Less: Values of Any Property Being Replaced	\$	\$
Net Values Upon Completion of Project	\$ 8,445,303.00	\$ 1,232,237.00
ACTUAL	COST	ASSESSED VALUE
Values Before Project	\$	\$
Plus: Values of Proposed Project	\$ 8,445,303.00	\$
Less: Values of Any Property Being Replaced	\$	\$
Net Values Upon Completion of Project	\$ 8,445,303.00	\$
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER		
WASTE CONVERTED AND OTHER BENEFITS		
	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		
SECTION 6 TAXPAYER CERTIFICATION		
I hereby certify that the representations in this statement are true.		
Signature of Authorized Representative 	Title Principal	Date Signed (month, day, year)

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.3 and IC 6-1.1-12.1-5.9)

1. Not later than forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
2. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. The date of this hearing may not be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts to substantially comply with the Statement of Benefits (Form SB-1/Real Property), and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
4. If the designating body determines that the property owner has **NOT** made reasonable efforts to comply, the designating body shall adopt a resolution terminating the property owner's deduction. If the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:			
<input type="checkbox"/>	The Property Owner IS in Substantial Compliance		
<input type="checkbox"/>	The Property Owner IS NOT in Substantial Compliance		
<input type="checkbox"/>	Other (specify) _____		
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By		Designating Body City of Madison Common Council	
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance. (Hearing must be held within thirty (30) days of the date of mailing of this notice.)			
Time of Hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Hearing (month, day, year)	Location of Hearing

HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied (see Instruction 4 above)	
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By		Designating Body City of Madison Common Council	
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]			
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.			



STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51767 (R7 / 1-21)

Prescribed by the Department of Local Government Finance

20 23 PAY 20 24

FORM SB-1 / Real Property

PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

This statement is being completed for real property that qualifies under the following Indiana Code (check one box):

- Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4)
 Residentially distressed area (IC 6-1.1-12.1-4.1)

INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise, this statement must be submitted to the designating body BEFORE the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the initiation of the redevelopment or rehabilitation for which the person desires to claim a deduction.
- To obtain a deduction, a Form 322/RE must be filed with the county auditor before May 10 in the year in which the addition to assessed valuation is made or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. A property owner who failed to file a deduction application within the prescribed deadline may file an application between January 1 and May 10 of a subsequent year.
- A property owner who files for the deduction must provide the county auditor and designating body with a Form CF-1/Real Property should be attached to the Form 322/RE when the deduction is first claimed and then updated annually for each year the deduction is applicable. IC 6-1.1-12.1-5.1(b)
- For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/Real Property that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. IC 6-1.1-12.1-17

SECTION 1

TAXPAYER INFORMATION

Name of taxpayer Riverside Tower, LP (dba: Riverside Tower Apartments)		
Address of taxpayer (number and street, city, state, and ZIP code) 509 Spring St. Jeffersonville, IN 47130		
Name of contact person Brandon Denton	Telephone number (502) 339-0611	E-mail address bdenton@dentonfloyd.com

SECTION 2

LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body City of Madison Common Council	Resolution number
Location of property 1001 W. 2nd St. Madison, IN 47250	County Jefferson
Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)	DLGF taxing district number 007
	Estimated start date (month, day, year) December 01, 2018
	Estimated completion date (month, day, year) February 01, 2020

SECTION 3

ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current Number	Salaries	Number Retained	Salaries	Number Additional	Salaries
0.00	\$0.00	0.00	\$0.00	1.00	\$40,420.00

SECTION 4

ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

	REAL ESTATE IMPROVEMENTS	
	COST	ASSESSED VALUE
Current values		90,400.00
Plus estimated values of proposed project	8,445,303.00	1,232,237.00
Less values of any property being replaced		
Net estimated values upon completion of project	8,445,303.00	1,232,237.00

SECTION 5

WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (pounds) _____	Estimated hazardous waste converted (pounds) _____
--	--

Other benefits

SECTION 6

TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative 	Date signed (month, day, year)
Printed name of authorized representative Brandon Denton	Title Principal

FOR USE OF THE DESIGNATING BODY

We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution, passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:

- A. The designated area has been limited to a period of time not to exceed _____ calendar years* (see below). The date this designation expires is _____. *NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*
- B. The type of deduction that is allowed in the designated area is limited to:
- 1. Redevelopment or rehabilitation of real estate improvements Yes No
 - 2. Residentially distressed areas Yes No
- C. The amount of the deduction applicable is limited to \$ _____.
- D. Other limitations or conditions (specify) _____
- E. Number of years allowed: Year 1 Year 2 Year 3 Year 4 Year 5 (* see below)
 Year 6 Year 7 Year 8 Year 9 Year 10
- F. For a statement of benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17?
 Yes No
 If yes, attach a copy of the abatement schedule to this form.
 If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

We have also reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved (signature and title of authorized member of designating body)	Telephone number ()	Date signed (month, day, year)
Printed name of authorized member of designating body	Name of designating body	
Attested by (signature and title of attester)	Printed name of attester	

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

- A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. Except as provided in IC 6-1.1-12.1-18, the deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)
- B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. (See IC 6-1.1-12.1-17 below.)

**IC 6-1.1-12.1-17
Abatement schedules**

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
- (2) The number of new full-time equivalent jobs created.
- (3) The average wage of the new employees compared to the state minimum wage.
- (4) The infrastructure requirements for the taxpayer's investment.

(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. Except as provided in IC 6-1.1-12.1-18, an abatement schedule may not exceed ten (10) years.

(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.



APPLICATION FOR DEDUCTION FROM ASSESSED VALUATION OF STRUCTURES IN ECONOMIC REVITALIZATION AREAS (ERA)

State Form 18379 (R14 / 6-16)
Prescribed by the Department of Local Government Finance

20 23 PAY 20 24

FORM 322 / RE

INSTRUCTIONS:

1. This form is to be filed in person or by mail with the County Auditor of the county in which the property is located.
2. To obtain this deduction, a Form 322 / RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation (or new assessment) is made, or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. If the property owner misses the May 10 deadline in the initial year of assessment, he can apply between January 1 and May 10 of a subsequent year for the remainder of the abatement term. (See also IC 6-1.1-12.1-11.3 concerning the failure to file a timely application.)
3. A copy of the Form 11, the approved Form SB-1 / Real Property, the resolution adopted by the designating body, and the Form CF-1 / Real Property must be attached to this application.
4. The Form CF-1 / Real Property must be updated annually and provided to the County Auditor and the designating body for each assessment year in which the deduction is applicable.
5. Please see IC 6-1.1-12.1 for further instructions.
6. Taxpayer completes Sections I, II and III below.
7. If property located in an economic revitalization area is also located in an allocation area as defined in IC 36-7-14-39 or IC 36-7-15.1-26, an application for the property tax deduction may not be approved unless the Commission that designated the allocation area adopts a resolution approving the application (IC 6-1.1-12.1-2(k)).
8. Except for deductions related to redevelopment or rehabilitation of real property in a county containing a consolidated city, a deduction for the redevelopment or rehabilitation of real property may not be approved for the following facilities (IC 6-1.1-12.1-3):
 - a. Private or commercial golf course
 - b. Country club
 - c. Massage parlor
 - d. Tennis club
 - e. Skating facility, including roller skating, skateboarding or ice skating
 - f. Racquet sport facility (including handball or racquet ball court)
 - g. Hot tub facility
 - h. Suntan facility
 - i. Racetrack
 - j. Any facility, the primary purpose of which is (a) retail food and beverage service; (b) automobile sales or service; or (c) other retail; (unless the facility is located in an economic development-target area established under IC 6-1.1-12.1-7).
 - k. Residential, unless the facility is a multi-family facility that contains at least 20% of the units available for use by low and moderate income individuals, or unless the facility is located in an economic development target area established under IC 6-1.1-12.1-7, or the area is designated as a residentially distressed area which is required to meet conditions as cited in IC 6-1.1-12.1-2(c)(1 & 2).
 - l. Package liquor store [see IC 6-1.1-12.1-3(e)(12)]

SECTION I - DESCRIPTION OF PROPERTY			
The owner hereby applies to the County Auditor for a deduction pursuant to IC 6-1.1-12.1-5 beginning with the assessment date January 1, 20 ____.			
County Jefferson	Township	DLGF taxing district number 07	Key number
Name of owner Riverside Tower, LP (dba: Riverside Tower Apartments)		Legal description from Form 11 Riverside Tower LP	
Property address (number and street, city, state, and ZIP code) 1001 W. 2nd St. Madison, IN 47150			Date of Form 11 (month, day, year) April 11, 2024
Type of structure Limited Partnership			Use of structure Residential
Governing body that approved ERA designation City of Madison		Date ERA designation approved (month, day, year) 09/18/2018	Resolution number 2018-14
SECTION II - VERIFICATION OF OWNER OR REPRESENTATIVE			
Signature of owner or representative (I hereby certify that the representations on this application are true.) 			Date signed (month, day, year)
Printed name of owner or representative Brandon Denton		Address (number and street, city, state, and ZIP code) 509 Spring St. Jeffersonville, IN 47130	
SECTION III - STRUCTURES			AUDITOR'S USE
A. Rehabilitation structure	1. Assessed valuation AFTER rehabilitation	\$	
	2. Assessed valuation BEFORE rehabilitation	\$	111,000.00
	3. Difference in assessed valuation (Line 1 minus Line 2)	\$	
	4. Assessed valuation eligible for deduction (for the increase in A/V from the rehabilitation, not including the increase in A/V from the reassessment of the entire structure)	\$	
B. New structure	1. Assessed valuation	\$	
	2. Assessed valuation eligible for deduction	\$	
SECTION IV - VERIFICATION OF ASSESSING OFFICIAL			
I verify that the above described structure was assessed and the owner was notified on _____, with the effective date of the assessment being January 1, 20 _____, and that the assessed valuations in Section III are correct.			
Signature of assessing official		Printed name of assessing official	Date (month, day, year)

SECTION V - FOR AREAS EXCEPT FOR A RESIDENTIALLY DISTRESSED AREA WHERE THE STATEMENT OF BENEFITS WAS APPROVED BEFORE JULY 1, 2013 - DEDUCTION SCHEDULE PER IC 6-1.1-12.1-17

YEAR OF DEDUCTION / ASSESSED VALUE / PERCENTAGE / DEDUCTION*	YEAR OF DEDUCTION / ASSESSED VALUE / PERCENTAGE / DEDUCTION**
(1) For deductions allowed over a one (1) year period:	(8) For deductions allowed over a eight (8) year period:
1 20__ pay 20__ \$_____ 100% * ___% \$_____	1 20__ pay 20__ \$_____ 100% * ___% \$_____
(2) For deductions allowed over a two (2) year period:	2 20__ pay 20__ \$_____ 88% * ___% \$_____
1 20__ pay 20__ \$_____ 100% * ___% \$_____	3 20__ pay 20__ \$_____ 75% * ___% \$_____
2 20__ pay 20__ \$_____ 50% * ___% \$_____	4 20__ pay 20__ \$_____ 63% * ___% \$_____
(3) For deductions allowed over a three (3) year period:	5 20__ pay 20__ \$_____ 50% * ___% \$_____
1 20__ pay 20__ \$_____ 100% * ___% \$_____	6 20__ pay 20__ \$_____ 38% * ___% \$_____
2 20__ pay 20__ \$_____ 66% * ___% \$_____	7 20__ pay 20__ \$_____ 25% * ___% \$_____
3 20__ pay 20__ \$_____ 33% * ___% \$_____	8 20__ pay 20__ \$_____ 13% * ___% \$_____
(4) For deductions allowed over a four (4) year period:	(9) For deductions allowed over a nine (9) year period:
1 20__ pay 20__ \$_____ 100% * ___% \$_____	1 20__ pay 20__ \$_____ 100% * ___% \$_____
2 20__ pay 20__ \$_____ 75% * ___% \$_____	2 20__ pay 20__ \$_____ 88% * ___% \$_____
3 20__ pay 20__ \$_____ 50% * ___% \$_____	3 20__ pay 20__ \$_____ 77% * ___% \$_____
4 20__ pay 20__ \$_____ 25% * ___% \$_____	4 20__ pay 20__ \$_____ 66% * ___% \$_____
(5) For deductions allowed over a five (5) year period:	5 20__ pay 20__ \$_____ 55% * ___% \$_____
1 20__ pay 20__ \$_____ 100% * ___% \$_____	6 20__ pay 20__ \$_____ 44% * ___% \$_____
2 20__ pay 20__ \$_____ 80% * ___% \$_____	7 20__ pay 20__ \$_____ 33% * ___% \$_____
3 20__ pay 20__ \$_____ 60% * ___% \$_____	8 20__ pay 20__ \$_____ 22% * ___% \$_____
4 20__ pay 20__ \$_____ 40% * ___% \$_____	9 20__ pay 20__ \$_____ 11% * ___% \$_____
5 20__ pay 20__ \$_____ 20% * ___% \$_____	(10) For deductions allowed over a ten (10) year period:
(6) For deductions allowed over a six (6) year period:	1 20__ pay 20__ \$_____ 100% * ___% \$_____
1 20__ pay 20__ \$_____ 100% * ___% \$_____	2 20__ pay 20__ \$_____ 95% * ___% \$_____
2 20__ pay 20__ \$_____ 85% * ___% \$_____	3 20__ pay 20__ \$_____ 80% * ___% \$_____
3 20__ pay 20__ \$_____ 66% * ___% \$_____	4 20__ pay 20__ \$_____ 65% * ___% \$_____
4 20__ pay 20__ \$_____ 50% * ___% \$_____	5 20__ pay 20__ \$_____ 50% * ___% \$_____
5 20__ pay 20__ \$_____ 34% * ___% \$_____	6 20__ pay 20__ \$_____ 40% * ___% \$_____
6 20__ pay 20__ \$_____ 17% * ___% \$_____	7 20__ pay 20__ \$_____ 30% * ___% \$_____
(7) For deductions allowed over a seven (7) year period:	8 20__ pay 20__ \$_____ 20% * ___% \$_____
1 20__ pay 20__ \$_____ 100% * ___% \$_____	9 20__ pay 20__ \$_____ 10% * ___% \$_____
2 20__ pay 20__ \$_____ 85% * ___% \$_____	10 20__ pay 20__ \$_____ 5% * ___% \$_____
3 20__ pay 20__ \$_____ 71% * ___% \$_____	
4 20__ pay 20__ \$_____ 57% * ___% \$_____	
5 20__ pay 20__ \$_____ 43% * ___% \$_____	
6 20__ pay 20__ \$_____ 29% * ___% \$_____	
7 20__ pay 20__ \$_____ 14% * ___% \$_____	

NOTE: The deduction percentages shown in this section apply to a statement of benefits approved before July 1, 2013 that did not have an alternative deduction schedule adopted by the designating body. All other abatements shall use the percentages reflected in the abatement schedule adopted by the designating body per IC 6-1.1-12.1-17.

* The amount of the deduction shall be adjusted annually to reflect changes to the assessed valuation resulting from a reassessment or an appeal of the assessment per IC 6-1.1-12.1-4(b).

SECTION VI - FOR A RESIDENTIALLY DISTRESSED AREA WHERE THE STATEMENT OF BENEFITS WAS APPROVED BEFORE JULY 1, 2013 DEDUCTION SCHEDULE PER IC 6-1.1-12.1-17

TYPE OF DWELLING	DEDUCTION IS THE LESSER OF: [IC 6-1.1-12.1-4.1(b)]	DEDUCTION IS ALLOWED FOR A FIVE (5) YEAR PERIOD THAT INCLUDES YEARS:
<input type="checkbox"/> One (1) family dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$74,880 AV	____ pay ____ through ____ pay ____
<input type="checkbox"/> Two (2) family dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$106,080 AV	____ pay ____ through ____ pay ____
<input type="checkbox"/> Three (3) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$156,000 AV	____ pay ____ through ____ pay ____
<input type="checkbox"/> Four (4) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$199,680 AV	____ pay ____ through ____ pay ____

Assessed value limits for taxes due and payable prior to January 1, 2005 were \$36,000, \$51,000, \$75,000, and \$96,000 for one to four family dwellings, respectively.

SECTION VII - APPROVAL OF COUNTY AUDITOR (COMPLETE ONLY IF APPROVED)

This application is approved in the amounts shown above.

Signature of County Auditor	Printed name of County Auditor	Date signed (month, day, year)
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**COMPLIANCE WITH STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS**

State Form 51766 (R6 / 4-23)

Prescribed by the Department of Local Government Finance

2024 PAY 2025

FORM CF-1 / Real Property

INSTRUCTIONS:

1. Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).
2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
3. This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15 or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.3(f))
4. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).

PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.3 (k) and (l).

SECTION 1 TAXPAYER INFORMATION		
Name of Taxpayer Trilogy Real Estate of Madison LLC		County Jefferson
Address of Taxpayer (number and street, city, state, and ZIP code) 303 N. Hurstbourne Pkwy, Ste 200, Louisville, KY 40222		DLGF Taxing District Number 39-007
Name of Contact Person Paulie Shively, Vice President - Tax Compliance	Telephone Number (502) 213-7587	Email Address paulie.shively@trilogys.com
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY		
Name of Designating Body Madison City Council	Resolution Number 69-2015/71-2015	Estimated Start Date (month, day, year)
Location of Property 120 Presbyterian Ave, Madison, IN 47250		Actual Start Date (month, day, year) January 2015
Description of Real Property Improvements Complete rehab of the building, including new HVAC, windows, plumbing, and other structural improvements.		Estimated Completion Date (month, day, year) December 2015
		Actual Completion Date (month, day, year) February 2016
SECTION 3 EMPLOYEES AND SALARIES		
EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees		
Salaries		
Number of Employees Retained		
Salaries		
Number of Additional Employees	100	107
Salaries	2,700,000.00	2,800,408.62
SECTION 4 COST AND VALUES		
COST AND VALUES	REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE
Values Before Project	\$	\$
Plus: Values of Proposed Project	\$ 15,100,000.00	\$
Less: Values of Any Property Being Replaced	\$	\$
Net Values Upon Completion of Project	\$ 15,100,000.00	\$
ACTUAL	COST	ASSESSED VALUE
Values Before Project	\$ 0	\$
Plus: Values of Proposed Project	\$ 15,020,367.22	\$
Less: Values of Any Property Being Replaced	\$ 0	\$
Net Values Upon Completion of Project	\$ 15,020,367.22	\$
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER		
WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		
SECTION 6 TAXPAYER CERTIFICATION		
I hereby certify that the representations in this statement are true.		
Signature of Authorized Representative <i>Mary L Shively</i>	Title SUP-TAX	Date Signed (month, day, year) 4/23/2024

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.3 and IC 6-1.1-12.1-5.9)

1. Not later than forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
2. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. The date of this hearing may not be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts to substantially comply with the Statement of Benefits (Form SB-1/Real Property), and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
4. If the designating body determines that the property owner has **NOT** made reasonable efforts to comply, the designating body shall adopt a resolution terminating the property owner's deduction. If the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:			
<input type="checkbox"/>	The Property Owner IS in Substantial Compliance		
<input type="checkbox"/>	The Property Owner IS NOT in Substantial Compliance		
<input type="checkbox"/>	Other (specify) _____		
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By		Designating Body Madison City Council	
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance. (Hearing must be held within thirty (30) days of the date of mailing of this notice.)			
Time of Hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Hearing (month, day, year)	Location of Hearing

HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied (see Instruction 4 above)
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member			Date Signed (month, day, year)
Attested By		Designating Body Madison City Council	
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]			
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.			

- INITIAL FORM 322/RE -



APPLICATION FOR DEDUCTION FROM ASSESSED VALUATION OF STRUCTURES IN ECONOMIC REVITALIZATION AREAS (ERA)

State Form 18379 (R14 / 6-16)
Prescribed by the Department of Local Government Finance

2018 PAY 2019
FORM 322 / RE

INSTRUCTIONS:

- This form is to be filed in person or by mail with the County Auditor of the county in which the property is located.
- To obtain this deduction, a Form 322 / RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation (or new assessment) is made, or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. If the property owner misses the May 10 deadline in the initial year of assessment, he can apply between January 1 and May 10 of a subsequent year for the remainder of the abatement term. (See also IC 6-1.1-12.1-11.3 concerning the failure to file a timely application.)
- A copy of the Form 11, the approved Form SB-1 / Real Property, the resolution adopted by the designating body, and the Form CF-1 / Real Property must be attached to this application.
- The Form CF-1 / Real Property must be updated annually and provided to the County Auditor and the designating body for each assessment year in which the deduction is applicable.
- Please see IC 6-1.1-12.1 for further instructions.
- Taxpayer completes Sections I, II and III below.
- If property located in an economic revitalization area is also located in an allocation area as defined in IC 36-7-14-39 or IC 36-7-15.1-26, an application for the property tax deduction may not be approved unless the Commission that designated the allocation area adopts a resolution approving the application (IC 6-1.1-12.1-2(k)).
- Except for deductions related to redevelopment or rehabilitation of real property in a county containing a consolidated city, a deduction for the redevelopment or rehabilitation of real property may not be approved for the following facilities (IC 6-1.1-12.1-3):
 - Private or commercial golf course
 - Country club
 - Massage parlor
 - Tennis club
 - Skating facility, including roller skating, skateboarding or ice skating
 - Racquet sport facility (including handball or racquet ball court)
 - Hot tub facility
 - Suntan facility
 - Racetrack
 - Any facility, the primary purpose of which is (a) retail food and beverage service; (b) automobile sales or service; or (c) other retail; (unless the facility is located in an economic development-target area established under IC 6-1.1-12.1-7).
 - Residential, unless the facility is a multi-family facility that contains at least 20% of the units available for use by low and moderate income individuals, or unless the facility is located in an economic development target area established under IC 6-1.1-12.1-7, or the area is designated as a residentially distressed area which is required to meet conditions as cited in IC 6-1.1-12.1-2(c)(1 & 2).
 - Package liquor store [see IC 6-1.1-12.1-3(e)(12)]

The owner hereby applies to the County Auditor for a deduction pursuant to IC 6-1.1-12.1-5 beginning with the assessment date January 1, 20 _____.			
County Jefferson	Township Madison	DLGF taxing district number	Key number
Name of owner Trilogy Real Estate Madison LLC		Legal description from Form 11	
Property address (number and street, city, state, and ZIP code) 120 Presbyterian Ave, Madison, IN 47250			Date of Form 11 (month, day, year)
Type of structure Rehab of the former KDH Hospital		Use of structure Skilled nursing/Assisted Living	
Governing body that approved ERA designation Common Council of City of Madison		Date ERA designation approved (month, day, year) 12/08/2015	Resolution number 71-2015
Signature of owner or representative (I hereby certify that the representations on this application are true.) <i>Mary L Shively</i>			Date signed (month, day, year) 7/25/18
Printed name of owner or representative Mary L Shively	Address (number and street, city, state, and ZIP code) 303 N. Hurstbourne #200, Louisville, KY 40222		502-213-7587
AUDITOR'S USE			
A. Rehabilitation structure		1. Assessed valuation AFTER rehabilitation	\$
		2. Assessed valuation BEFORE rehabilitation	\$
		3. Difference in assessed valuation (Line 1 minus Line 2)	\$
		4. Assessed valuation eligible for deduction (for the increase in AV from the rehabilitation, not including the increase in AV from the reassessment of the entire structure)	\$
B. New structure		1. Assessed valuation	\$
		2. Assessed valuation eligible for deduction	\$
I verify that the above described structure was assessed and the owner was notified on _____, with the effective date of the assessment being January 1, 20 _____, and that the assessed valuations in Section III are correct.			
Signature of assessing official		Printed name of assessing official	Date (month, day, year)

SECTION V - FOR AREAS EXCEPT FOR A RESIDENTIALLY DISTRESSED AREA WHERE THE STATEMENT OF BENEFITS WAS APPROVED BEFORE JULY 1, 2013 - DEDUCTION SCHEDULE PER IC 6-1.1-12.1-17

YEAR OF DEDUCTION / ASSESSED VALUE / PERCENTAGE / DEDUCTION*	YEAR OF DEDUCTION / ASSESSED VALUE / PERCENTAGE / DEDUCTION**
<p>(1) For deductions allowed over a one (1) year period:</p> <p>1 20__ pay 20__ \$ _____ 100% * ____% \$ _____</p>	
<p>(2) For deductions allowed over a two (2) year period:</p> <p>1 20__ pay 20__ \$ _____ 100% * ____% \$ _____</p> <p>2 20__ pay 20__ \$ _____ 50% * ____% \$ _____</p>	
<p>(3) For deductions allowed over a three (3) year period:</p> <p>1 20__ pay 20__ \$ _____ 100% * ____% \$ _____</p> <p>2 20__ pay 20__ \$ _____ 66% * ____% \$ _____</p> <p>3 20__ pay 20__ \$ _____ 33% * ____% \$ _____</p>	
<p>(4) For deductions allowed over a four (4) year period:</p> <p>1 20__ pay 20__ \$ _____ 100% * ____% \$ _____</p> <p>2 20__ pay 20__ \$ _____ 75% * ____% \$ _____</p> <p>3 20__ pay 20__ \$ _____ 50% * ____% \$ _____</p> <p>4 20__ pay 20__ \$ _____ 25% * ____% \$ _____</p>	
<p>(5) For deductions allowed over a five (5) year period:</p> <p>1 20__ pay 20__ \$ _____ 100% * ____% \$ _____</p> <p>2 20__ pay 20__ \$ _____ 80% * ____% \$ _____</p> <p>3 20__ pay 20__ \$ _____ 60% * ____% \$ _____</p> <p>4 20__ pay 20__ \$ _____ 40% * ____% \$ _____</p> <p>5 20__ pay 20__ \$ _____ 20% * ____% \$ _____</p>	
<p>(6) For deductions allowed over a six (6) year period:</p> <p>1 20__ pay 20__ \$ _____ 100% * ____% \$ _____</p> <p>2 20__ pay 20__ \$ _____ 85% * ____% \$ _____</p> <p>3 20__ pay 20__ \$ _____ 66% * ____% \$ _____</p> <p>4 20__ pay 20__ \$ _____ 50% * ____% \$ _____</p> <p>5 20__ pay 20__ \$ _____ 34% * ____% \$ _____</p> <p>6 20__ pay 20__ \$ _____ 17% * ____% \$ _____</p>	
<p>(7) For deductions allowed over a seven (7) year period:</p> <p>1 20__ pay 20__ \$ _____ 100% * ____% \$ _____</p> <p>2 20__ pay 20__ \$ _____ 85% * ____% \$ _____</p> <p>3 20__ pay 20__ \$ _____ 71% * ____% \$ _____</p> <p>4 20__ pay 20__ \$ _____ 57% * ____% \$ _____</p> <p>5 20__ pay 20__ \$ _____ 43% * ____% \$ _____</p> <p>6 20__ pay 20__ \$ _____ 29% * ____% \$ _____</p> <p>7 20__ pay 20__ \$ _____ 14% * ____% \$ _____</p>	
<p>(8) For deductions allowed over a eight (8) year period:</p> <p>1 20__ pay 20__ \$ _____ 100% * ____% \$ _____</p> <p>2 20__ pay 20__ \$ _____ 88% * ____% \$ _____</p> <p>3 20__ pay 20__ \$ _____ 75% * ____% \$ _____</p> <p>4 20__ pay 20__ \$ _____ 63% * ____% \$ _____</p> <p>5 20__ pay 20__ \$ _____ 50% * ____% \$ _____</p> <p>6 20__ pay 20__ \$ _____ 38% * ____% \$ _____</p> <p>7 20__ pay 20__ \$ _____ 25% * ____% \$ _____</p> <p>8 20__ pay 20__ \$ _____ 13% * ____% \$ _____</p>	
<p>(9) For deductions allowed over a nine (9) year period:</p> <p>1 20__ pay 20__ \$ _____ 100% * ____% \$ _____</p> <p>2 20__ pay 20__ \$ _____ 88% * ____% \$ _____</p> <p>3 20__ pay 20__ \$ _____ 77% * ____% \$ _____</p> <p>4 20__ pay 20__ \$ _____ 66% * ____% \$ _____</p> <p>5 20__ pay 20__ \$ _____ 55% * ____% \$ _____</p> <p>6 20__ pay 20__ \$ _____ 44% * ____% \$ _____</p> <p>7 20__ pay 20__ \$ _____ 33% * ____% \$ _____</p> <p>8 20__ pay 20__ \$ _____ 22% * ____% \$ _____</p> <p>9 20__ pay 20__ \$ _____ 11% * ____% \$ _____</p>	
<p>(10) For deductions allowed over a ten (10) year period:</p> <p>1 2017 pay 2018 \$ <u>3,780,700</u> 100% * <u>100%</u> \$ <u>3,780,700</u></p> <p>2 2018 pay 2019 \$ <u>3,780,700</u> 95% * <u>95%</u> \$ <u>3,591,665</u></p> <p>3 2019 pay 2020 \$ <u>3,780,700</u> 80% * <u>80%</u> \$ <u>3,024,560</u></p> <p>4 2020 pay 2021 \$ <u>3,780,700</u> 65% * <u>65%</u> \$ _____</p> <p>5 2021 pay 2022 \$ _____ 50% * <u>50%</u> \$ _____</p> <p>6 2022 pay 2023 \$ _____ 40% * <u>40%</u> \$ _____</p> <p>7 2023 pay 2024 \$ _____ 30% * <u>30%</u> \$ _____</p> <p>8 2024 pay 2025 \$ _____ 20% * <u>20%</u> \$ _____</p> <p>9 2025 pay 2026 \$ _____ 10% * <u>10%</u> \$ _____</p> <p>10 2026 pay 2027 \$ _____ 5% * <u>5%</u> \$ _____</p>	
<p>NOTE: The deduction percentages shown in this section apply to a statement of benefits approved before July 1, 2013 that did not have an alternative deduction schedule adopted by the designating body. All other abatements shall use the percentages reflected in the abatement schedule adopted by the designating body per IC 6-1.1-12.1-17.</p> <p>* The amount of the deduction shall be adjusted annually to reflect changes to the assessed valuation resulting from a reassessment or an appeal of the assessment per IC 6-1.1-12.1-4(b).</p>	

SECTION VI - FOR A RESIDENTIALLY DISTRESSED AREA WHERE THE STATEMENT OF BENEFITS WAS APPROVED BEFORE JULY 1, 2013 - DEDUCTION SCHEDULE PER IC 6-1.1-12.1-17

TYPE OF DWELLING	DEDUCTION IS THE LESSER OF: [IC 6-1.1-12.1-4.1(b)]	DEDUCTION IS ALLOWED FOR A FIVE (5) YEAR PERIOD THAT INCLUDES YEARS:
<input type="checkbox"/> One (1) family dwelling	Assessed value (after rehabilitation or redevelopment) \$ _____ or \$74,880 AV	_____ pay _____ through _____ pay _____
<input type="checkbox"/> Two (2) family dwelling	Assessed value (after rehabilitation or redevelopment) \$ _____ or \$106,080 AV	_____ pay _____ through _____ pay _____
<input type="checkbox"/> Three (3) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$ _____ or \$156,000 AV	_____ pay _____ through _____ pay _____
<input type="checkbox"/> Four (4) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$ _____ or \$189,680 AV	_____ pay _____ through _____ pay _____
Assessed value limits for taxes due and payable prior to January 1, 2005 were \$36,000, \$51,000, \$75,000, and \$96,000 for one to four family dwellings, respectively.		
SECTION VII - APPROVAL OF COUNTY AUDITOR (COMPLETE ONLY IF APPROVED)		
This application is approved in the amounts shown above.		
Signature of County Auditor	Printed name of County Auditor	Date signed (month, day, year)

- INITIAL Form SB-1 -



**STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS**

State Form #1787 (9/8/18-14)
Prescribed by the Department of Local Government Finance

This statement is being completed for real property that qualifies under the following Indiana Code (check one box):

- Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4)
- Newly acquired distressed area (IC 6-1.1-12.1-4.1)

20__ PAY 25__
FORM SB-1 / Real Property
PRIVACY NOTICE
Any information concerning the cost of the property and specific activities paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-4.1.

INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant (making its decision about whether to designate an Economic Revitalization Area). Otherwise, this statement must be submitted to the designating body BEFORE the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the initiation of the redevelopment or rehabilitation for which the person desires to claim a deduction.
- To obtain a deduction, a Form 322RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation is made or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. A property owner who failed to file a deduction application within the prescribed deadline may file an application between March 1 and May 10 of a subsequent year.
- A property owner who files for the deduction must provide the County Auditor and designating body with a Form CF-1/Real Property should be attached to the Form 322RE when the deduction is first claimed and then updated annually for each year the deduction is applicable. IC 6-1.1-12.1-5.1(b)
- For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an statement schedule for each deduction allowed. For a Form SB-1/Real Property that is approved prior to July 1, 2013, the statement schedule approved by the designating body remains in effect. IC 6-1.1-12.1-17

TAXPAYER INFORMATION:					
Name of taxpayer Trilogy Real Estate Madison, LLC					
Address of taxpayer (number and street, city, state, and ZIP code) 303 N. Hursbourn Parkway, Suite 200, Louisville, KY 40222					
Name of contact person Todd Schmiedeler		Telephone number (502) 213-7417		E-mail address todds@trilogys.com	
DESIGNATING BODY INFORMATION:					
Name of designating body Madison City Council				Planation number 71-2015	
Location of property 112 Presbyterian Avenue		County Jefferson		OLDF listing district number	
Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary) Complete rehabilitation of the former MDH hospital building including new HVAC, window, plumbing and other mechanicals.				Estimated start date (month, day, year) 1/15	
				Estimated completion date (month, day, year) 12/15	
SECTION 2: ESTIMATE OF EMPLOYEES EMPLOYED FOR THE RESULT OF PROPOSED PROJECT					
Current number 0.00	Estimate \$0.00	Number retained 0.00	Dismissed \$0.00	Number additional 100.00	Salaries \$2,700,000.00
SECTION 3: ESTIMATED REAL ESTATE VALUE OF THE PROPOSED PROJECT					
			REAL ESTATE IMPROVEMENTS		
			COST		
			ASSESSED VALUE		
Current values			0.00		
Plus estimated values of proposed project			15,100,000.00		
Less values of any property being replaced			0.00		
Net estimated values upon completion of project			15,100,000.00		
SECTION 4: WASTE COVERED AND OTHER BENEFITS PROVIDED BY THE TAXPAYER					
Estimated solid waste covered (pounds) 0.00			Estimated hazardous waste covered (pounds) 0.00		
Other benefits					
SECTION 5: TAXPAYER CERTIFICATION:					
I hereby certify that the representations in this statement are true.					
Signature of authorized representative 				Date signed (month, day, year) 11/10/15	
Printed name of authorized representative Todd Schmiedeler				Title SVP, Employee Services	

FOR USE OF THE DESIGNATING BODY

We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution, passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:

A. The designated area has been limited to a period of time not to exceed 10 calendar years* (see below). The date this designation expires is December 31, 2025

B. The type of deduction that is allowed in the designated area is limited to:

1. Redevelopment or rehabilitation of real estate improvements Yes No
 2. Residentially distressed areas Yes No

C. The amount of the deduction applicable is limited to \$ 15,100,000.00

D. Other limitations or conditions (specify): _____

E. Number of years allowed: Year 1 Year 2 Year 3 Year 4 Year 5 (* see below)
 Year 6 Year 7 Year 8 Year 9 Year 10

F. For a statement of benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17?

- Yes No
 If yes, attach a copy of the abatement schedule to this form.
 If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

We have also reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved (signature and title of authorized member of designating body) <i>Mark Berry</i>	Telephone number ()	Date signed (month/day/year) <u>12/14/16</u>
Printed name of authorized member of designating body <u>Rick Berry</u>	Name of designating body <u>CITY OF MADISON COUNCIL</u>	
Attested by (signature and title of attester) <i>W. J. Kaul</i>	Printed name of attester <u>W. J. KAUL</u>	

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

- A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. The deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)
- B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. (See IC 6-1.1-12.1-17 below.)

IC 6-1.1-12.1-17

Abatement schedules

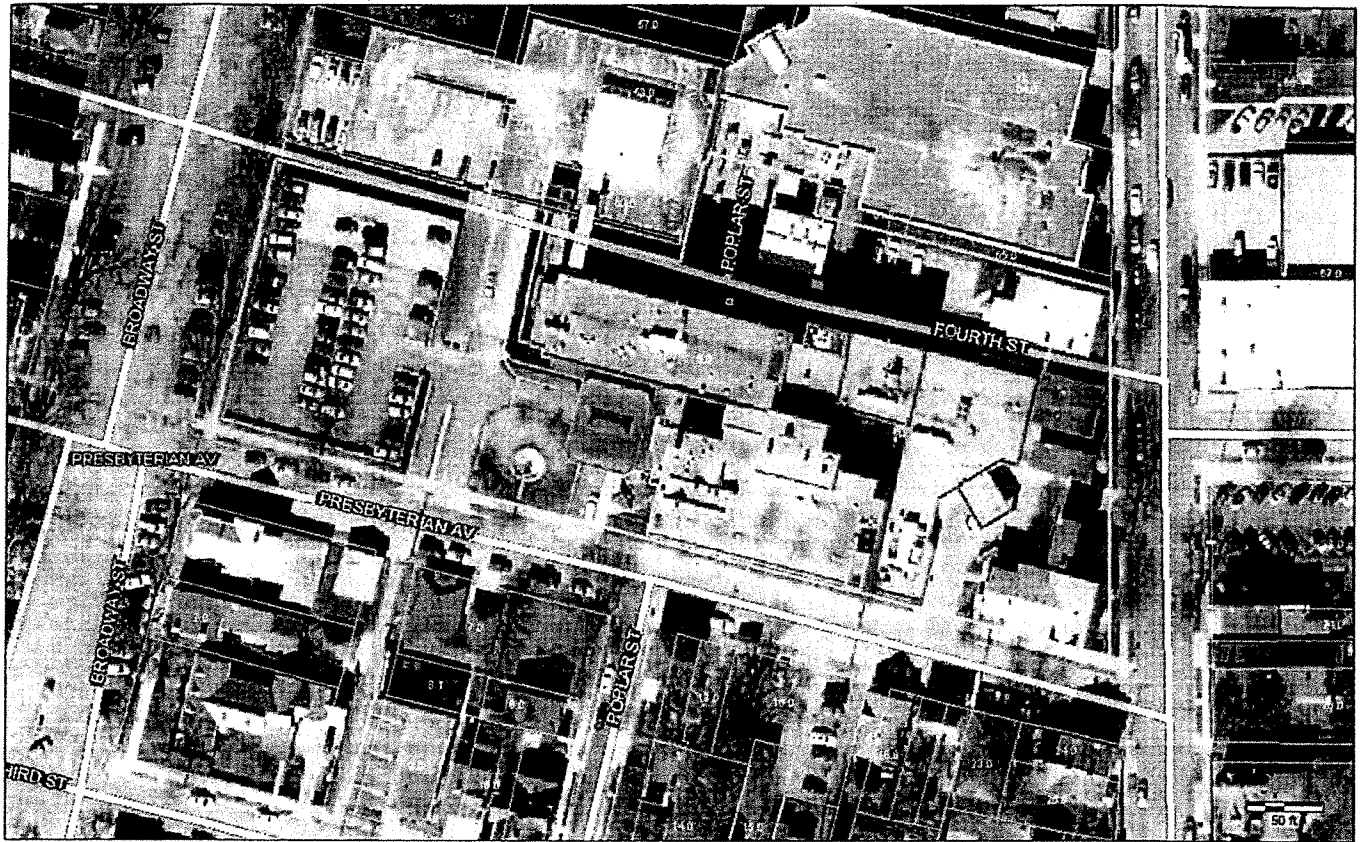
Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
 - (2) The number of new full-time equivalent jobs created.
 - (3) The average wage of the new employees compared to the state minimum wage.
 - (4) The infrastructure requirements for the taxpayer's investment.
- (b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.
- (c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

~~Section 6. With respect to the Real Property, the percentage of deductions for each of said ten (10) years shall be as follows:~~

Year 1 (2017)	100%%
Year 2 (2018)	95%%
Year 3 (2019)	80%%
Year 4 (2020)	65%%
Year 5 (2021)	50%%
Year 6 (2022)	40%
Year 7 (2023)	30%
Year 8 (2024)	20%
Year 9 (2025)	10%
Year 10 (2026)	5%

Exhibit 'A'



	Printed 11/17/2015
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* Sep 2015 - 69

COMMON COUNCIL OF THE CITY OF MADISON, INDIANA

Resolution No. ~~7~~ - 2015

REAL PROPERTY TAX ABATEMENT

CONFIRMATORY RESOLUTION FOR THE DESIGNATION
OF AN ECONOMIC REVITALIZATION AREA AND WAIVER OF NON-
COMPLIANCE

WHEREAS, the City of Madison, Indiana (the "City") has been requested by Trilogy Real Estate Madison, LLC (the "Applicant") to find pursuant to IC 6-1.1-12.1-2 that an area (the "Area") is an Economic Revitalization Area, which Area will contain the Project (as hereinafter defined); and

WHEREAS, the Common Council of the City (the "Council") has prepared a simplified description of the Area or maps and plats that identify the Area, attached as Exhibit A; and

WHEREAS, the Area is located within the jurisdiction of the City for the purposes set forth in IC 6-1.1-12.1-2; and

WHEREAS, the Applicant has and intends to construct improvements to its existing facility on its property located at 112 Presbyterian Ave. (the "Real Property"), consisting of rehabilitation of the former KDH building in the Area, as described in the Statements of Benefits (the "Statements of Benefits") submitted by the Applicant to the Council (the "Project"); and

WHEREAS, the Council has reviewed the Statements of Benefits; and

WHEREAS, pursuant to IC 6-1.1-12.1-2, on November 17, 2015, the Council adopted a Resolution (the "Declaratory Resolution"), which designated the Area as an "economic revitalization area" pursuant the Act and approved real property tax deductions under IC 6-1.1-12.1-3 for redevelopment or rehabilitation in the Area for ten (10) years; and

WHEREAS, in compliance with IC 6-1.1-12.1-2.5, the Council published notice (the "Notice") describing the adoption and substance of the Declaratory Resolution and stating that, on the date hereof, the Council would hold a public hearing (the "Public Hearing") at which it will receive and hear all remonstrances and objections from interested persons, with respect to the Declaratory Resolution; and

WHEREAS, in compliance with IC 6-1.1-12.1-2.5, the Council filed, with each taxing unit that has authority to levy property taxes in the Area, a copy of the Notice and the Statements of Benefits; and

WHEREAS, in compliance with IC 6-1.1-12.1-2.5, on the date hereof, the Council held the Public Hearing at which it received, heard and considered evidence concerning the Declaratory Resolution and any remonstrances or objections with respect to the Declaratory Resolution; and

~~WHEREAS, following publication of notice as required by law, pursuant to IC 6-1.1-12.1-11.3, on the date hereto the Council, held a public hearing concerning the proposed waiver of noncompliance due to the Applicants failure to submit the completed Statement of Benefits form to the designating body before initiation of the redevelopment or rehabilitation (the "Waiver"); and~~

WHEREAS, pursuant to IC 6-1.1-12.1-2.5, the Council desires to take final action confirming the Declaratory Resolution and the Waiver;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Madison, Indiana, as follows:

Section 1. The Council hereby finds that (i) the Area is within the City and (ii) the Area has become undesirable for, or impossible of, normal development and occupancy because of a lack of development, cessation of growth, deterioration of improvements or character of occupancy, age, obsolescence, substandard buildings, or other factors which have impaired values and prevented a normal development of property and use of property.

Section 2. The Area is hereby declared to be an "economic revitalization area" pursuant to IC 6-1.1-12.1. The period for real property tax deductions under IC 6-1.1-12.1-3 for redevelopment or rehabilitation in the Area shall be ten (10) years.

Section 3. The determination to waive noncompliance pursuant to IC 6-1.1-12.1-11.3 as outlined in the Declaratory Resolution 69-2015 is hereby affirmed.

Section 4. Based on the information in the Statements of Benefits describing the Project, the Council makes the following findings:

(a) That the estimate of the value of the redevelopment or rehabilitation of the Real Property is reasonable for projects of that nature.

(b) That the estimate of the number of individuals who will be employed or whose employment will be retained as a result of the proposed redevelopment or rehabilitation of the Real Property can reasonably be expected to result from the proposed redevelopment or rehabilitation of the Real Property.

(c) That the estimate of annual salaries of those individuals who will be employed or whose employment will be retained can reasonably be expected to result from the proposed redevelopment or rehabilitation of the Real Property.

(d) That the number of individual opportunities for employment, both temporary and permanent, and the compensation to be paid to employees, along with the value of the acquisition

and construction of improvements as a result of the Project, create benefits of the type and quality anticipated by the Council within the Area and can reasonably be expected to result from the proposed redevelopment or rehabilitation of the Real Property.

(e) That the benefits described in the Statements of Benefits can reasonably be expected to result from the proposed redevelopment or rehabilitation of the Real Property.

(f) That the totality of benefits from the proposed redevelopment or rehabilitation of the Real Property is sufficient to justify a ten-year real property tax deduction period.

Section 5. Based on the information in the Statements of Benefits and the foregoing findings, the Council, pursuant to IC 6-1.1-12.1, hereby approves and allows the Applicant real property tax deductions for ten (10) years as set for in Section 2 and Section 6 for the redevelopment located in the Area.

Section 6. With respect to the Real Property, the percentage of deductions for each of said ten (10) years shall be as follows:

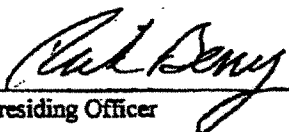
Year 1 (2017)	100%%
Year 2 (2018)	95%%
Year 3 (2019)	80%%
Year 4 (2020)	65%%
Year 5 (2021)	50%%
Year 6 (2022)	40%
Year 7 (2023)	30%
Year 8 (2024)	20%
Year 9 (2025)	10%
Year 10 (2026)	5%

Section 7. The Council hereby confirms the Declaratory Resolution, and the actions set forth in this Resolution are final, except for the limited rights of appeal provided under IC 6-1.1-12.1-2.5.

Section 8. The Clerk-Treasurer is hereby authorized to make all filings necessary or desirable and to take all other necessary actions to carry out the purposes and intent of this Resolution and the deductions approved hereunder.

Section 9. This Resolution shall be in full force and effect from and after its adoption.

Passed and adopted by the Common Council of the City of Madison, Jefferson County, Indiana, this 8TH day of DECEMBER 2015.



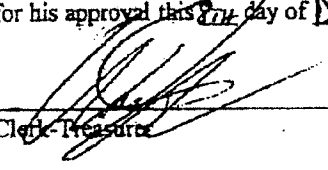
Presiding Officer

ATTEST:



Clerk-Treasurer

This resolution presented by me, the Clerk-Treasurer of the City of Madison, Indiana to the Mayor for his approval this 8TH day of DECEMBER, 2015.



Clerk-Treasurer

This resolution signed and approved by me, the Mayor of the City of Madison, Indiana, this 8TH day of DECEMBER, 2015.



Mayor

RESOLUTION 69-2015

A RESOLUTION OF THE COMMON COUNCIL OF THE CITY OF MADISON, INDIANA
ESTABLISHING AN ECONOMIC REVITALIZATION AREA AND APPROVING A
STATEMENT OF BENEFITS ALONG WITH A WAIVER OF NONCOMPLIANCE AND
ESTABLISHING THE PERIOD FOR DEDUCTION FOR TRILOGY REAL ESTATE
MADISON, LLC FOR PURPOSES OF REAL PROPERTY TAX ABATEMENT

WHEREAS, the Common Council of the City of Madison, Indiana, has pursuant to I.C. 6-1.1-12.1-1, et seq., established a program of personal and real property tax abatement within defined "economic revitalization areas;" and

WHEREAS, Trilogy Real Estate Madison, LLC has submitted a request for tax abatement in the form of a Statement of Benefits for consideration by the Common Council of the City of Madison; and

WHEREAS, Trilogy Real Estate Madison, LLC, a for-profit corporation will be the owner of the property and pay property taxes on the property located at 112 Presbyterian Avenue (see attached Exhibit A); and

WHEREAS, the property located at 112 Presbyterian Avenue was originally purchased by the Trilogy Foundation, a non-profit entity which would not have paid property taxes on the property; and

WHEREAS, work commenced on the rehabilitation of the former King's Daughters Hospital prior to the submission of the Statement of Benefits form or the Common Council establishing an economic revitalization area as required by the I.C. 6-1.1-12.1-3; and

WHEREAS, I.C. 6-1.1-12.1-11.3 grants the designating body the ability by resolution to waive noncompliance due to failure to submit the completed statement of benefits form to the designating body before initiation of the redevelopment or rehabilitation; and

WHEREAS, the Common Council must hold a public hearing before adopting a waiver of noncompliance as required by I.C. 6-1.1-12.1-11.3-c.

WHEREAS, the tax abatement guidelines for the City of Madison, established in Resolution 9-2007 allow for exceptions to be made to allow for a tax abatement to be granted; and

WHEREAS, the Common Council of the City of Madison has considered and found that the estimated jobs to be created, and the estimate of annual salaries, and the value of the rehabilitation of the existing facility can reasonably be expected to result from the project located at 112 Presbyterian Avenue, Madison, IN 47250 and the totality of such benefits is sufficient to justify the deductions described herein.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of Madison, Indiana that said area within City of Madison, Indiana is an economic revitalization area (see attached Exhibit A) within the meaning of I.C. 6-1.1-12.1-1, et seq.

BE IT FURTHER RESOLVED by the Common Council of the City of Madison, Indiana that an exception be made to the City of Madison tax abatement guidelines so that a waiver of noncompliance shall be issued for failure to submit the Statement of Benefits and obtain designation as an economic revitalization area prior to commencement of rehabilitation of the property.

BE IT FURTHER RESOLVED by the Common Council of the City of Madison, Indiana that pursuant to I.C. 6-1.1-12.1-17 the abatement schedule may be set for a period up to ten (10) years.

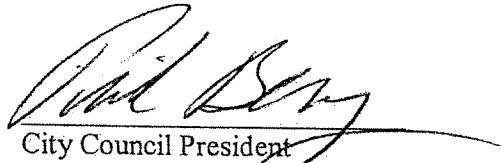
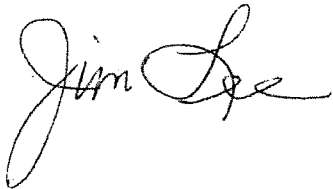
BE IT FURTHER RESOLVED by the Common Council of the City of Madison, Indiana that the amount of the deduction which the property owner is entitled to receive is as follows:

Real Property

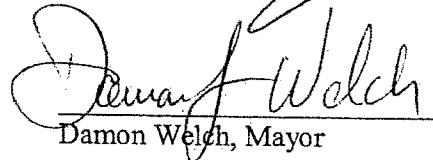
Year 1: 100%	Year 6: 40%
Year 2: 95%	Year 7: 30%
Year 3: 80%	Year 8: 20%
Year 4: 65%	Year 9: 10%
Year 5: 50%	Year 10: 5%

BE IT FURTHER RESOLVED by the Common Council of the City of Madison, Indiana that a copy of this Resolution shall be filed with the County Assessor and made available at that office for public inspection, and that the City of Madison Clerk-Treasurer shall arrange for the publication of notice that the Common Council of the City of Madison, Indiana will, at its meeting scheduled on December 8, 2015 receive and hear all objections/statements in support from interested person, and having heard and considered same, will act to rescind, modify or confirm this Resolution and authorize a waiver of noncompliance.

ADOPTED by the Common Council of City of Madison, IN this 17th Day of November, 2015.



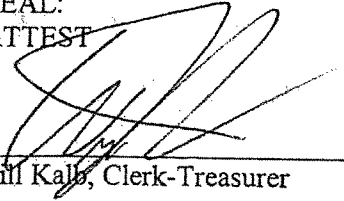
City Council President



Damon Welch, Mayor

CERTIFICATE

SEAL:
ATTEST

A handwritten signature in black ink, appearing to read 'Bill Kalb', is written over a horizontal line. The signature is stylized and somewhat cursive.

Bill Kalb, Clerk-Treasurer

**AN ORDINANCE OF THE COMMON COUNCIL OF THE CITY OF MADISON, INDIANA
ESTABLISHING THE
INDIANA DESTINATION DEVELOPMENT CORPORATION GRANT CONTROL FUND**

WHEREAS, The Indiana Destination Development Corporation, a tourism development office that is dedicated to supporting and promoting Indiana’s tourism and talent attraction efforts; and

WHEREAS, The Indiana Destination Development Corporation will be making restricted donations for various tourism related initiatives within the City of Madison; and

WHEREAS, the City of Madison wishes to establish a fund to deposit monies donated from the Indiana Destination Development Corporation to City of Madison initiatives,

NOW, THEREFORE, BE IT ORDAINED by the Common Council of the City of Madison, Indiana as follows:

- (A) A control fund is established to deposit monies donated from the Indiana Destination Development Corporation. The monies will come as restricted donations for a specified purpose through an agreement for each donation which will specify the accepted use of funds.
- (B) The fund shall be named the Indiana Destination Development Corporation Grant Control Fund. All funds contained in the account shall be expended only for the exclusive purpose detailed in each restricted donation agreement. The Common Council of the City of Madison will review and agree to each donation agreement prior to accepting funds and no further appropriation is required.
- (C) The express and written approval of the Board of Public Works and Safety shall be obtained prior to the expenditure of funds from the account.
- (D) For each type of restricted donation, separate, individual accounts shall be monitored to reflect receipts, disbursements, and current balances.
- (E) The fund shall be non-reverting and exist perpetually unless terminated by a subsequent ordinance enacted by the Common Council.
- (F) If the fund is terminated by a subsequent ordinance enacted by the Common Council, the remaining balance of the terminated account shall revert to the general budget of the Common Council.

The foregoing Ordinance was passed and adopted by the Common Council, City of Madison, Indiana at a regular meeting held on the ___ day of _____ 2024.

PRESENTED BY:

Council President Pro-tempore

(SEAL)
ATTEST:

Bob G. Courtney, Mayor

Shirley Rynearson, Clerk-Treasurer

INDIANA DESTINATION DEVELOPMENT CORPORATION

GRANT AGREEMENT - IDDC-24-PMAG-105

Contract #000000000000000000082159

This Grant Agreement ("Grant Agreement"), entered into by and between Indiana Destination Development Corporation (the "State") and **CITY OF MADISON** (the "Grantee"), is executed pursuant to the terms and conditions set forth herein. In consideration of those mutual undertakings and covenants, the parties agree as follows:

1. Purpose of this Grant Agreement; Funding Source. The purpose of this Grant Agreement is to enable the State to award a Grant of **\$25,000.00** (the "Grant") to the Grantee for eligible costs of the services or project (the "Project") described in **Exhibits A and B** of this Grant Agreement, which are incorporated fully herein.

The funds shall be used exclusively in accordance with the provisions contained in this Grant Agreement and in conformance with Indiana Code § 5-33-3-3(a)(2)(B) establishing the authority to make this Grant, as well as any rules adopted thereunder. The funds received by the Grantee pursuant to this Grant Agreement shall be used only to implement the Project or provide the services in conformance with this Grant Agreement and for no other purpose.

FUNDING SOURCE:

Program Title: Destination Development Grant Program
Type of funding: State Funding – IDDC Budget

2. Representations and Warranties of the Grantee.

A. The Grantee expressly represents and warrants to the State that it is statutorily eligible to receive these Grant funds and that the information set forth in its Grant Application is true, complete and accurate. The Grantee expressly agrees to promptly repay all funds paid to it under this Grant Agreement should it be determined either that it was ineligible to receive the funds, or it made any material misrepresentation on its grant application.

B. The Grantee certifies by entering into this Grant Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Grant Agreement by any federal or state department or agency. The term "principal" for purposes of this Grant Agreement is defined as an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the Grantee.

3. Implementation of and Reporting on the Project.

A. The Grantee shall implement and complete the Project in accordance with **Exhibit A** and with the plans and specifications contained in its Grant Application, which is on file with the State and is incorporated by reference. Modification of the Project shall require prior written approval of the State.

B. The Grantee shall submit to the State written progress reports until the completion of the Project. These reports shall be submitted on a semi-annual basis and shall contain such detail of progress or performance on the Project as is requested by the State.

4. Term. This Grant Agreement commences on **March 7, 2024** and shall remain in effect through **May 31, 2025**. Unless otherwise provided herein, it may be extended upon the written agreement of the parties and as permitted by state or federal laws governing this Grant.

5. Grant Funding.

A. The State shall fund this Grant in the amount of **\$25,000.00**. The approved Project Budget is set forth as **Exhibit B** of this Grant Agreement, attached hereto and incorporated herein. The Grantee shall not spend more than the amount for each line item in the Project Budget without the prior written consent of the State, nor shall the Project costs funded by this Grant Agreement and those funded by any local and/or private share be changed or modified without the prior written consent of the State.

B. The disbursement of Grant funds to the Grantee shall not be made until all documentary materials required by this Grant Agreement have been received and approved by the State and this Grant Agreement has been fully approved by the State.

6. Payment of Claims.

A. If advance payment of all or a portion of the Grant funds is permitted by statute or regulation, and the State agrees to provide such advance payment, advance payment shall be made only upon submission of a proper claim setting out the intended purposes of those funds. After such funds have been expended, Grantee shall provide State with a reconciliation of those expenditures. Otherwise, all payments shall be made thirty five (35) days in arrears in conformance with State fiscal policies and procedures. As required by IC § 4-13-2-14.8, all payments will be by the direct deposit by electronic funds transfer to the financial institution designated by the Grantee in writing unless a specific waiver has been obtained from the Indiana Auditor of State.

B. Requests for payment will be processed only upon presentation of a Claim Voucher in the form designated by the State. Such Claim Vouchers must be submitted with the budget expenditure report detailing disbursements of state, local and/or private funds by project budget line items.

C. The State may require evidence furnished by the Grantee that substantial progress has been made toward completion of the Project prior to making the first payment under this Grant. All payments are subject to the State's determination that the Grantee's performance to date conforms with the Project as approved, notwithstanding any other provision of this Grant Agreement.

D. All final claims and reports must be submitted to the State within 30 calendar days after the completion or termination of this agreement. Payment for claims submitted after that time may, at the discretion of the State, be denied. Claims may be submitted on a monthly basis only. If Grant funds have been advanced and are unexpended at the time that the final claim is submitted, all such unexpended grant funds must be returned to the State. Claim amounts are detailed and must follow what's in EXHIBITS A & B.

E. Claims must be submitted with accompanying supportive documentation as designated by the State. Claims submitted without supportive documentation will be returned to the Grantee and not processed for payment. Failure to comply with the provisions of this Grant Agreement may result in the denial of a claim for payment.

7. Project Monitoring by the State. The State may conduct on-site or off-site monitoring reviews of the Project during the term of this Grant Agreement and for up to ninety (90) days after it expires or is otherwise terminated. The Grantee shall extend its full cooperation and give full access to the Project site and to relevant documentation to the State or its authorized designees for the purpose of determining, among other things:

A. whether Project activities are consistent with those set forth in **Exhibit A**, the Grant Application, and the terms and conditions of the Grant Agreement;

B. the actual expenditure of state, local and/or private funds expended to date on

the Project is in conformity with the amounts for each Budget line item as set forth in **Exhibit B** and that unpaid costs have been properly accrued;

C. that Grantee is making timely progress with the Project, and that its project management, financial management and control systems, procurement systems and methods, and overall performance are in conformance with the requirements set forth in this Grant Agreement and are fully and accurately reflected in Project reports submitted to the State.

8. Compliance with Audit and Reporting Requirements; Maintenance of Records.

A. The Grantee shall submit to an audit of funds paid through this Grant Agreement and shall make all books, accounting records and other documents available at all reasonable times during the term of this Grant Agreement and for a period of three (3) years after final payment for inspection by the State or its authorized designee. Copies shall be furnished to the State at no cost

B. If the Grantee is a "subrecipient" of federal grant funds under 2 C.F.R. 200.331, Grantee shall arrange for a financial and compliance audit that complies with 2 C.F.R. 200.500 *et seq.* if required by applicable provisions of 2 C.F.R. 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements).

C. If the Grantee is a non-governmental unit, the Grantee shall file the Form E-1 annual financial report required by IC § 5-11-1-4. The E-1 entity annual financial report will be used to determine audit requirements applicable to non-governmental units under IC § 5-11-1-9. Audits required under this section must comply with the State Board of Accounts *Uniform Compliance Guidelines for Examination of Entities Receiving Financial Assistance from Governmental Sources*, <https://www.in.gov/sboa/files/guidelines-examination-entities-receiving-financial-assistance-government-sources.pdf>. Guidelines for filing the annual report are included in Exhibit C (Guidelines for Non-governmental Entities).

9. Compliance with Laws.

A. The Grantee shall comply with all applicable federal, state and local laws, rules, regulations and ordinances, and all provisions required thereby to be included herein are hereby incorporated by reference. The enactment or modification of any applicable state or federal statute or the promulgation of rules or regulations thereunder after execution of this Grant Agreement shall be reviewed by the State and the Grantee to determine whether the provisions of this Grant Agreement require formal modification.

B. The Grantee and its agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State as set forth in IC § 4-2-6, *et seq.*, IC § 4-2-7, *et seq.* and the regulations promulgated thereunder. **If the Grantee has knowledge, or would have acquired knowledge with reasonable inquiry, that a state officer, employee, or special state appointee, as those terms are defined in IC 4-2-6-1, has a financial interest in the Grant, the Grantee shall ensure compliance with the disclosure requirements in IC § 4-2-6-10.5 prior to the execution of this Grant Agreement.** If the Grantee is not familiar with these ethical requirements, the Grantee should refer any questions to the Indiana State Ethics Commission, or visit the Inspector General's website at <http://www.in.gov/ig/>. If the Grantee or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this Grant immediately upon notice to the Grantee. In addition, the Grantee may be subject to penalties under IC §§ 4-2-6, 4-2-7, 35-44.1-1-4, and under any other applicable laws.

C. The Grantee certifies by entering into this Grant Agreement that neither it nor its principal(s) is presently in arrears in payment of taxes, permit fees or other statutory, regulatory or judicially required payments to the State. The Grantee agrees that any payments currently due to the State may be withheld from payments due to the Grantee. Additionally, payments may be withheld, delayed, or denied and/or this Grant suspended until the Grantee is current in its payments and has submitted proof of such payment to the State.

D. The Grantee warrants that it has no current, pending or outstanding criminal, civil, or enforcement actions initiated by the State, and agrees that it will immediately notify the State of any such actions. During the term of such actions, the Grantee agrees that the State may suspend funding for the Project. If a valid dispute exists as to the Grantee's liability or guilt in any action initiated by the State or its agencies, and the State decides to suspend funding to the Grantee, the Grantee may submit, in writing, a request for review to the Indiana Department of Administration (IDOA). A determination by IDOA shall be binding on the parties. Any disbursements that the State may delay, withhold, deny, or apply under this section shall not be subject to penalty or interest.

E. The Grantee warrants that the Grantee and any contractors performing work in connection with the Project shall obtain and maintain all required permits, licenses, registrations, and approvals, and shall comply with all health, safety, and environmental statutes, rules, or regulations in the performance of work activities for the State. Failure to do so may be deemed a material breach of this Grant Agreement and grounds for immediate termination and denial of grant opportunities with the State.

F. The Grantee affirms that, if it is an entity described in IC Title 23, it is properly registered and owes no outstanding reports to the Indiana Secretary of State.

G. As required by IC § 5-22-3-7:

(1)The Grantee and any principals of the Grantee certify that:

(A) the Grantee, except for de minimis and nonsystematic violations, has not violated the terms of:

(i) IC § 24-4.7 [Telephone Solicitation Of Consumers];

(ii) IC § 24-5-12 [Telephone Solicitations]; or

(iii) IC § 24-5-14 [Regulation of Automatic Dialing Machines];

in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and

(B) the Grantee will not violate the terms of IC § 24-4.7 for the duration of this Grant Agreement, even if IC §24-4.7 is preempted by federal law.

(2)The Grantee and any principals of the Grantee certify that an affiliate or principal of the Grantee and any agent acting on behalf of the Grantee or on behalf of an affiliate or principal of the Grantee, except for de minimis and nonsystematic violations,

(A) has not violated the terms of IC § 24-4.7 in the previous three hundred sixty-five (365) days, even if IC § 24-4.7 is preempted by federal law; and

(B) will not violate the terms of IC § 24-4.7 for the duration of this Grant Agreement even if IC § 24-4.7 is preempted by federal law.

10. Debarment and Suspension.

A. The Grantee certifies by entering into this Grant Agreement that it is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into

this Grant by any federal agency or by any department, agency or political subdivision of the State. The term "principal" for purposes of this Grant Agreement means an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the Grantee.

B. The Grantee certifies that it has verified the suspension and debarment status for all subcontractors receiving funds under this Grant Agreement and shall be solely responsible for any recoupments or penalties that might arise from non-compliance. The Grantee shall immediately notify the State if any subcontractor becomes debarred or suspended, and shall, at the State's request, take all steps required by the State to terminate its contractual relationship with the subcontractor for work to be performed under this Grant Agreement.

11. Drug-Free Workplace Certification. As required by Executive Order No. 90-5, April 12, 1990, issued by the Governor of Indiana, the Grantee hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. Grantee will give written notice to the State within ten (10) days after receiving actual notice that the Grantee, or an employee of the Grantee in the State of Indiana, has been convicted of a criminal drug violation occurring in the workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of grant payments, termination of the Grant and/or debarment of grant opportunities with the State of Indiana for up to three (3) years.

In addition to the provisions of the above paragraphs, if the total amount set forth in this Grant Agreement is in excess of \$25,000.00, the Grantee certifies and agrees that it will provide a drug-free workplace by:

A. Publishing and providing to all of its employees a statement notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition; and

B. Establishing a drug-free awareness program to inform its employees of: (1) the dangers of drug abuse in the workplace; (2) the Grantee's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace; and

C. Notifying all employees in the statement required by subparagraph (A) above that as a condition of continued employment the employee will: (1) abide by the terms of the statement; and (2) notify the Grantee of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; and

D. Notifying in writing the State within ten (10) days after receiving notice from an employee under subdivision (C)(2) above, or otherwise receiving actual notice of such conviction; and

E. Within thirty (30) days after receiving notice under subdivision (C)(2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) take appropriate personnel action against the employee, up to and including termination; or (2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; and

F. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (A) through (E) above.

12. Employment Eligibility Verification. As required by IC § 22-5-1.7, the Grantee hereby swears or affirms under the penalties of perjury that:

- A. The Grantee has enrolled and is participating in the E-Verify program;
- B. The Grantee has provided documentation to the State that it has enrolled and is participating in the E-Verify program;
- C. The Grantee does not knowingly employ an unauthorized alien.
- D. The Grantee shall require its contractors who perform work under this Grant Agreement to certify to Grantee that the contractor does not knowingly employ or contract with an unauthorized alien and that the contractor has enrolled and is participating in the E-Verify program. The Grantee shall maintain this certification throughout the duration of the term of a contract with a contractor.

The State may terminate for default if the Grantee fails to cure a breach of this provision no later than thirty (30) days after being notified by the State.

13. Funding Cancellation. As required by Financial Management Circular 3.3 and IC § 5-22-17-5, when the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this Grant Agreement, it shall be canceled. A determination by the Director of the State Budget Agency that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

14. Governing Law. This Grant Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Indiana, without regard to its conflict of laws rules. Suit, if any, must be brought in the State of Indiana.

15. Information Technology Accessibility Standards. Any information technology related products or services purchased, used or maintained through this Grant must be compatible with the principles and goals contained in the Electronic and Information Technology Accessibility Standards adopted by the Architectural and Transportation Barriers Compliance Board under Section 508 of the federal Rehabilitation Act of 1973 (29 U.S.C. §794d), as amended.

16. Insurance. The Grantee shall maintain insurance with coverages and in such amount as may be required by the State or as provided in its Grant Application.

17. Nondiscrimination. Pursuant to the Indiana Civil Rights Law, specifically IC § 22-9-1-10, and in keeping with the purposes of the federal Civil Rights Act of 1964, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the Grantee covenants that it shall not discriminate against any employee or applicant for employment relating to this Grant with respect to the hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of the employee or applicant's: race, color, national origin, religion, sex, age, disability, ancestry, status as a veteran, or any other characteristic protected by federal, state, or local law ("Protected Characteristics"). Furthermore, Grantee certifies compliance with applicable federal laws, regulations, and executive orders prohibiting discrimination based on the Protected Characteristics in the provision of services.

The Grantee understands that the State is a recipient of federal funds, and therefore, where applicable, Grantee and any subcontractors shall comply with requisite affirmative action

requirements, including reporting, pursuant to 41 CFR Chapter 60, as amended, and Section 202 of Executive Order 11246 as amended by Executive Order 13672.

18. Notice to Parties. Whenever any notice, statement or other communication is required under this Grant, it will be sent by E-mail or first class U.S. mail service to the following addresses, unless otherwise specifically advised.

A. Notices to the State shall be sent to:

Kyle Johnson
Indiana Destination Development Corporation
1 N. Capitol
Indianapolis, IN. 46204
KyJohnson@visitindiana.com

B. Notices to the Grantee shall be sent to:

Emily McKinney, Associate Director of Economic Development
City of Madison
101 West Main Street
Madison, IN 47250
emckinney@madison-in.gov

As required by IC § 4-13-2-14.8, payments to the Grantee shall be made via electronic funds transfer in accordance with instructions filed by the Grantee with the Indiana Auditor of State.

19. Order of Precedence; Incorporation by Reference. Any inconsistency or ambiguity in this Grant Agreement shall be resolved by giving precedence in the following order: (1) requirements imposed by applicable federal or state law, including those identified in paragraph 24, below, (2) this Grant Agreement, (3) Exhibits prepared by the State, (4) Invitation to Apply for Grant; (5) the Grant Application; and (6) Exhibits prepared by Grantee. All of the foregoing are incorporated fully herein by reference.

20. Public Record. The Grantee acknowledges that the State will not treat this Grant as containing confidential information, and the State will post this Grant on the transparency portal as required by Executive Order 05-07 and IC § 5-14-3.5-2. Use by the public of the information contained in this Grant shall not be considered an act of the State.

21. Termination for Breach.

A. Failure to complete the Project and expend State, local and/or private funds in accordance with this Grant Agreement may be considered a material breach, and shall entitle the State to suspend grant payments, and to suspend the Grantee's participation in State grant programs until such time as all material breaches are cured to the State's satisfaction.

B. The expenditure of State or federal funds other than in conformance with the Project or the Budget may be deemed a breach. The Grantee explicitly covenants that it shall promptly repay to the State all funds not spent in conformance with this Grant Agreement.

22. Termination for Convenience. Unless prohibited by a statute or regulation relating to the award of the Grant, this Grant Agreement may be terminated, in whole or in part, by the State whenever, for any reason, the State determines that such termination is in the best interest of the State. Termination shall be effected by delivery to the Grantee of a Termination Notice, specifying the extent to which such termination becomes effective. The Grantee shall be compensated for completion of the Project properly done prior to the effective date of termination. The State will

not be liable for work on the Project performed after the effective date of termination. In no case shall total payment made to the Grantee exceed the original grant.

23. Travel. No expenses for travel will be reimbursed unless specifically authorized by this Grant.

24. Federal and State Third-Party Contract Provisions. Omitted, no federal funds.

25. Provision Applicable to Grants with tax-funded State Educational Institutions: "Separateness" of the Parties. Omitted, not applicable.

26. State Boilerplate Affirmation Clause. I swear or affirm under the penalties of perjury that I have not altered, modified, changed or deleted the State's standard contract clauses (as contained in the *2021 OAG/ IDOA Professional Services Contract Manual* or the *2021 SCM Template*) in any way except as follows:

- 3B. Reporting requirements changed per program need
- 6D. Claims (D) - Program Specific
- 8B. Omitted, no federal funds
- 24. Omitted, no federal funds
- 25. Omitted, N/A

Non-Collusion, Acceptance

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Grantee, or that the undersigned is the properly authorized representative, agent, member or officer of the Grantee. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Grantee, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Grant Agreement other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Grant, the Grantee attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

Agreement to Use Electronic Signatures

I agree, and it is my intent, to sign this Contract by accessing State of Indiana Supplier Portal using the secure password assigned to me and by electronically submitting this Contract to the State of Indiana. I understand that my signing and submitting this Contract in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Contract and this affirmation. I understand and agree that by electronically signing and submitting this Contract in this fashion I am affirming to the truth of the information contained therein. I understand that this Contract will not become binding on the State until it has been approved by the Department of Administration, the State Budget Agency, and the Office of the Attorney General, which approvals will be posted on the Active Contracts Database: <https://secure.in.gov/apps/idoa/contractsearch/>

In Witness Whereof, the Grantee and the State have, through their duly authorized representatives, entered into this Grant Agreement. The parties, having read and understood the foregoing terms of this Grant Agreement, do by their respective signatures dated below agree to the terms thereof.

CITY OF MADISON

Indiana Destination Development Corporation

By:

By:

Title:

Title:

Date:

Date:

Electronically Approved by: Department of Administration By: Rebecca Holwerda, Commissioner (for)	
Electronically Approved by: State Budget Agency By: Zachary Q. Jackson, Director (for)	Electronically Approved as to Form and Legality by: Office of the Attorney General By: Theodore E Rokita, Attorney General (for)

Exhibit A Scope of Work

Project Details

The Indiana Destination Development Corporation will grant a total of \$25,000.00 to the City of Madison for the purpose of a Placemaking Activation Grant.

Deliverables & Duties

Deadline for Project Completion: December 1, 2024.

Reporting

A final report will be due at grant closeout which should include receipts for all grant purchases and matching dollars as well as detailed information of the impact the grant had on the project.

Modifications

Grantee shall seek approval from the State before modifications are made to the scope of work, budget, or timeline. Approved modifications may require this Grant Agreement to be amended.

Exhibit B Budget

Claims and Budget

All funds will be 100% available once the contract has been executed unless otherwise restricted by the program manager.

Program Costs	Grant Funds	Local Match	In-Kind	TOTAL
Program Costs	\$8,000.00	\$150,000.00	\$0.00	\$158,000.00
Professional Fees	\$17,000.00	\$0.00	\$0.00	\$17,000.00
Program Costs Subtotal	\$25,000.00	\$150,000.00	\$0.00	\$175,000.00
Total Grant Funds	\$25,000.00			\$25,000.00
Total Cash Match		\$150,000.00	\$0.00	\$150,000.00
Total Project Budget				\$175,000.00

Exhibit C
Annual Financial Report for Non-governmental Entities

Guidelines for filing the annual financial report:

1. Filing an annual financial report called an Entity Annual Report (E-1) is required by IC 5-11-1-4. This is done through Gateway which is an on-line electronic submission process.
 - a. There is no filing fee to do this.
 - b. This is in addition to the similarly titled Business Entity Report required by the Indiana Secretary of State.
 - c. The E-1 electronic submission site is found at <https://gateway.ifionline.org/login.aspx>
 - d. The Gateway User Guide is found at <https://gateway.ifionline.org/userguides/E1guide>
 - e. The State Board of Accounts may request documentation to support the information presented on the E-1.
 - f. Login credentials for filing the E-1 and additional information can be obtained using the notforprofit@sboa.in.gov email address.
2. A tutorial on completing Form E-1 online is available at https://www.youtube.com/watch?time_continue=87&v=nPpqtPcdUcs
3. Based on the level of government financial assistance received, an audit may be required by IC 5-11-1-9.