



# MADISON Indiana

## Board of Public Works and Safety Agenda

**MEETING DATE:** Tuesday, February 18, 2025, at 11:30 AM

**MEETING PLACE:** Madison City Hall- Council Chambers

- A. Calling of roll and notice of absentees.
- B. Approval of minutes
- C. Claims
  - General
  - Payroll
- D. Adjustments
  - 524 East Street
- E. New business
  - Director Econ. Dev. Tony Steinhardt
    - Agreement with Reedy Financial Group
    - Temple & Temple Traffic Control
  - Clerk Treasurer Shirley Rynearson American Legal Publishing Agreement
  - MPD Chief Shawn Scudder Report
  - Resolution 2025-2B: Donut NV Parking restriction 2/28/25
  - Resolution 2025-3B: Winter Farmers Market Street Closure
  - Hist. Preservationist Brenna Haley: PACE Final 215 East Street
  - Director PPD Nicole Schell: Paul Bruhn Grant 5 Applications
- F. Unfinished business
- G. Mayor's comments
  - Event Safety Plan
- H. Public comments
- I. Next Meeting: **Monday, March 3, 2025**
- J. Motion to adjourn.

*City of Madison acknowledges its responsibility to comply with the Americans with Disabilities Act of 1990. To assist individuals with disabilities who require special services (i.e. sign interpretative services, alternative audio/visual devices, etc.) for participation in or access to City sponsored public programs, services and/or meetings, the City requests that individuals make requests for these services forty-eight (48) hours ahead of the scheduled program, service and/or meeting. To plan, contact ADA Coordinator at 812-265-8300.*



# MADISON *Indiana*

## Board of Public Works and Safety Minutes

**MEETING DATE:** Monday, February 3, 2025, at 11:30 AM

**MEETING PLACE:** City Hall- Council Chambers

The Board of Public Works and Safety, City of Madison, Indiana, met at 11:30 AM in the Council Chamber, City Hall.

**Calling of roll and notice of absentees:** Eaglin, Courtney, and Carlow were present (3-0).

**Approval of Minutes:** Eaglin moved to approve the January 21, 2025, minutes, seconded by Carlow. All in favor, motion carried (3-0).

**Claims—General/Payroll:** Carlow moved to approve the general and payroll claims as submitted, seconded by Eaglin. All in favor, motion carried (3-0).

**Adjustments:** None.

### **New business:**

**SRF Disbursement Requests 10L, 1SRFINT, and No. 2SRFINT – Utilities Superintendent Brian Jackson:** SRF Request No. 10L for MW Cole Construction includes a pay application dated December 27, 2024, with a total invoice amount of \$94,740, including a retainage of \$4,737. The SRF Disbursement No. 10L totals \$81,769, which fully utilizes the \$1 million allocated by the county for the water project. Additionally, SRF Disbursement No. 1SRFINT amounts to \$8,234, incorporating the \$4,737 retainage. The funds for Disbursement No. 1SRFINT are drawn from the accrued interest on the original \$12 million loan, which had a pre-disbursement balance of \$466,255. Future payments for the water project will be sourced from this interest account. SRF Request No. 2SRFINT for Dave O'Mara Contracting, related to Water Treatment Plants (Division "A"), includes Request No. 21R dated December 12, 2024, for a partial retainage release. The total retainage release amount in Pay App 21R is \$183,682, which is also the amount of SRF Disbursement 2SRFINT. Following this disbursement, the remaining retainage balance is \$45,920. **Motion:** Courtney moved to approve the SRF Requests, seconded by Eaglin. All in favor, motion carried (3-0).

In the INDOT Water project, the fire hydrant at the Riverview Drive intersection is set for removal, with costs still unknown. Additionally, the water line at the culvert by Grote needs relocation, with an estimated cost of \$28,500. For Wastewater, the Terrace Drive aerial sewer repair is estimated to cost between \$15,000 and \$20,000. The Waste Treatment Plant SCADA upgrade is projected at \$37,500. Several lift station pumps or hatches require replacement, including Hereford Rear at \$15,300, Thomas Hill Road at \$12,720, and JC-12 (Short's Addition) at \$7,800. At the Well's Drive Lift Station, the building structure next to the wet well requires wall lining, though the cost is not yet determined. Sewer bypassing will be necessary during this process, with an estimated cost of \$18,500. Installing this bypass will allow it to be used during the future upgrade of Well's Drive Lift Station. Flow testing and smoke testing are also planned on tributaries to Well's Drive Lift Station. In Water projects, the Altitude Valve Pit relocation north of the SR 62 water tower requires securing an easement for the new location. The costs for engineering and materials are currently being gathered.

**Contract with Sunset Cinema for Movies in the Park – Assistant Parks Director Tanya**

**Burnette:** Brett Ricketts was introduced to the board as he transitions from his role as Senior Center Coordinator to taking on additional responsibilities, including event management. The contract for Movies in the Park remains with the same vendor the city has used in previous years. The agreement follows a structure similar to the past and includes five movie screenings. The event will be fully funded through sponsorships. **Motion:** Courtney moved to approve the contract with Sunset Cinema for Movies in the Park, seconded by Carlow. All in favor, motion carried (3-0).

**Golf Cart Contract – Deputy Mayor Mindy McGee:** The golf course currently has 35 carts, many of which are in poor condition, with maintenance costs exceeding their actual value. Of the 35 carts, 33 are operational, while two have been stripped for parts. After discussions about the ideal number of carts needed for Sunrise, the initial estimate of 60 was adjusted to 45. Additionally, a utility cart will be provided for the grounds staff to navigate the course efficiently. This plan was budgeted for in the 2025 budget process. **Motion:** Eaglin moved to approve the golf cart contract, seconded by Carlow. All in favor, motion carried (3-0).

**Recommendation – Clerk-Treasurer Shirley Ryneanson:** The Clerk's Office has been working with the city's financial institution and accounting software provider to implement a new system designed to enhance reconciliation, reporting, data management, and internal accounting processes. This system will integrate with the city's bank accounts, streamlining financial operations. There is a one-time implementation fee, along with an annual maintenance cost. Additionally, the bank will charge a monthly fee per account. **Motion:** Courtney moved to approve the accounting software system recommendation, seconded by Carlow. All in favor, motion carried (3-0).

**PACE Extensions: 302 & 304 West, 612 Mulberry – Historic Preservationist Brenna Haley:**

Rebecca Brown has requested an extension of 12 months on the PACE Grant for 302 West St. The new deadline is February 3, 2026. The grant amount they were approved for was \$25,000. They have not received a midpoint disbursement. Rebecca Brown has requested an extension of 12 months on the PACE Grant for 304 West St. The new deadline is February 3, 2026. The grant amount they were approved for was \$25,000. They have not received a midpoint disbursement. Rebecca Brown has requested an extension of 12 months on the PACE Grant for 612 Mulberry St. The new deadline is February 3, 2026. The grant amount they were approved for was \$25,000. They have not received a midpoint disbursement. **Motion:** Courtney moved to approve the PACE Extension, seconded by Carlow. All in favor, motion carried (3-0).

**Mayor's Comments:** Regarding the City's Event Safety Plan, it would be beneficial to conduct a comprehensive review of the safety guidelines established a few years ago to ensure they remain effective and up to date. This review is particularly important in light of recent tragedies in other communities involving vehicles driving through festival events, highlighting the need for enhanced safety measures. The city hosts too many events with a lot of pedestrian activity to not revisit the guidelines. There is a City Council meeting tomorrow night, Tuesday, February 4, 2025.

**Public comment:** Deputy Mayor McGee provided several updates to the board. At the last meeting, the board approved up to \$450,000 for the city's insurance package renewal. After working closely with the insurance and risk management team, the city finalized the package at a total cost of \$424,000. Regarding CCMG, the city had the opportunity to apply for 50% more funding than usual, up to \$1.5 million. Taking full advantage of this, the city applied for \$3 million to support the Main Street project. This funding will supplement existing grants and other financial resources designated for the reconstruction of Main Street, covering the area from Mill to Broadway. The goal is to have the project under contract by early June. This initiative aligns with the broader revitalization plan,

complementing Phase Two, which spans from the incline bridge to Mill, and Phase One, which extends from the top of the hill to the incline bridge.

**Next meeting:** Tuesday, February 18, 2025, at 11:30 AM. *\*Monday is President's Day*

**Adjourn:** Eaglin moved to adjourn, seconded by Carlow. All in favor, motion carried (3-0).

Attested:

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**Shirley Rynearson, Clerk-Treasurer**

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**Mayor Bob Courtney**

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**Karl Eaglin**

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**David Carlow**



CITY OF MADISON WATER AND SEWER DEPARTMENT

Customer had leak from broken water line on billing for 1 month. Adjust billing for wastewater back to average usage.

( SEE ATTACHED DOCUMENTATION )

ACCOUNT NAME: BENJAMIN GOLEY

ADDRESS: 524 EAST ST

ACCOUNT #: 26-63568-16

	Date	Water	Tax	Hyd Sprk	Penalty Water	Sewer	Penalty Sewer	Trash	Penalty Trash	Total
Billed=	11/14/24	0.00	0.00	0.00	0.00	1334.38	0.00	0.00	0.00	1334.38
Gal Used	163,500									
SHB =	2,300	0.00	0.00	0.00	0.00	23.82	0.00	0.00	0.00	23.82
	Reading									
Adjustment		0.00	0.00	0.00	0.00	1310.56	0.00	0.00	0.00	<b>1310.56</b>
	Date	Water	Tax	Hyd Sprk	Penalty Water	Sewer	Penalty Sewer	Trash	Penalty Trash	Total
Billed=	12/12/24	0.00	0.00	0.00	0.00	76.66	0.00	0.00	0.00	76.66
Gal Used	8,800									
SHB =	2,300	0.00	0.00	0.00	0.00	23.82	0.00	0.00	0.00	23.82
	Reading									
Adjustment		0.00	0.00	0.00	0.00	52.84	0.00	0.00	0.00	<b>52.84</b>

**Total Amount of Adjustment:** -\$1,363.40

**SIGNED:** \_\_\_\_\_

**DATED:** 2/10/2025



PO Box 943, Seymour, IN 47274 | (812) 522-9444 (ph.) (812) 522-9494 (fax)  
115 W. Washington St, South Tower, Suite 1690, Indianapolis, IN 46204 | (317) 820-3440 (ph.)  
[www.ReedyFinancialGroup.com](http://www.ReedyFinancialGroup.com)

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February 12<sup>th</sup>, 2025

Attn: Honorable Bob Courtney, Mayor & Board of Works President  
City of Madison  
101 W Main St.  
Madison, Indiana 47250

We are excited for the opportunity to work with the City and provide expert governmental accounting and financial advising services.

The purpose of this letter is to formulate a mutually acceptable agreement between the City of Madison (the "City") and Reedy Financial Group, PC ("RFG") pursuant to which RFG will perform certain professional services as directed by the authorized representatives of the City. The effective date of this agreement and the attached RFG Engagement Terms (Attachment A & Attachment B) is as of the date of signing by the City and may be terminated by either party in writing to the address listed above. In the event of termination by the City, RFG shall be entitled to payment for all services provided prior to termination by the City. This agreement will be used as a basis for assigning projects or financial advisory work to RFG. However, the agreement does not guarantee that any assignments will be given to RFG, and the work performed can be discontinued at any time. This agreement does not replace or supersede any other existing professional service engagements RFG may have with the City. Services provided by RFG under this agreement may include, but are not limited to the following:

**Scope of Service:**

The Scope of Service items listed below include descriptions of each deliverable. Upon completion of the Scope of Work, a list of findings will be included in an executive summary. RFG is available to provide advice or act on these findings under the Special Projects description, listed below.

**1. Special Projects – (Billed hourly as directed)**

- a. From time to time, RFG is asked to prepare certain reports or perform other services which may not be clearly identifiable within existing professional service engagements. For this reason, we have a Special Projects billing code which can and may be used for these types of financial or accounting related activities.

We shall invoice at the beginning of each month for work performed for the City during the previous month at the hourly rates outlined below, plus out-of-pocket expenses.

Our hourly rate ranges (depending on the complexity of services) are outlined as follows:

<u>Position:</u>	<u>Hourly Rate Range:</u>
<u>Owner/Director - Administrative</u>	<u>\$285.00 - \$50.00</u>

<u>Out of Pocket Expenses:</u>	<u>At Cost</u>
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**NOTE: We do not charge a retainer or provide transaction-based compensation; rather we submit bills based on hours worked.**

We will not be auditing, reviewing, or compiling the City's financial statements as defined by the American Institute of Certified Public Accountants (AICPA).

In response to Municipal Securities Rulemaking Board (the "MSRB") Notice 2011-37 dated August 3, 2011 (the "2011-37 Notice") and in compliance with MSRB Rule G-17 ("G-17"), Reedy Financial Group, P.C. ("RFG") deems it necessary to disclose certain evidences regarding its role as financial advisor or municipal advisor.

The MSRB has adopted G-17. G-17 requires municipal advisors to "deal fairly with all persons and shall not engage in any deceptive, dishonest or unfair practices."

The 2011-37 Notice brings to the attention of financial advisors information pertaining to engagement in certain activities that could require them to register with the SEC as a broker and become subject to MSRB rules that apply to brokers, dealers, and municipal securities dealers. The 2011-37 Notice states that "under principles described by the SEC in no-action letters, if financial advisors engage in certain activities with respect to placements of municipal securities by issuers, they may be considered to be acting as a "broker" and, depending on the nature of such activities, could be viewed as placement agents. Activities of particular concern are introductions of potential investors to an issuer or negotiation with potential investors, in either case coupled with the receipt of transaction-based compensation."

Accordingly, and in compliance with G-17 and the 2011-37 Notice, RFG hereby expressly states that: (a) it is acting solely as financial advisor or municipal advisor and not as a underwriter or placement agent in connection with all services proposed and/or provided; (b) any services provided by RFG as they relate to its role as Financial Advisor or Municipal Advisor should not be construed by anyone to be those provided by an underwriter or placement agent; and (c) RFG does not engage in any of the activities outlined in the 2011-37 Notice that would cause it to be viewed as a "broker" or placement agent. Particularly, RFG does not engage in transaction-based compensation.

Pursuant to Indiana Code § 22-5-1.7-11, RFG has to enroll in and will verify the work eligibility status of all newly hired employees through E-Verify.

Please sign and date below to acknowledge your agreement with the above stated terms.

\_\_\_\_\_  
**Board of Works President**  
City of Madison, Indiana

DATE: \_\_\_\_\_

#### AFFIDAVIT

I, Eric Reedy, do hereby state as follows:

1. I am the owner (Officer or other Capacity) of Reedy Financial Group, PC (Contractor), and I have personal knowledge of all matters set forth in this Affidavit.
2. Contractor has enrolled and is participating in the E-Verify program.
3. Contractor does not knowingly employ an unauthorized alien.
4. Contractor does not receive transaction based compensation

**I SWEAR OR AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE.**

*Eric Reedy*

Eric Reedy  
(Printed)



## ATTACHMENT A

### RFG Engagement Terms

Reedy Financial Group, PC (“RFG”) wants you to understand the basis under which we offer our services to you and determine our fees, as well as to clarify the relationship and responsibilities between your organization and ours. These terms are part of our engagement letter and apply to all future services, unless a specific engagement letter is entered into for those services. We specifically note that no advice we may provide should be construed to be investment advice.

**YOUR ASSISTANCE** - For us to provide our services effectively and efficiently, you agree to provide us timely with the information we request and to make your employees available for our questions. The availability of your personnel and the timetable for their assistance are key elements in the successful completion of our services and in the determination of our fees. Completion of our work depends on appropriate and timely cooperation from your personnel; complete, accurate, and timely responses to our inquiries; and timely communication by you of all significant accounting and financial reporting matters of which you are aware. If for any reason this does not occur, a revised fee to reflect the additional time or resources required by us will be mutually agreed upon, and you agree to hold us harmless against all matters that arise in whole or in part from any resulting delay. If circumstances arise that, in our professional judgment, prevent us from completing this engagement, we retain the right to take any course of action permitted by professional standards, including but not limited to withdrawing from the engagement.

**THIRD PARTY PROVIDER** - We may use a third-party service provider in providing professional services to you which may require our sharing your confidential information with the provider. If we use a third-party service provider, we will enter into a confidentiality agreement with the provider to require them to maintain the confidentiality of your confidential information. The terms of our engagement letter and these engagement terms shall apply to any third party provider.

**CONFIDENTIALITY** - We will maintain the confidentiality of your confidential information in accordance with professional standards. You agree not to disclose any confidential material you obtain from us without our prior written consent. Your use of our work product shall be limited to its stated purpose only. We retain the right to use the ideas, concepts, techniques, industry data, and know-how we use or develop in the course of the engagement.

**CONSUMER PRIVACY** - In order to provide the services called for in this engagement, you may be disclosing to us certain nonpublic personal information regarding your accounts, customers, and consumers. We will not disclose any such nonpublic personal information except to you and our employees and agents to the extent permitted by law. We have implemented and will maintain physical, electronic and procedural safeguards reasonably designed to protect the security, confidentiality and integrity of, to prevent unauthorized access to or use of, and to

ensure the proper disposal, of nonpublic personal information regarding your customers or consumers.

**CHANGES** - We may periodically communicate changes in laws, rules, or regulations to you. However, you have not engaged us to and we do not undertake an obligation to advise you of changes in laws, rules, regulations, industry or market conditions, your own business practices, or other circumstances, except to the extent required by professional standards.

**PUBLICATION** - You agree to obtain our specific permission before using our report or our firm's name in a published document, and you agree to submit to us copies of such documents to obtain our permission before they are filed or published.

**NO PUNITIVE OR CONSEQUENTIAL DAMAGES** - Any liability of RFG to you shall not include any special, indirect, consequential, incidental, punitive, or exemplary damages or loss nor any lost profits, savings, or business opportunity.

**LIMIT OF LIABILITY** - The provisions of this section establishing a limit of liability will not apply if, as determined in a judicial proceeding, we performed our services with gross negligence or willful misconduct. Our engagement with you is not intended to shift risks normally borne by you to us. With respect to any services or work product or this engagement in general, the liability of RFG and its personnel shall not exceed the fees we receive for the portion of the work giving rise to liability. A claim for a return of fees paid shall be the exclusive remedy for any damages. This limitation of liability is intended to apply to the full extent allowed by law, regardless of the grounds or nature of any claim asserted. This limitation of liability shall also apply after termination of this agreement.

**INDEMNIFICATION FOR THIRD-PARTY CLAIMS** - The provisions of this section for indemnification will not apply if, as determined in a judicial proceeding, we performed our services with gross negligence or with willful misconduct. Our engagement with you is not intended to shift risks normally borne by you to us. In the event of a legal proceeding or other claim brought against us by a third party, you agree to indemnify and hold harmless RFG and its personnel against all costs, fees, expenses, damages, and liabilities, including defense costs and legal fees, associated with such third-party claim arising from or relating to any services or work product that you use or disclose to others or this engagement generally. This indemnification is intended to apply to the full extent allowed by law, regardless of the grounds or nature of any claim asserted. This indemnification shall also apply after termination of this agreement.

**NO TRANSFER OR ASSIGNMENT OF CLAIMS** - No claim against RFG, or any recovery from or against RFG, may be sold, assigned or otherwise transferred, in whole or in part.

**TIME LIMIT ON CLAIMS** - In no event shall any action against you or RFG, arising from or relating to this engagement letter or the services provided by RFG relating to this engagement, be brought after the earlier of 1) two (2) years after the date on which occurred the act or omission alleged to have been the cause of the injury alleged; or 2) the expiration of the applicable statute of limitations or repose.

**RESPONSE TO LEGAL PROCESS** - If we are requested by subpoena, other legal process, or other proceedings to produce documents pertaining to you and we are not a named party to the proceeding, you will reimburse us for our professional time, plus out-of-pocket expenses, as well as reasonable attorney fees we incur in responding to such request.

**MEDIATION** - If a dispute arises, in whole or in part, out of or related to this engagement, or after the date of this agreement, between you or any of your representatives, and RFG, and if the dispute cannot be settled through negotiation, you and RFG agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its mediation rules for professional accounting and related services disputes before resorting to litigation or any other dispute-resolution procedure. The results of mediation shall be binding only upon agreement of each party to be bound. Costs of any mediation shall be shared equally by both parties.

**JURY TRIAL** - In the unlikely event that differences concerning our services or fees arise between us that are not resolved by mutual agreement or mediation, you and we agree to waive a trial by jury to facilitate judicial resolution and save the time and expense of both parties.

**LEGAL AND REGULATORY CHANGE** - The scope of services and the fees for the services covered by the accompanying letter are based on current laws and regulations. If changes in laws or regulations change your requirements or the scope of our work, you and we agree that our fees will be modified to a mutually agreed-upon amount to reflect the changed level of our effort.

**NON-SOLICITATION** - You and we acknowledge the importance of retaining key personnel. Accordingly, both parties agree that during the period of this agreement and for one year after its expiration or termination, neither party will solicit any personnel of the other party for employment without the prior written consent of the other party. If an individual becomes an employee of the other party, the other party agrees to pay a fee equal to the individual's compensation for the prior full twelve-month period to the original employer.

**ATTACHMENT B**  
**Reedy Financial Group, P.C.**  
**103 Community Drive**  
**P.O. Box 943**  
**Seymour, Indiana 42274**

**Disclosure Brochure and Privacy Policy as of June 2015**

**Disclosure**

This Disclosure Brochure provides customers with information about the qualifications and business practices of Reedy Financial Group, P.C. Reedy Financial Group, P.C. is a Registered Municipal Advisor with the Securities and Exchange Commission (SEC) and Municipal Securities Rulemaking Board (MSRB) under the Dodd-Frank Wall Street Reform and Consumer Protection Act (Dodd-Frank Act). Reedy Financial Group, P.C. endeavors at all times to operate in compliance with federal and state laws and to conduct its business in the highest ethical manner.

Reedy Financial Group, P.C. was founded in 2009 and became registered with the SEC and MSRB in the fall of 2014. The Firm provides Advisory services on behalf of Government Agencies, Educational, Healthcare and other Non-Profits. The Firm does not manage customer portfolios and has no discretionary accounts. Any special compensation arrangement between an associated person and the Firm that could present a conflict of interest with the customer such as bonuses or referral fees will be disclosed to the customer. Any economic benefit received from a non-customer in connection with providing and advisory services will be disclosed to the customer.

The Firm nor any Associated Person of Reedy Financial Group, P.C. has any past or current disciplinary disclosures. If you have any questions with respect to any of these disclosures please feel free to contact our Designated Chief Compliance Officer (CCO) Matthew Frische at [mfrische@reedyfinancialgroup.com](mailto:mfrische@reedyfinancialgroup.com).

**Privacy Policy**

Reedy Financial Group, P.C. collects data in the normal course of business while we service your needs. We consider your data to be private and confidential, and we hold ourselves to the highest standards of trust in their safekeeping and use. We collect nonpublic information from clients in the following matter:

- **Information we receive from you in forms;**
- **Information that you give us verbally;**
- **Information about your transactions with us, or others, and**
- **If you visit our web site, information we collect via a web server, often referred to as a "cookie." Cookies indicate where a site visitor has been online and what has been viewed.**

We do not disclose any nonpublic information about our customers or former customers to anyone, except as permitted by law. We only use information about you to help better serve your investment needs or to suggest services that may be of interest to you.



1367 South State Road 60 Salem, IN 47167 – Phone: 812.883.6644 – Fax: 812.883.6664

DATE: 2/4/2025

TO: Josh Darby, JTL

RE Madison Connector Trail  
Madison, IN

Please find below a description of the traffic control plans to be implemented by Temple & Temple Excavating & Paving during the construction of the Madison Connector Trail.

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- **Signal Plan:** This plan will be utilized when working near traffic and the roadway during the installation of the box culvert and other aspects of the trail along Clifty Hollow Rd., from Station 125+00 to 138+00. It will be used only as necessary to ensure the safety of both the public and workers and will remain in place for the shortest duration possible.
- **Flagger Plan:** This plan will be implemented on an **as-needed** basis before and after the signal plan to minimize the duration of signal-controlled traffic.
- **Lane Shift Plan:** This plan may or may not be used, depending on the available space onsite. If sufficient space is available, it may be used in place of flagger operations to reduce traffic impact and enhance worker safety.

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If you have any questions or comments, please call me at (812) 883-6644.

Sincerely,

Jason Newton  
Estimator

Temple & Temple  
1367 IN-60,  
Salem, IN 47167  
Contact: Travis Robinson  
812-225-1287

**SUGGESTED MAINTENANCE OF TRAFFIC PLAN**

COMMENTS:  
PLAN NOT TO SCALE, MOT PLAN MUST BE APPROVED BY ENGINEER OR GOVERNMENT OFFICIAL, PLACEMENT OF ALL  
SIGNAGE & TRAFFIC CONTROL DEVICES MUST MEET MINIMUM SPACING STANDARDS AS DESCRIBED IN CURRENT EDITION OF THE MUTCD



Project Details	
Service Address:	1261 Cliffy Hollow Rd
Flagger:	Flagger
No Sidewalk Closure:	No Sidewalk Closure
Taper Length:	5-100 FT
Speed Limit:	45 MPH
Closed Lane Width:	12 FT
Channelizing Device Spacing:	45 FT
Legend	
	Channelizing Device
	Work Area
	Sign (shown facing left)
	Flagger
peytonsbarricade.com 01.30.25 LP	

Temple & Temple  
1367 IN-60,  
Salem, IN 47167  
Contact: Travis Robinson  
812-225-1287

**SUGGESTED MAINTENANCE OF TRAFFIC PLAN**

COMMENTS:  
PLAN NOT TO SCALE, MOT PLAN MUST BE APPROVED BY ENGINEER OR GOVERNMENT OFFICIAL. PLACEMENT OF ALL  
SIGNAGE & TRAFFIC CONTROL DEVICES MUST MEET MINIMUM SPACING STANDARDS AS DESCRIBED IN CURRENT EDITION OF THE MUTCD



Project Details	
Service Address:	1261 Clifty Hollow Rd
Temp Signal Plan	
No Sidewalk Closure	
Taper Length:	5-100 FT
Speed Limit:	45 MPH
Closed Lane Width:	12 FT
Channelizing Device Spacing:	45 FT
Legend	
	Channelizing Device
	Work Area
	Sign (shown facing left)
	Flagger
peytonsbarricade.com 01.30.25 LP	

Temple & Temple  
1367 IN-60,  
Salem, IN 47167  
Contact: Travis Robinson  
812-225-1287

**SUGGESTED MAINTENANCE OF TRAFFIC PLAN**

COMMENTS:  
PLAN NOT TO SCALE, MOT PLAN MUST BE APPROVED BY ENGINEER OR GOVERNMENT OFFICIAL, PLACEMENT OF ALL  
SIGNAGE & TRAFFIC CONTROL DEVICES MUST MEET MINIMUM SPACING STANDARDS AS DESCRIBED IN CURRENT EDITION OF THE MUTCD



Project Details	
Service Address:	1261 Clifty Hollow Rd
Lane Shift:	
Taper Length:	270 FT
Speed Limit:	45 MPH
Allow minimum of 10 FT per lane	
Channelizing Device Spacing:	45 FT
Legend	
	Channelizing Device
	Work Area
	Sign (shown facing left)
peytonsbarricade.com 02.04.25 LP	



## MEMO

TO: Paul Jones  
FROM: Amy Oaks  
DATE: January 7, 2025  
RE: Madison, IN S-35 Estimate

There are a couple of potential items for the city to address before we begin editing:

- Ord. 2023-12 calls for the addition of a new section to Ch. 34 regarding parental leave. We have assumed the text of Ord. 2023-12 will be added as a new § 34.51. However, we also noted that § 34.47(A)(3) addresses maternity leave and may be in conflict with Ord. 2023-12. Please ask the city to advise if any revision to § 34.47(A)(3) is desired.
- Ch. 35 has an extensive number of sections related to city funds. While many of the sections are relatively recent, many are a result of legislation that is 30 or 40 years old. There are now enough funds listed that there is a surfeit of available section numbers between the Funds subchapter and the Fixed Asset Capitalization Policy subchapter. The city may wish to undertake a comprehensive review of the Funds subchapter to ensure that all the listed funds are still operative. Alternatively, the city may wish to fully repeal the Funds subchapter so that funds are handled as an administrative function outside of the code book. Please ask the city to let us know if they want us to repeal the subchapter. (If they choose a review, we assume we will see legislation in the future as a result of that review.)

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February 13, 2025

Dear Ms. Rynearson

With the addition of four ordinances Tom Harlow submitted two weeks ago, the S-35 Supplement now includes an updated officials page, Ordinance Nos. 2023-8 through 2023-20, 2024-1 through 2024-19, and Resolutions Nos. 7-2011, 9-2011, 3C-2023 through 7C-2023, 9C-2023, 2024-1C, 2024-4C, 2024-5C, 2024-7C through 2024-9C.

In reviewing these documents to calculate this estimate, Amy Oaks, our Director Supplement Services, was uncertain how Ordinance No. 2023-12 (implementing a parental leave policy) and Ordinance Nos. 2023-11, 2023-18, 2023-19, 2024-1, 2024-5 (all adding new funds to any already-crowded funds subchapter in Chapter 35) should be codified. Her concerns are set forth in a short memo that I have attached to this estimate.

Our revised overall estimate for this supplement is a range of \$5,275-\$6,375. This estimate consists of three unequal parts. The anticipated cost of updating Madison's code books with 15 sets of inserts is a range of \$4,600-\$5,600. You have also ordered 15 larger three-inch binders for Madison's code books, which would be billed at \$25 each for a total quoted cost of \$375.

Whenever we update Madison's printed code, we also update its online code through Folio. Folio is billed at a rate of \$1.95 per page, a minimum of \$195 per annual supplement. The estimated length of the S-35 Supplement is 171 pages. As a result, the Folio invoice shall fall within a range of \$300-\$400.

If you need further clarification, please let me know. Unless I hear from you first, I plan to contact you again in a week to see if this estimate has been approved, and if you have determined how Ordinance Nos. 2023-12, 2023-11, 2023-18, 2023-19, 2024-1 and 2024-5 should be codified.

Sincerely,



Paul D. Jones  
Customer Service Representative

**RESOLUTION 2025-2B**

**A RESOLUTION OF THE BOARD OF PUBLIC  
WORKS AND SAFETY OF THE CITY OF MADISON, INDIANA  
REGARDING PARKING SPACE CLOSINGS FOR  
DONUTNV FOOD TRUCK**

WHEREAS, there has been a request filed by Becky Pyles on behalf of DonutNV for the closure of parking spaces in front of the James Dell clothing store located at 108 West Main Street to allow its Food Truck to park and operate for food vending on during Madison's Girls Weekend.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF PUBLIC WORKS AND SAFETY OF THE CITY OF MADISON, INDIANA, that four (4) parking spaces located in front of the James Dell clothing store at 108 West Main Street shall be closed from 10:00 p.m. to Midnight on Friday, February 28, 2025, in order to allow DonutNV to park its Food Truck to set up for food vending. DonutNV will detach its tow vehicle after completing its setup and will leave two (2) parking spaces open for public use.

BE IT FURTHER RESOLVED BY THE BOARD OF PUBLIC WORKS AND SAFETY OF THE CITY OF MADISON, INDIANA, that the two (2) remaining parking spaces located directly in front of the James Dell clothing store at 108 West Main Street shall be closed from Friday, February 28, 2025, through Saturday, March 1<sup>st</sup>, at 8:00 p.m. in order to allow DonutNV to park its Food Truck to operate food vending.

BE IT FURTHER RESOLVED BY THE BOARD OF PUBLIC WORKS AND SAFETY OF THE CITY OF MADISON, INDIANA, that said parking spaces as closed shall be under the supervision and control of the DonutNV at the times noted above for the year 2025.

ADOPTED this 18<sup>th</sup> day of February, 2025.

\_\_\_\_\_  
Bob G. Courtney, Chairman

\_\_\_\_\_  
Karl Eaglin, Member

\_\_\_\_\_  
David Carlow, Member

(SEAL)

ATTEST:

\_\_\_\_\_  
Shirley Rynearson, Clerk-Treasurer

**RESOLUTION 2025-3B**

**A RESOLUTION OF THE BOARD OF PUBLIC  
WORKS AND SAFETY OF THE CITY OF MADISON, INDIANA  
REGARDING STREET AND SIDEWALK CLOSINGS FOR THE  
2025 WINTER FARMERS MARKET**

WHEREAS, there has been a request filed Brittany Demaree and Austin Sims on behalf of the Madison Farmers Market for street and sidewalk closings for said group in connection with its Winter Farmers Market to be held the following Saturdays in 2025: February 1<sup>st</sup>, March 1<sup>st</sup>, April 5<sup>th</sup>, April 12<sup>th</sup>, April 19<sup>th</sup>, April 26<sup>th</sup>, October 4<sup>th</sup>, October 11<sup>th</sup>, October 18<sup>th</sup>, October 25<sup>th</sup>, November 1<sup>st</sup>, November 8<sup>th</sup>, November 15<sup>th</sup>, November 22<sup>nd</sup>, November 29<sup>th</sup>, and December 6<sup>th</sup>.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF PUBLIC WORKS AND SAFETY OF THE CITY OF MADISON, INDIANA, that the following street and sidewalks shall be closed from 8:00 a.m. to 1:00 p.m. the following Saturdays in 2025: February 1<sup>st</sup>, March 1<sup>st</sup>, April 5<sup>th</sup>, April 12<sup>th</sup>, April 19<sup>th</sup>, April 26<sup>th</sup>, October 4<sup>th</sup>, October 11<sup>th</sup>, October 18<sup>th</sup>, October 25<sup>th</sup>, November 1<sup>st</sup>, November 8<sup>th</sup>, November 15<sup>th</sup>, November 22<sup>nd</sup>, November 29<sup>th</sup>, and December 6<sup>th</sup>:

- 1) Southbound lane of Broadway Street from the north side of Main Street to the south side of Third Street; and
- 2) Sidewalks on the north side of Main Street from Main Street to Trinity United Methodist Church and 408 Broadway Street.

BE IT FURTHER RESOLVED BY THE BOARD OF PUBLIC WORKS AND SAFETY OF THE CITY OF MADISON, INDIANA, that said street and sidewalks as closed shall be under the supervision and control of the Madison Farmers at the times noted above for 2025.

ADOPTED this 18th day of February 2025.

\_\_\_\_\_  
Bob G. Courtney, Chairman

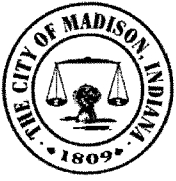
\_\_\_\_\_  
Karl Eaglin, Member

\_\_\_\_\_  
David Carlow, Member

(SEAL)

ATTEST:

\_\_\_\_\_  
Shirley Rynearson, Clerk-Treasurer



P.A.C.E. Preservation & Community Enhancement Grant Program Final Report

Purpose: Application is hereby made to request the funding from the PACE Program. Forms must be accompanied by at least four photos showing the progress and one photo of the front of the building. Copies of all paid invoices and receipts must also be submitted. If a Midpoint Report was submitted, only paid invoices and receipts after that report are required to be submitted with this form.

**APPLICANT INFORMATION**

Date: 2-5-2025  
 Property Owner Name: Steward Hizey  
 Mailing Street Address: P.O. Box 21  
 City: Madison State: IN Zip: 47250  
 Phone (Preferred): 805-550-8705 Phone (Alternate): \_\_\_\_\_  
 Email: SKHizey@gmail.com

**PROJECT INFORMATION**

Street Address: 215 East St.  
 Total Cost of Project (include all costs to complete the entire project): 11,110.00  
 Estimated Date of Completion of Work: 2-4-2025  
 Hilltop  Downtown

**GRANT INFORMATION**

- Rehabilitation (Downtown) Grant       Curb Appeal (Hilltop) Grant       Dilapidated Structures Grant       Dangerous Buildings Grant

Total Amount of Grant Awarded (can be obtained from the office): \$4,417.50

Was a midpoint report submitted for this project?  Yes  No

**DESCRIPTION OF THE PROJECT**

Please describe the project elements that have been completed. If a midpoint report was submitted, only include the list of project elements completed since that report was submitted.

Repair Front Porch, Repair windows, Remove Mobile Home  
Awning & fix/repair fascia, Reaster Trills, Repair side  
Door & trim

Additional pages are attached.



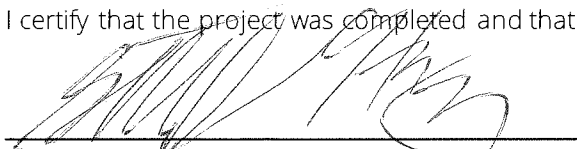
## DETAILED PROJECT BUDGET WORKSHEET

List all major tasks that have been complete of the Project. The P.A.C.E. Grant Program funds materials and labor. Please separate materials from labor. If a midpoint report was submitted, only include the tasks completed since that report was submitted.

Task #	Description of Work and/or Material Please Reference Appropriate Quote (Must be attached)	Total Task Cost	Amount of Grant Funds (50% max)
	SAMPLE: Lumber and supplies per sales ad from Lowe's	\$1,076	\$538.00
1	REPLACE side door, casing / trim	1,250	625
2	WINDOW trim repair #1358 \$450	585	292.50
3	Removal of side Alum cover & repair fence		
4	Board, GUTTERS & DUM FEES	3550	1775
5	Remove & Repair Dilapidated Porch	3,450	1725
6	Posts for Porch	750	375
7	Rafter Truss repaired/replaced with	1075	537.50
8	Gutters	450	225.00
9		1,110.00	
10			
11			
12			
	<b>Totals</b>	<b>1,110.00</b>	<b>*5,555.00</b>

Additional pages are attached. \* New adjusted total. Original amount approved was \$4,417.50  
New total must get approval from PACE Committee

I certify that the project was completed and that all required documents are included in my final report packet.

  
Applicant(s) Signature

2-5-25  
Date

**American Home Improvements  
Of Southern Indiana Inc.**

2101 Seneca Dr.  
Madison, IN. 47250  
812 599 3542

**Invoice**

Client:  
Stewart Hizey  
215 East St.  
Madison IN 47250  
805 550 8705

**Exterior Work on house as follows:**

- Replace side exterior door with new door with half upper window. ✓

T&M \$1,250

- Replace metal trim on pair of windows on North side of house with wood trim, caulk and paint.

T&M \$135

- Remove small side porch roof and area where it ties into existing roof. Patch area where it is removed with plywood, tar paper, and weave new shingles into area to match existing shingles as closely as possible.
- Remove gutters.
- Remove fascia boards on that entire area, fix bad rafter tails underneath, and install new fascia boards.
- Paint new fascia boards.
- Install new seamless gutter over entire new fascia area.
- Haul all resulting debris to dump.

✓ T&M ✓ \$3,550

- ✓• Patch hole in trim on left window on front of house with wood hardener material, sand & paint it.
- Cut off a few inches of end of window sill from left to right on right window on front of house, and custom make new sill to fit back in place. Caulk & paint it.

T&M \$450

- Remove front porch, railings & stairs.
- Built whole new porch, railings & stairs, with boards running horizontally to cover under porch & under stairs areas.
- Use black aluminum round railings.
- Use 2x12's for stair treads.
- Use 2x8's for stair risers.
- Use 2x10's to cover lower areas for looks.
- Use 2x6's for decking.
- Use 2x10's for framing for added strength.
- Paint entire deck, stairs and cover boards with blue paint to match house.



- Paint railing studs white.
- Leave spindles black.
- Haul all resulting debris to dump.

✓ T&M \$3,450

Additional work completed:

- Replace all of the rafter tails when repairing the roof during the lean to removal process.

✓ T&M \$1,075

- Replace upper gutters on South side of house because of ice storm ripping old gutters off and leaving them unusable.

T&M \$450

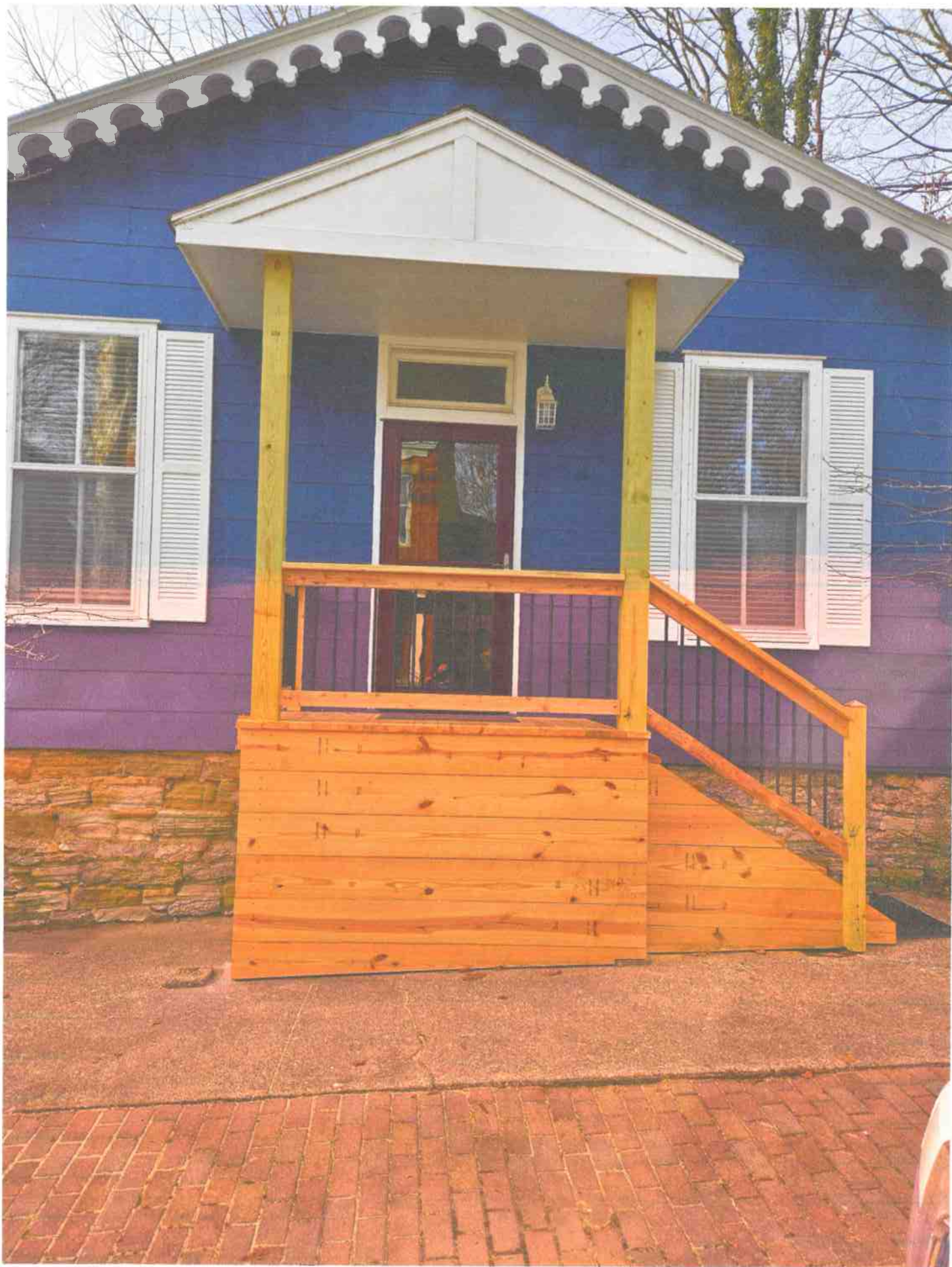
- Replaced front porch posts because old ones were rotted out upon inspection.

✓ T&M ~~750~~ \$750

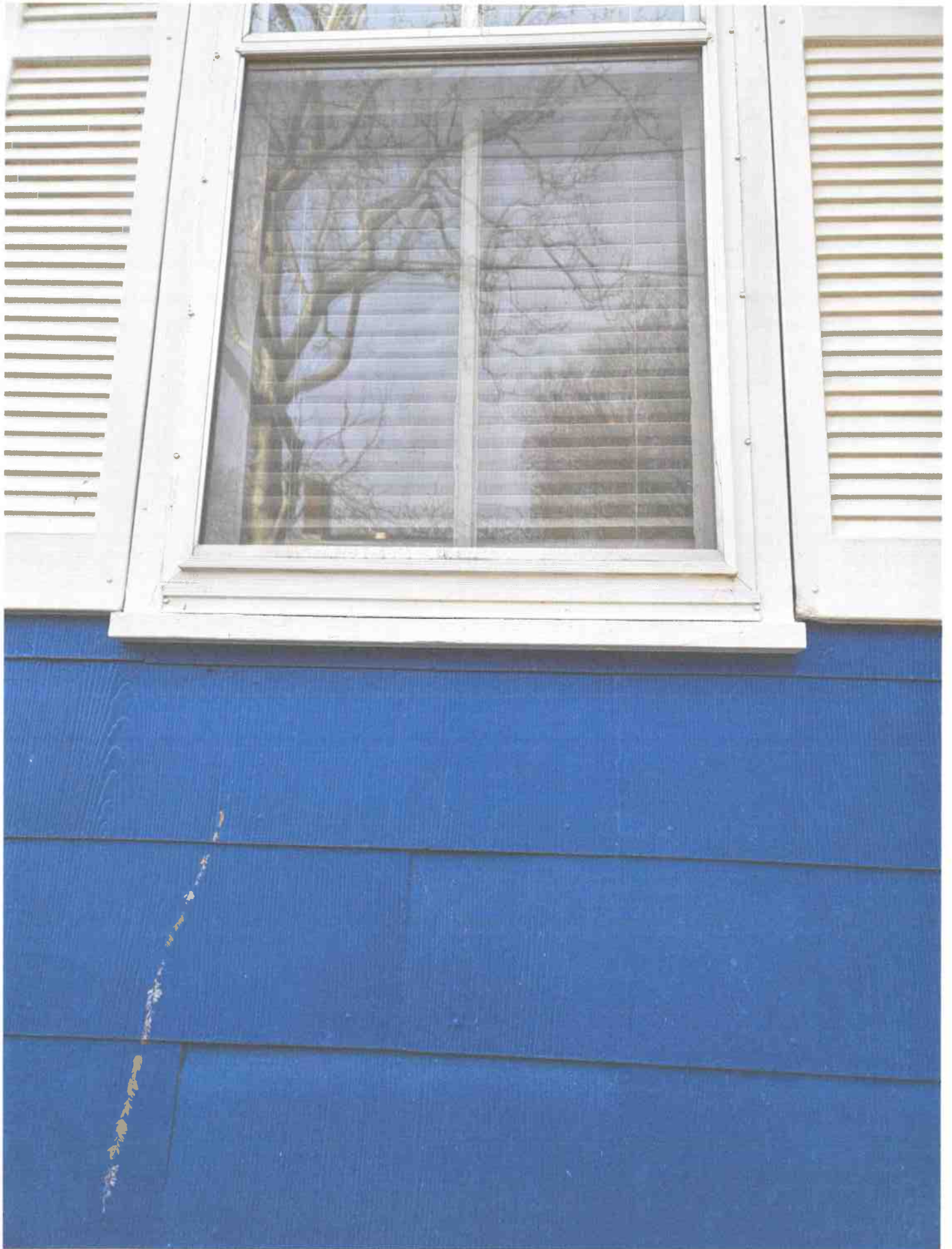
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Total for all work: \$11,110

Paid in full 1-4-2025 Denis Fellenz

















Round	Applicant Name	Property Address	NHL Rating	Grant Type	Income Range	Max Award	Approval by Committee
2.1	Michael Green	317 E First St	C	Rehab	40.1%-50%	\$ 20,000.00	10/15/2024
2.1	Faye Rhomberg	407 Mill St	C	Rehab	40.1%-50%	\$ 20,000.00	10/15/2024
2.1	Annalisa Strickland	129 Mulberry St	C	Rehab	40.1%-50%	\$ 20,000.00	10/15/2024
2.1	Camille Fife	608 Mulberry St	C	Rehab	40.1%-50%	\$ 20,000.00	10/15/2024
2.2	Deborah Williams	405 Mill St	C	Rehab	30.1%-40%	\$ 20,000.00	10/29/2024
2.2	Cheryl Hacker	1028-1030 W Second St	C	Rehab	60.1%-80%	\$ 20,000.00	10/29/2024

Paul Bruhn Program Summary

Round 1                   \$ 20,000.00 Approved  
Round 2                   \$ 120,000.00 Requested



Application for Paul Bruhn  
PACE Grant Program

Purpose: Application is hereby made to request funding from the Paul Bruhn PACE Program. This application must be filed prior to work beginning on a property located within the City of Madison's historic district. This application does not replace the need for approval from the HDBR.

**PART A - APPLICANT INFORMATION**

Date: 9-20-24  
 Property Owner/Applicant Name: Michael T Green  
 Mailing Street Address: 317 E First St  
 City: Madison State: IN Zip: 47250  
 Phone (Preferred): 812-493-2592 Phone (Alternate): 812-493-2189  
 Email: none

**CO-APPLICANT**

Co-Applicant Name: Vickie Green  
 Mailing Street Address: 317 E First St  
 City: Madison State: IN Zip: 47250  
 Phone (Preferred): 812-493-2592 Phone (Alternate): 812-493-2189  
 Email: none

**DEPENDENTS**

NAME	SEX	AGE UNDER 18 (Y/N)	RELATIONSHIP
<u>None</u>			

Additional pages are attached.



**PART B - DESCRIPTION OF THE PROJECT**

Please provide a description of construction-related activities and list all major tasks necessary to complete the project.

tin roof leaks  
 shingle roof leaks  
 window rotted  
 siding back of house (asbestos)  
 front door

Additional pages are attached.

**PART C - FINANCIAL INFORMATION**

Please complete the following tables.

- |   |   |                             |
|---|---|-----------------------------|
| Is this your primary place of residence?              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you own the business and <u>building</u> ?         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you current with your property taxes?             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your property insurance in force and paid in full? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a mortgage?                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, are you current with your payments?            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |



**HOUSEHOLD MEMBERS**

NAME	WAGES/SALARY	BENEFITS/PENSIONS	CHILD SUPPORT	OTHER INCOME

Additional pages are attached.

**APPLICANT'S EMPLOYMENT INFORMATION**

Employer: none Phone Number: \_\_\_\_\_  
 Mailing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CO-APPLICANT'S EMPLOYMENT INFORMATION**

Employer: None Phone Number: \_\_\_\_\_  
 Mailing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**A Paul Bruhn PACE grant application must include the following documents:**

- Photographs of existing conditions of Property
- Project Plans (required if altering footprint or openings)
- Certificate of Appropriateness (COA) (if applicable)
- Proof of Property Insurance
- Proof of Ownership (Deed)
- Completed Verification of Employment Form
- Income Certification Form



**Applicant must read and initial the following:**

MG I understand that the grant funds must be used only for the project described in this application. The work must be completed within twelve (12) months of the date that the grant is awarded. If a project is not completed the recipient(s) may request an extension to the City of Madison Board of Works and Safety.

MG I understand that I must receive all required permits from the Office of Planning, Preservation, and Design and from the State of Indiana prior to beginning work on my project or I will forfeit any awarded grant monies.

MG I understand that a failure to complete any project may result in the City of Madison placing a lien on the property in order to recover grant monies in the amount of monies received by Recipient(s).

MG I understand that if awarded, I will be required to sign a 5-year preservation agreement that meets the minimum federal preservation requirements set by the National Park Service.

MG I understand that all property taxes must be current and that there cannot be any current tax liens against the property or current litigation between the City of Madison and the applicant. I understand that if one of these is not true, my application will not be considered for funds.

**I certify that I have read the P.A.C.E. Program Guidelines and that all required documents are included in my final application packet.**

Michael Green / Vicki y A  
**Applicant(s) Signature**

9/20/24  
**Date**

**Documentation Review**

- Complete application
- Photographs of Property
- Project Plans (If required)
- COA application filed (If applicable)
- Proof of Property Insurance
- Proof of Ownership (Deed)
- Completed Verification of Employment Form
- Income Certification Form

<b>GRANT INFORMATION</b>	
<input type="checkbox"/> Rehabilitation Grant	<input type="checkbox"/> Dilapidated Structures Grant
Amount of Grant Requested (completed by Office):	
_____	





























Application for Paul Bruhn  
PACE Grant Program

Purpose: Application is hereby made to request funding from the Paul Bruhn PACE Program. This application must be filed prior to work beginning on a property located within the City of Madison's historic district. This application does not replace the need for approval from the HDBR.

**PART A - APPLICANT INFORMATION**

Date: \_\_\_\_\_  
 Property Owner/Applicant Name: BEULAH FAYE RHOMBERG  
 Mailing Street Address: 407 MILL ST.  
 City: MADISON State: IN Zip: 47250  
 Phone (Preferred): 502-553-8413 Phone (Alternate): 812-265-6162  
 Email: fayehromberg@gmail.com

**CO-APPLICANT**

Co-Applicant Name: N/A  
 Mailing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (Preferred): \_\_\_\_\_ Phone (Alternate): \_\_\_\_\_  
 Email: \_\_\_\_\_

**DEPENDENTS**

N/A

NAME	SEX	AGE UNDER 18 (Y/N)	RELATIONSHIP

Additional pages are attached.



**PART B - DESCRIPTION OF THE PROJECT**

Please provide a description of construction-related activities and list all major tasks necessary to complete the project.

REPLACE Siding  
Loose - missing in several places

Bathroom window Outside - needs caulking

Additional pages are attached.

**PART C - FINANCIAL INFORMATION**

Please complete the following tables.

Is this your primary place of residence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own the business and building? <i>House</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are you current with your property taxes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is your property insurance in force and paid in full?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a mortgage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If so, are you current with your payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



**HOUSEHOLD MEMBERS**

*Yearly*      *monthly*

NAME      WAGES/SALARY      BENEFITS/PENSIONS      CHILD SUPPORT      OTHER INCOME


Additional pages are attached.

**APPLICANT'S EMPLOYMENT INFORMATION**

Employer: Visit Madison      Phone Number: 812-265-2956  
 Mailing Street Address: 601 W. 1<sup>st</sup> St  
 City: Madison      State: IN      Zip: 47250

**CO-APPLICANT'S EMPLOYMENT INFORMATION**

*N/A*

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**A Paul Bruhn PACE grant application must include the following documents:**

- Photographs of existing conditions of Property
- Project Plans (required if altering footprint or openings)
- Certificate of Appropriateness (COA) (If applicable)
- Proof of Property Insurance
- Proof of Ownership (Deed)
- Completed Verification of Employment Form
- Income Certification Form



**Applicant must read and initial the following:**

*BB* I understand that the grant funds must be used only for the project described in this application. The work must be completed within twelve (12) months of the date that the grant is awarded. If a project is not completed the recipient(s) may request an extension to the City of Madison Board of Works and Safety.

*BB* I understand that I must receive all required permits from the Office of Planning, Preservation, and Design and from the State of Indiana prior to beginning work on my project or I will forfeit any awarded grant monies.

*BB* I understand that a failure to complete any project may result in the City of Madison placing a lien on the property in order to recover grant monies in the amount of monies received by Recipient(s).

*BB* I understand that if awarded, I will be required to sign a 5-year preservation agreement that meets the minimum federal preservation requirements set by the National Park Service.

*BB* I understand that all property taxes must be current and that there cannot be any current tax liens against the property or current litigation between the City of Madison and the applicant. I understand that if one of these is not true, my application will not be considered for funds.

**I certify that I have read the P.A.C.E. Program Guidelines and that all required documents are included in my final application packet.**

*Brendan Lays Rhoads*  
**Applicant(s) Signature**

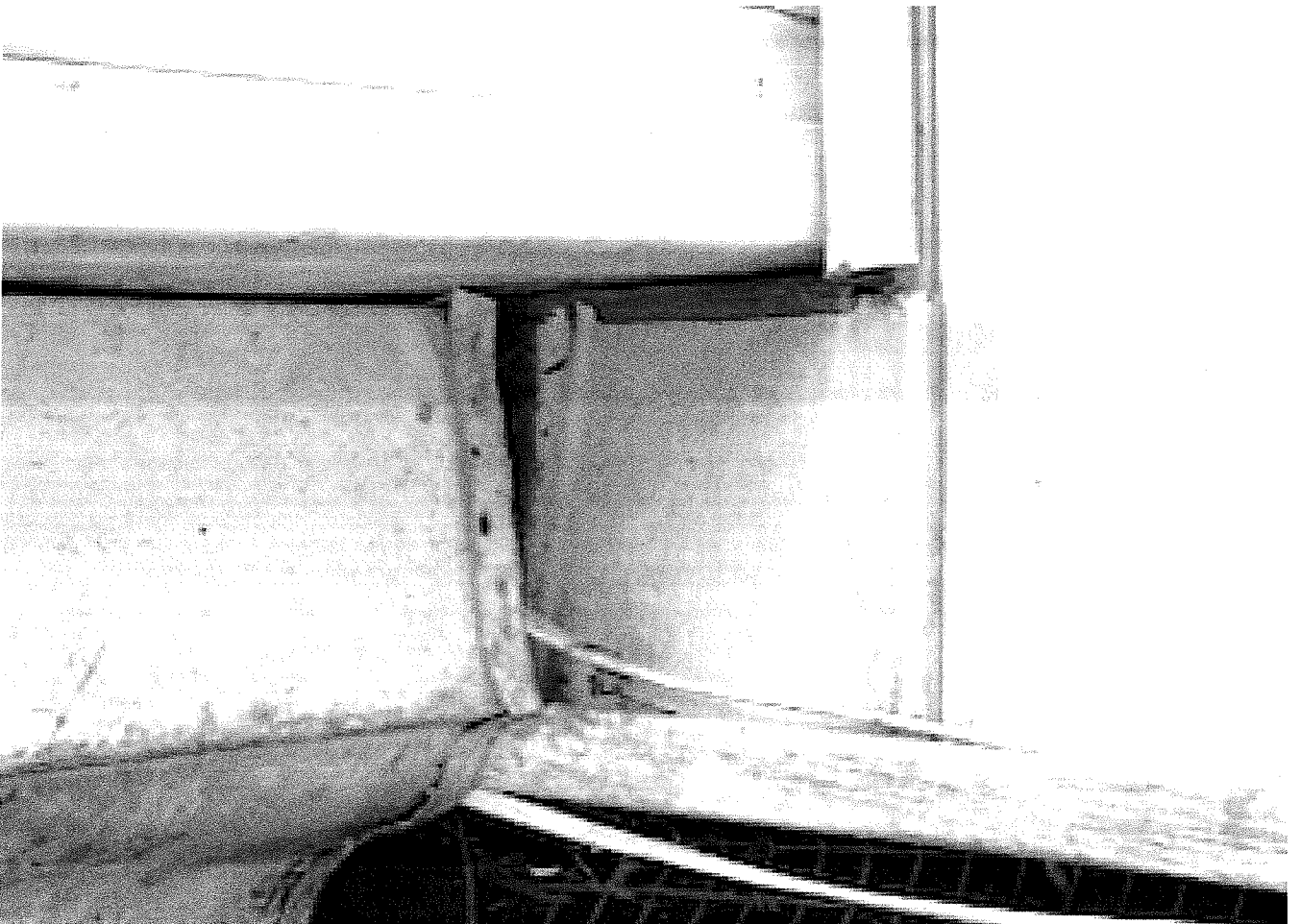
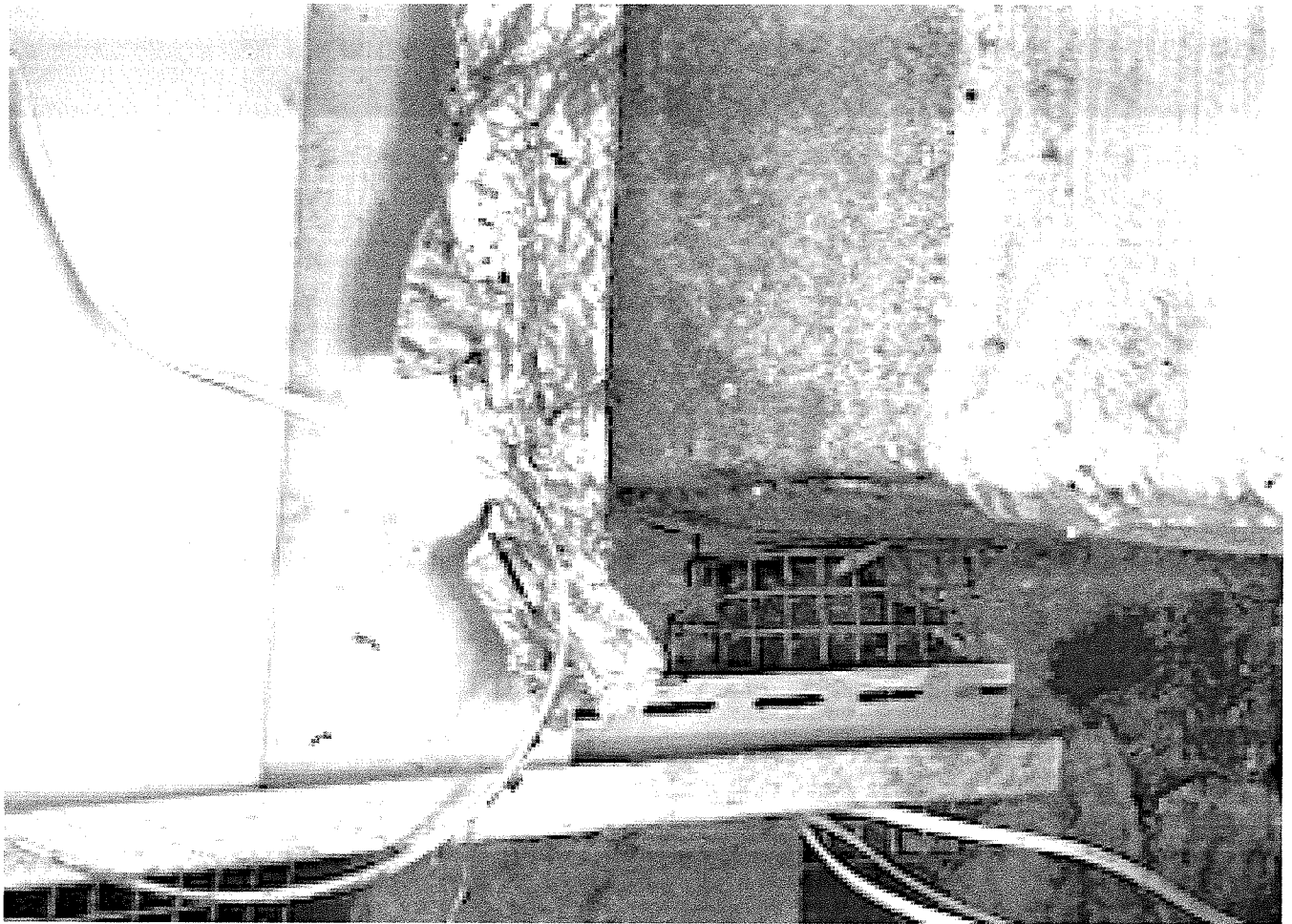
9/22/21  
**Date**

**Documentation Review**

- Complete application
- Photographs of Property
- Project Plans (If required)
- COA application filed (If applicable)
- Proof of Property Insurance
- Proof of Ownership (Deed)
- Completed Verification of Employment Form
- Income Certification Form

<b>GRANT INFORMATION</b>	
<input type="checkbox"/> Rehabilitation Grant	<input type="checkbox"/> Dilapidated Structures Grant
Amount of Grant Requested (completed by Office): _____	

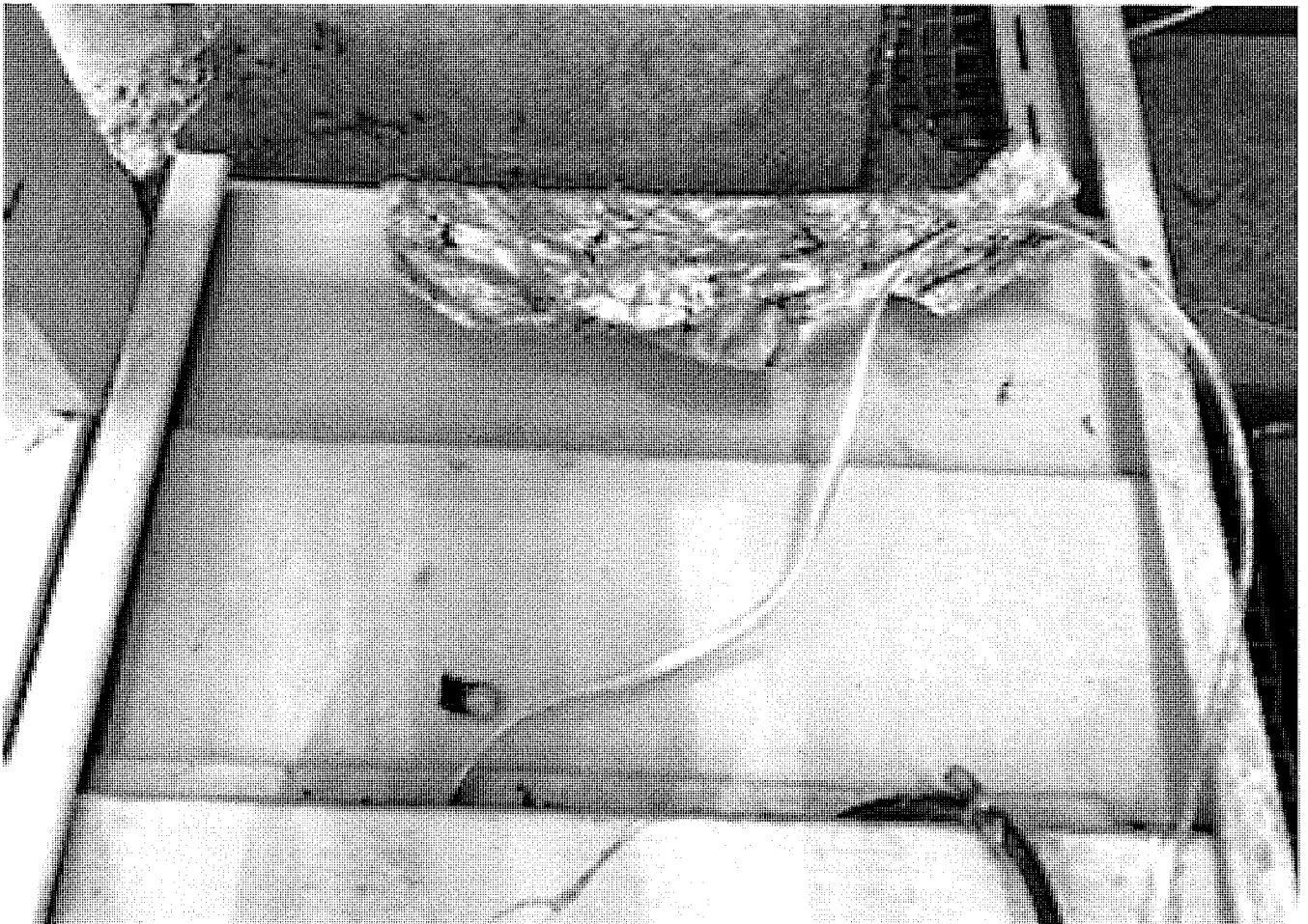
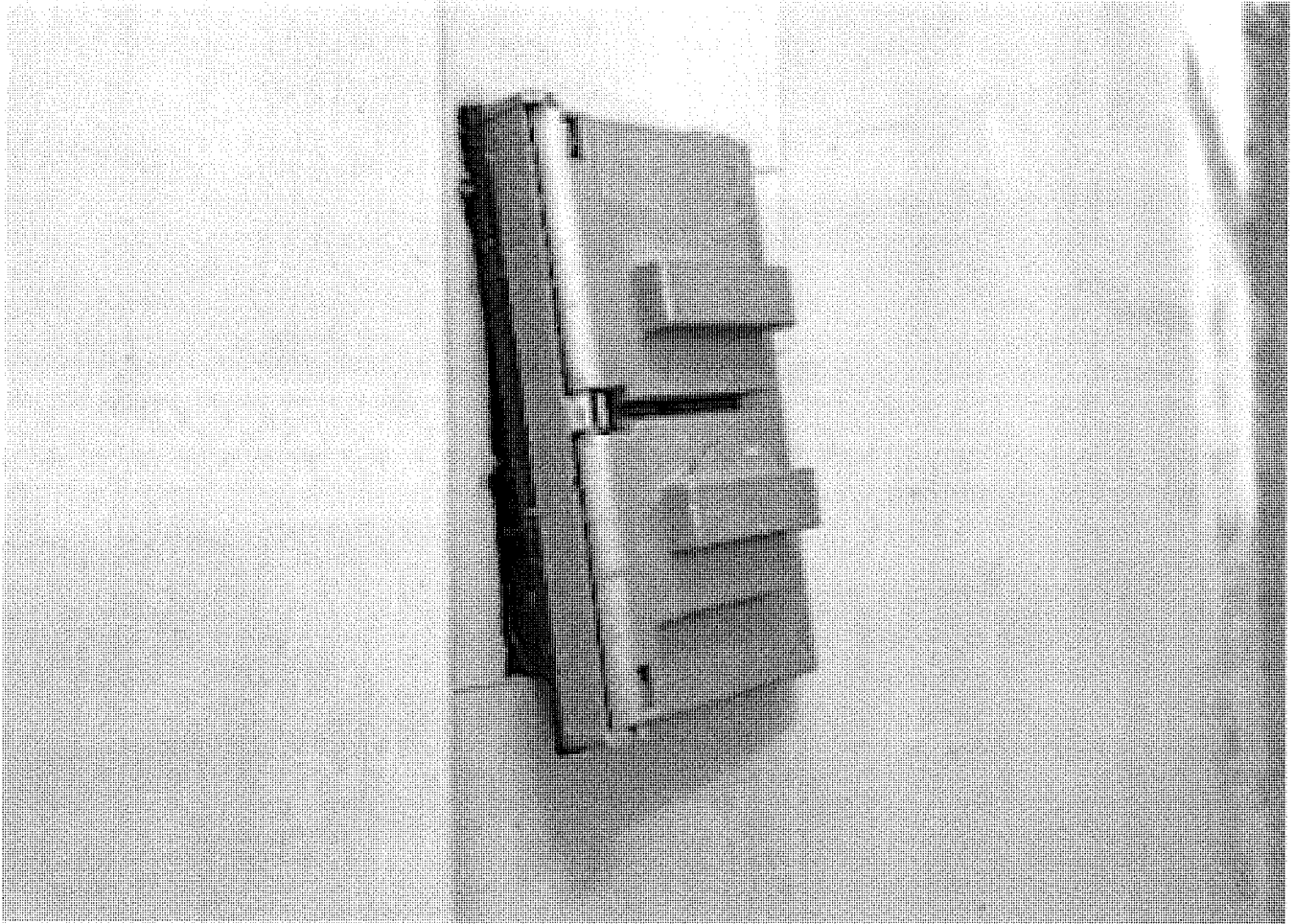


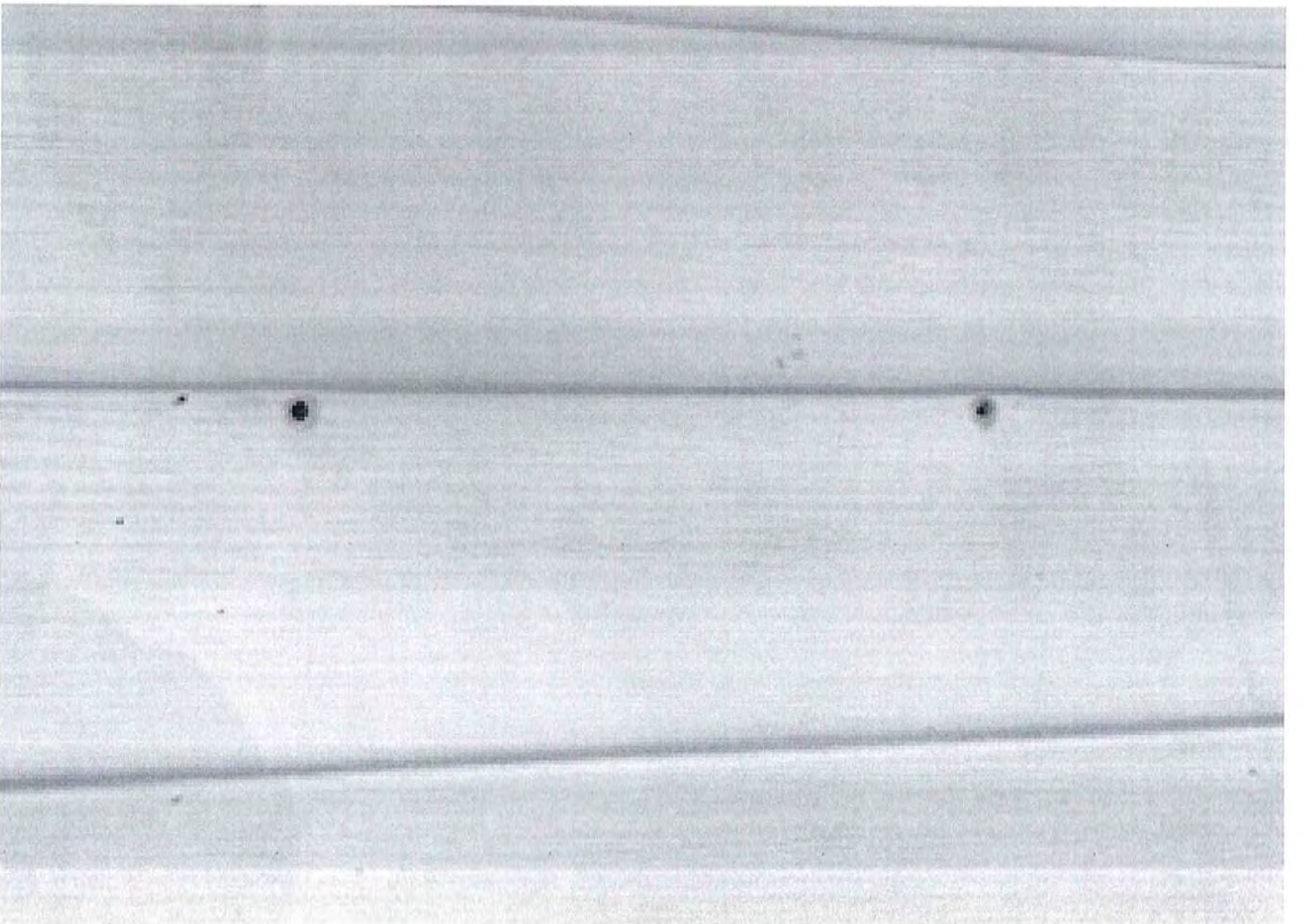




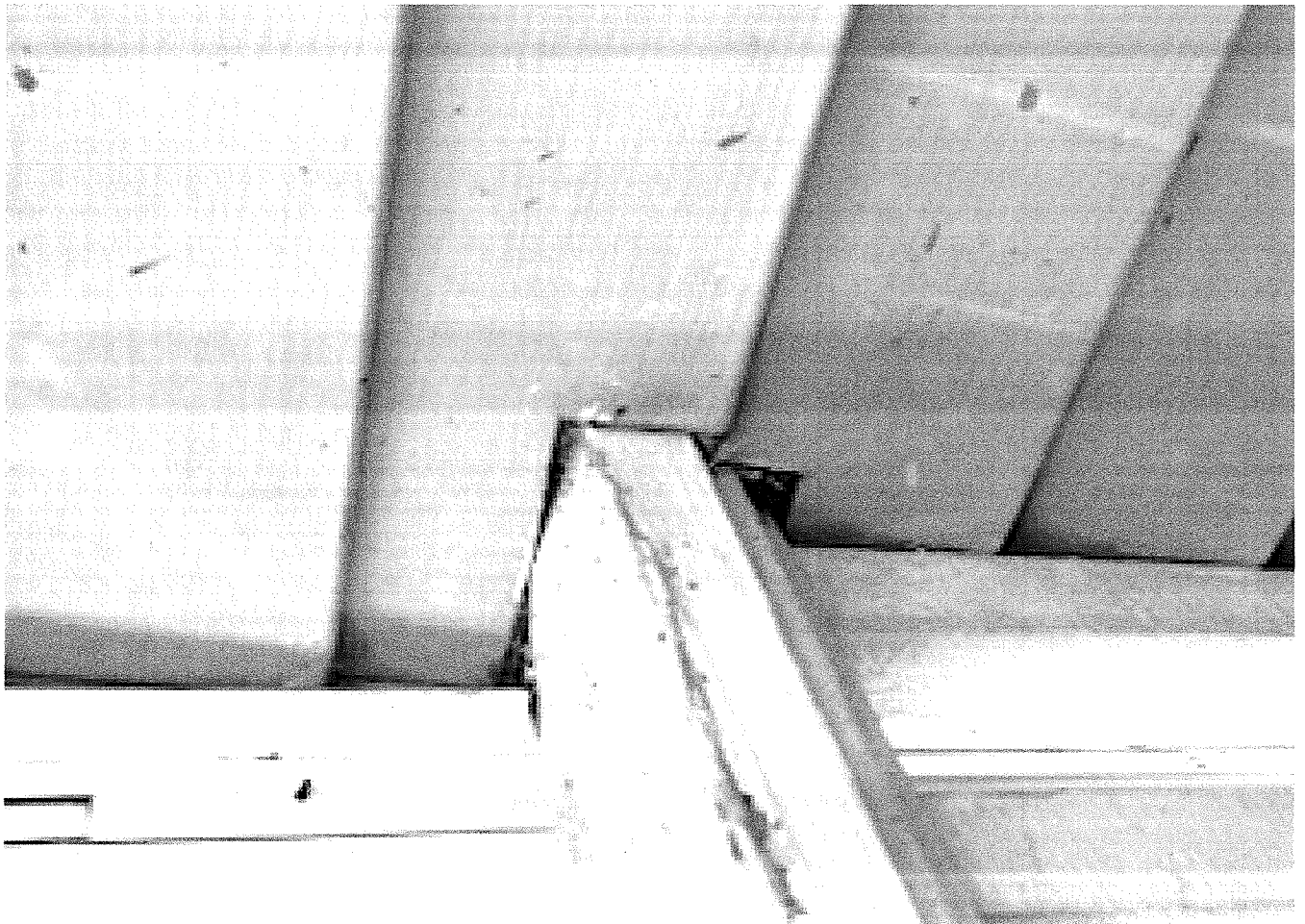
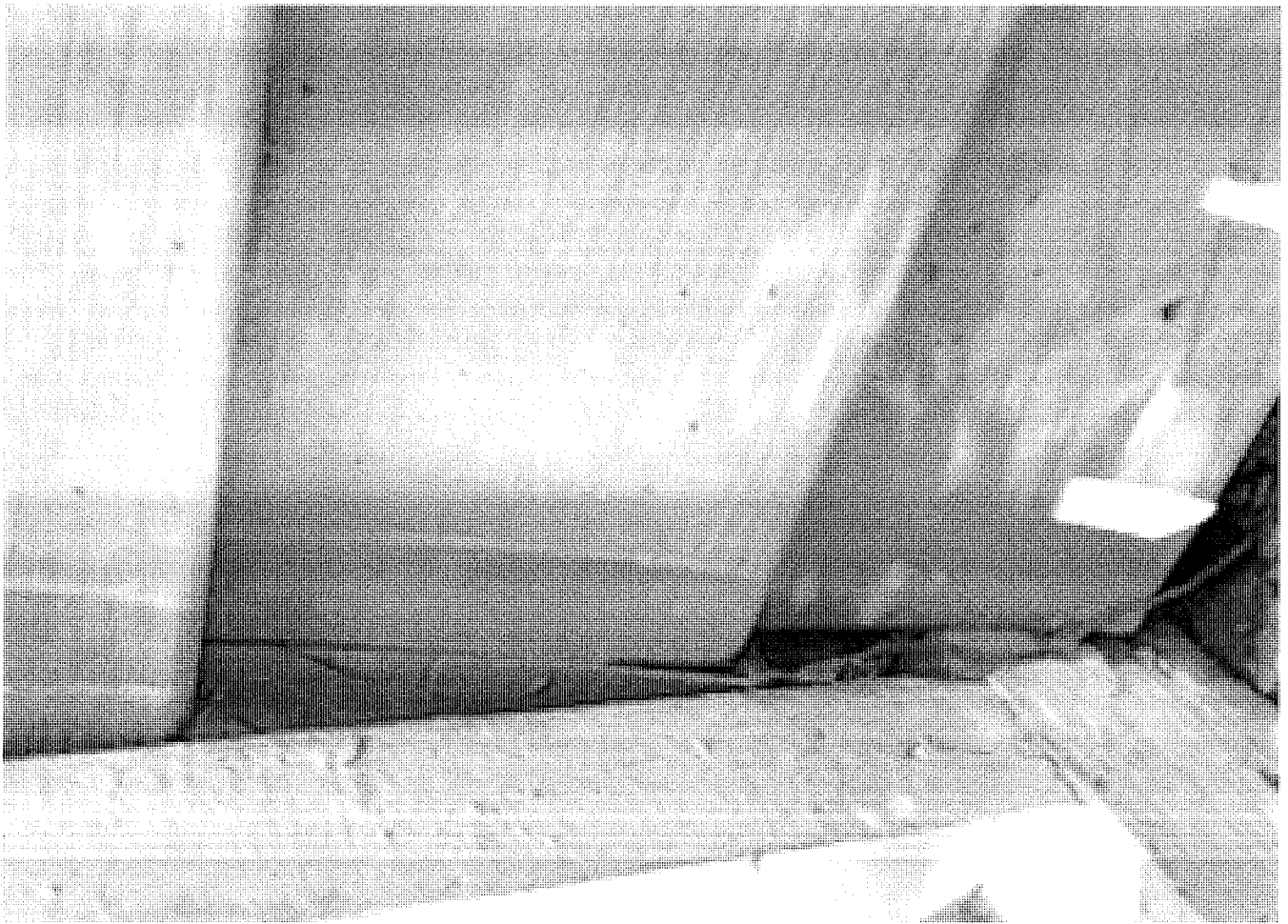


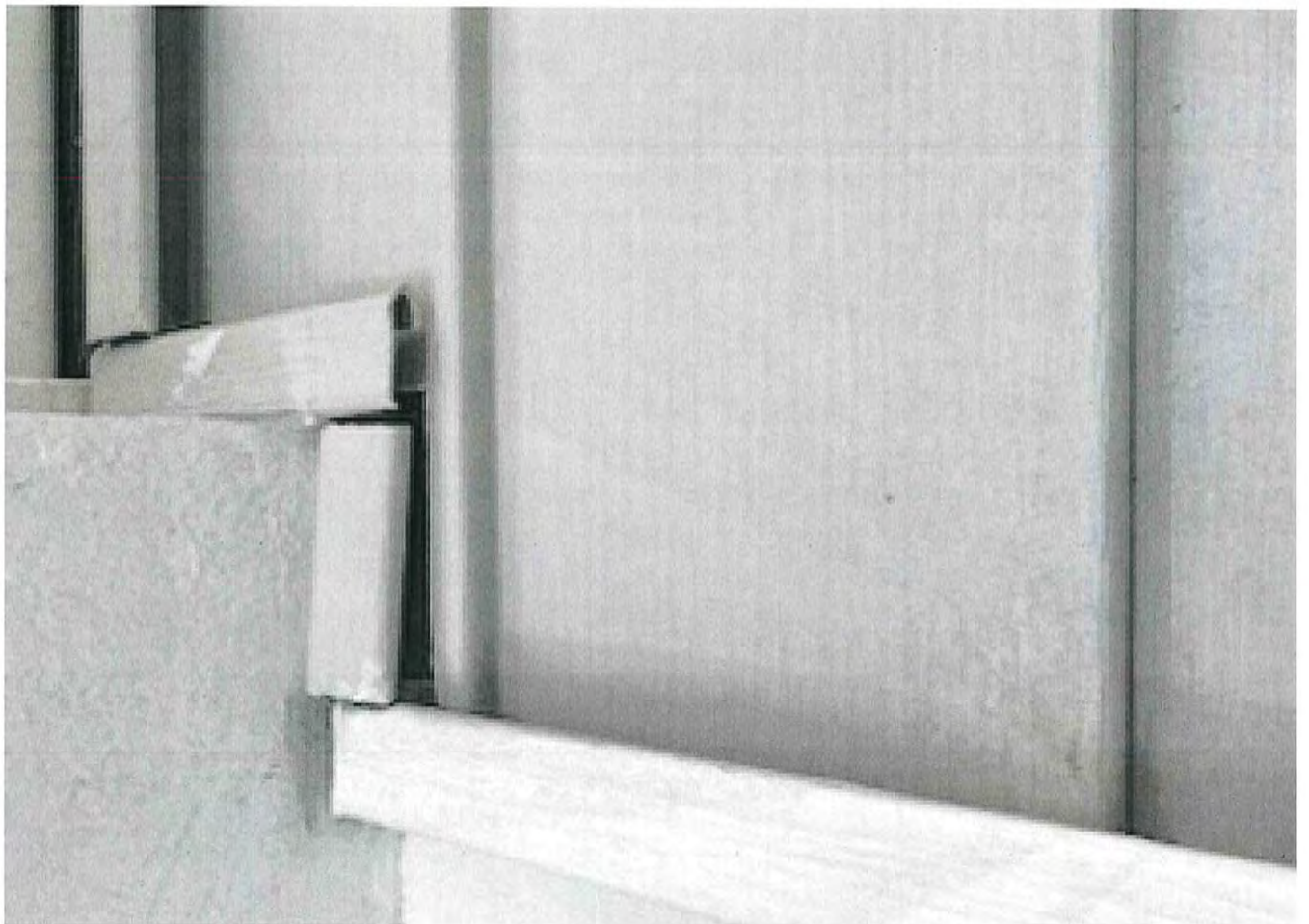


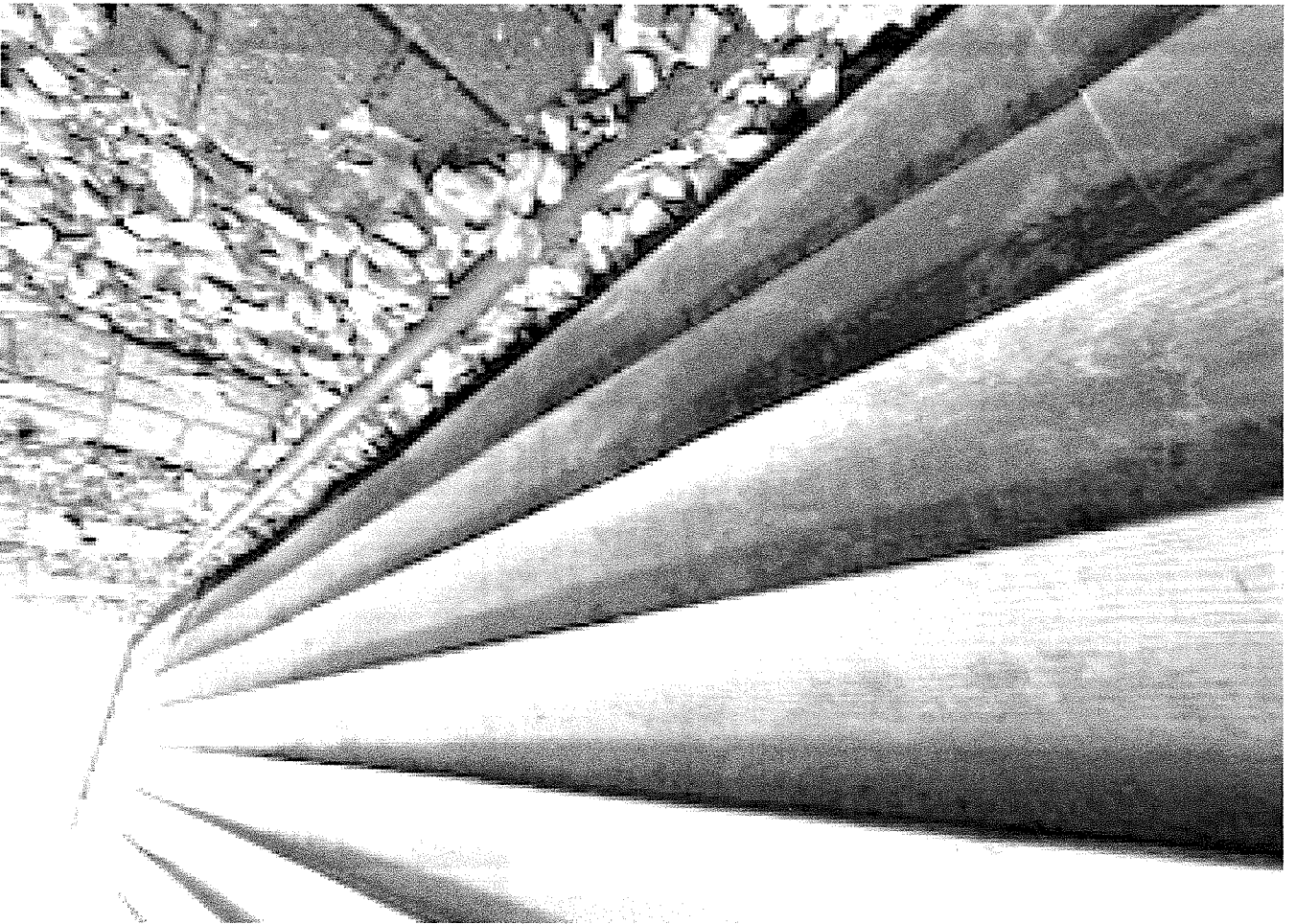
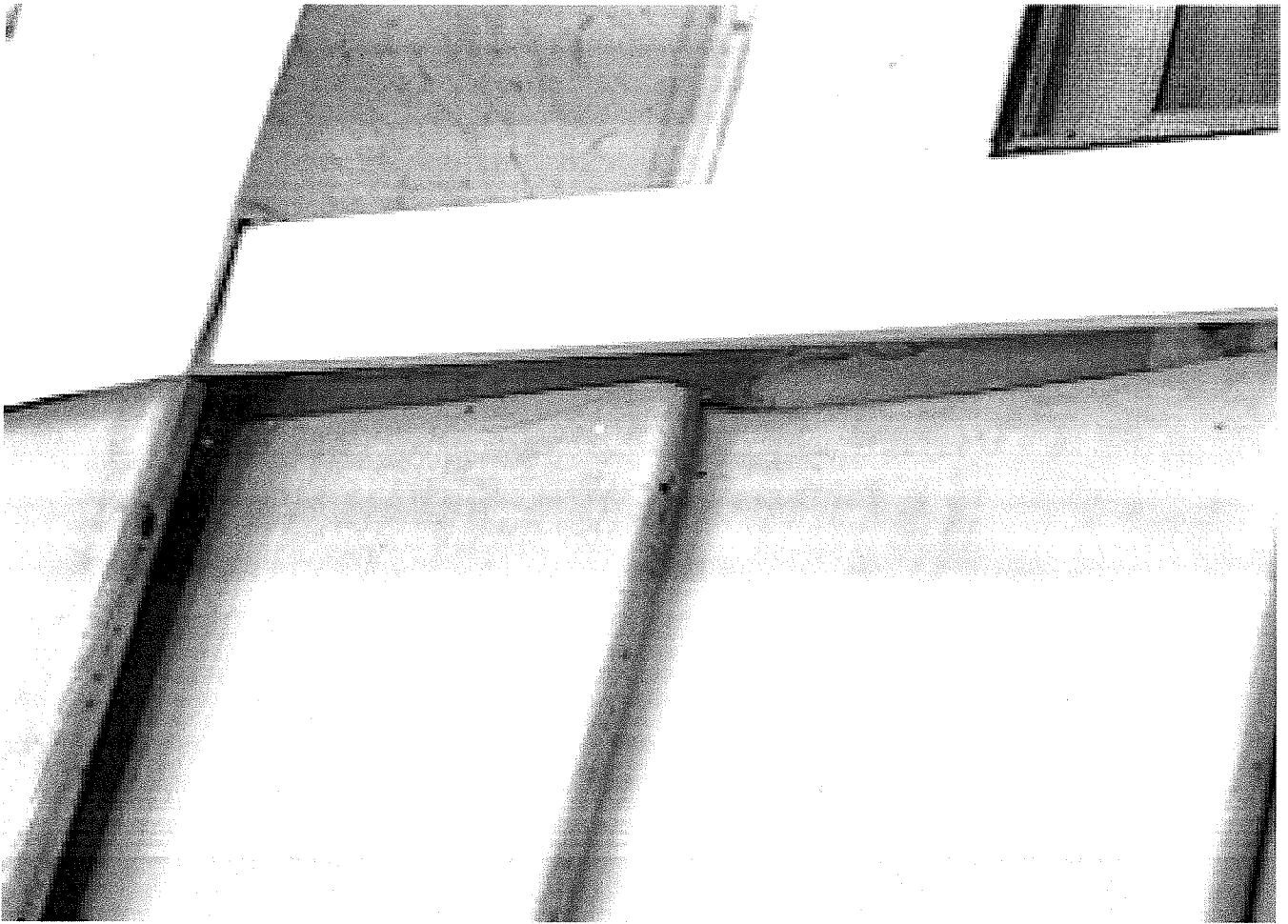




























**Application for Paul Bruhn  
 PACE Grant Program**

Purpose: Application is hereby made to request funding from the Paul Bruhn PACE Program. This application must be filed prior to work beginning on a property located within the City of Madison's historic district. This application does not replace the need for approval from the HDBR.

**PART A - APPLICANT INFORMATION**

Date: 9/18/24  
 Property Owner/Applicant Name: Annalisa L Strickland  
 Mailing Street Address: 129 Mulberry St  
 City: Madison State: IN Zip: 47250  
 Phone (Preferred): 512/273-2696 (U) Phone (Alternate): no cell  
 Email: annalisastrickland@gmail.com

**CO-APPLICANT**

Co-Applicant Name: \_\_\_\_\_  
 Mailing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (Preferred): \_\_\_\_\_ Phone (Alternate): \_\_\_\_\_  
 Email: \_\_\_\_\_

**DEPENDENTS**

NAME	SEX	AGE UNDER 18 (Y/N)	RELATIONSHIP

Additional pages are attached.



**PART B - DESCRIPTION OF THE PROJECT**

Please provide a description of construction-related activities and list all major tasks necessary to complete the project.

*Porch Sinking*  
*Historic Porch Posts - separating*  
*gingerbread damage (from sinking porch)*  
*Cellar window covers inappropriate + leaks*

Additional pages are attached.

**PART C - FINANCIAL INFORMATION**

Please complete the following tables.

- |  |   |                             |
|--|---|-----------------------------|
| Is this your primary place of residence?                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you own the business and <u>building?</u> <i>Home</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you current with your property taxes?                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your property insurance in force and paid in full?    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a mortgage?                                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, are you current with your payments?               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |



HOUSEHOLD MEMBERS

Table with 5 columns: NAME, WAGES/SALARY, BENEFITS/PENSIONS, CHILD SUPPORT, OTHER INCOME. The table is mostly redacted with a black box.

Additional pages are attached.

APPLICANT'S EMPLOYMENT INFORMATION

Employer: Fully Disabled Phone Number: Mailing Street Address: City: State: Zip:

CO-APPLICANT'S EMPLOYMENT INFORMATION

Employer: Phone Number: Mailing Street Address: City: State: Zip:

A Paul Bruhn PACÉ grant application must include the following documents:

- Photographs of existing conditions of Property
Project Plans (required if altering footprint or openings)
Certificate of Appropriateness (COA) (If applicable)
Proof of Property Insurance
Proof of Ownership (Deed)
Completed Verification of Employment Form
Income Certification Form



**Applicant must read and initial the following:**

*AS* understand that the grant funds must be used only for the project described in this application. The work must be completed within twelve (12) months of the date that the grant is awarded. If a project is not completed the recipient(s) may request an extension to the City of Madison Board of Works and Safety.

*AS* I understand that I must receive all required permits from the Office of Planning, Preservation, and Design and from the State of Indiana prior to beginning work on my project or I will forfeit any awarded grant monies.

*AS* understand that a failure to complete any project may result in the City of Madison placing a lien on the property in order to recover grant monies in the amount of monies received by Recipient(s).

*AS* understand that if awarded, I will be required to sign a 5-year preservation agreement that meets the minimum federal preservation requirements set by the National Park Service.

*AS* I understand that all property taxes must be current and that there cannot be any current tax liens against the property or current litigation between the City of Madison and the applicant. I understand that if one of these is not true, my application will not be considered for funds.

**I certify that I have read the P.A.C.E. Program Guidelines and that all required documents are included in my final application packet.**

*Candice Steinhilber*

**Applicant(s) Signature**

*9/18/24*

**Date**

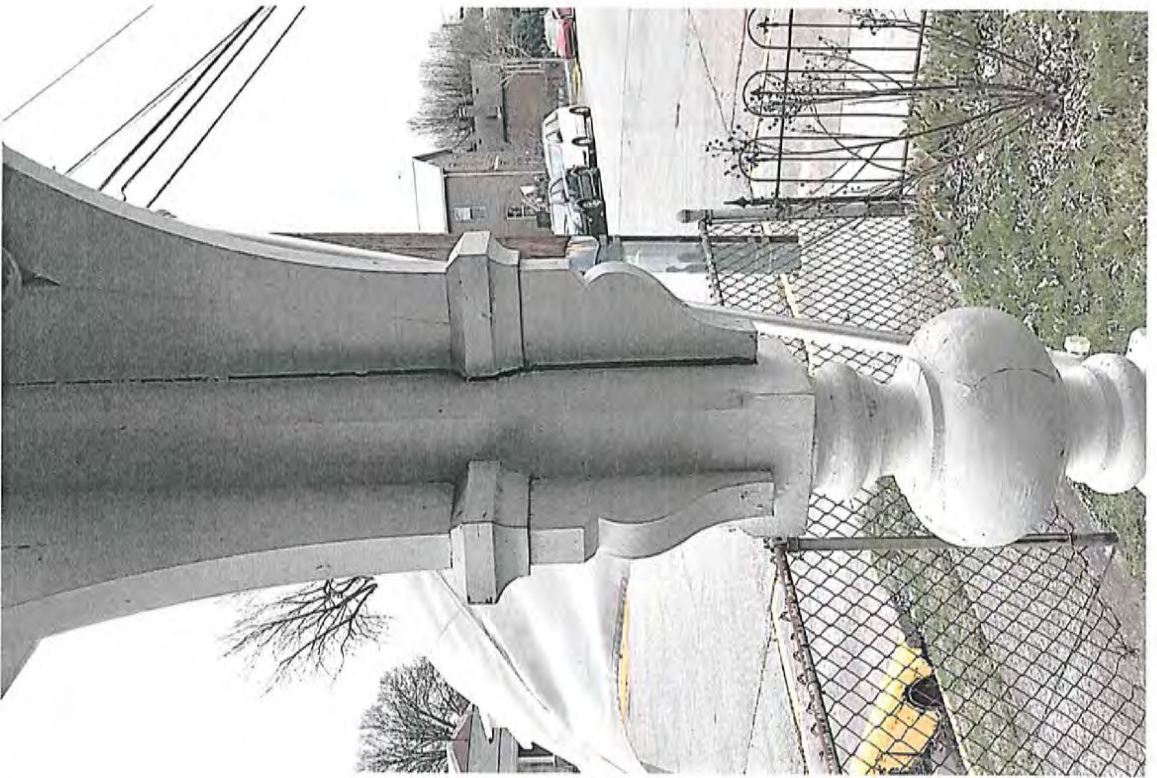
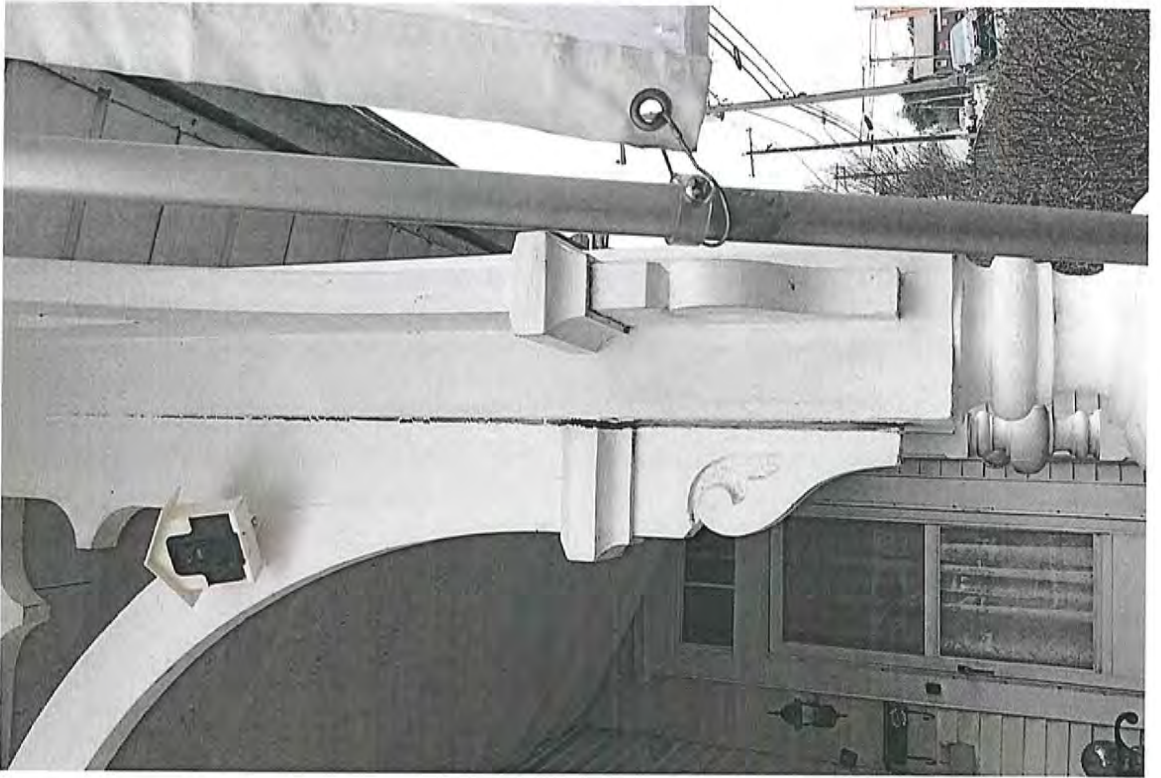
**Documentation Review**

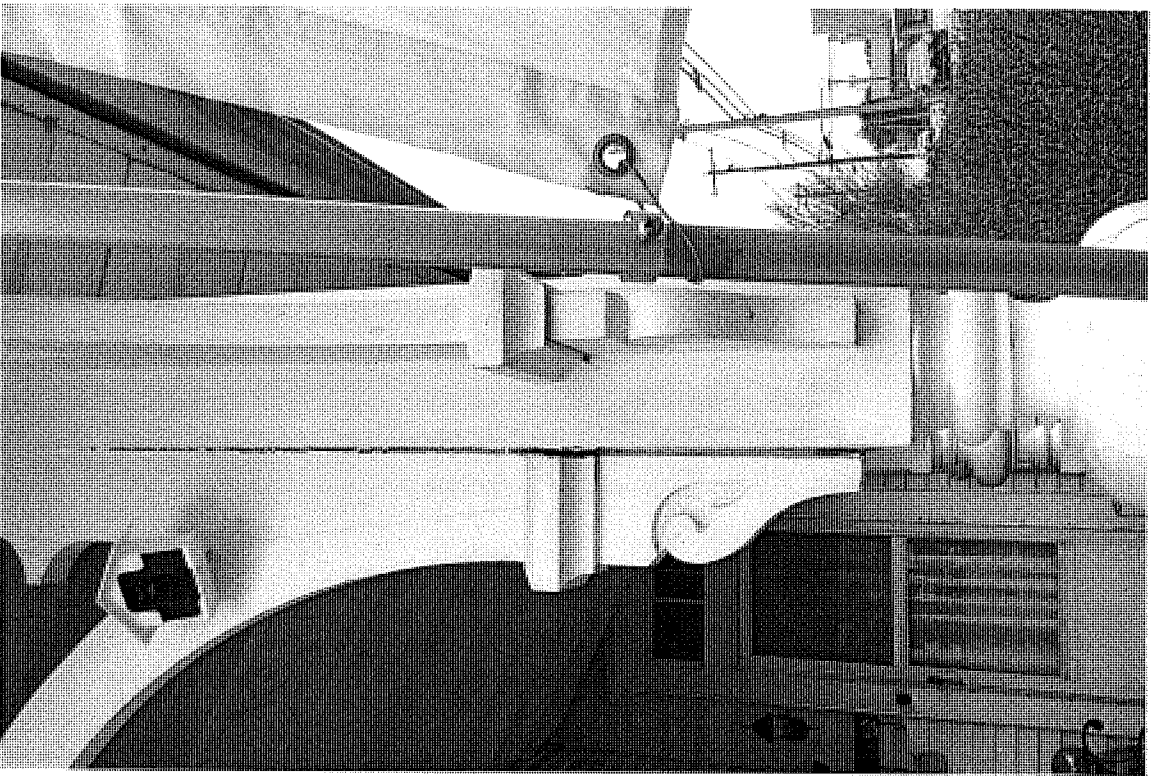
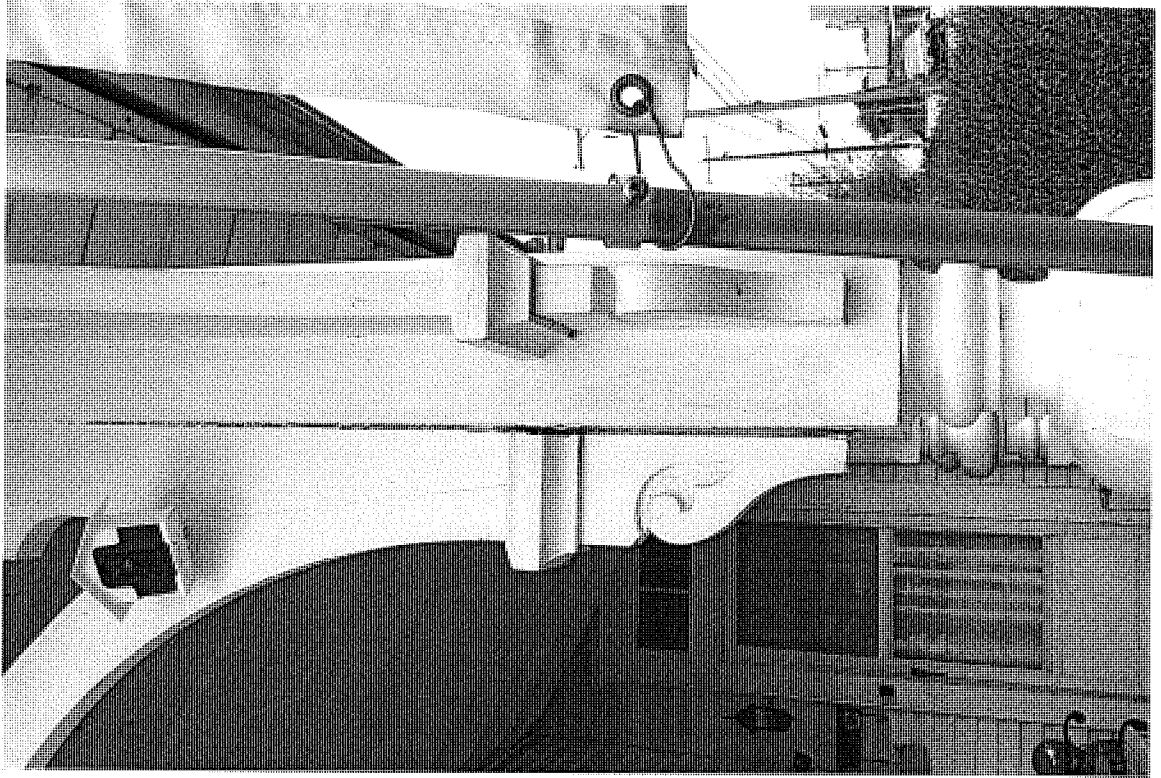
- Complete application
- Photographs of Property
- Project Plans (If required)
- COA application filed (If applicable)
- Proof of Property Insurance
- Proof of Ownership (Deed)
- Completed Verification of Employment Form
- Income Certification Form

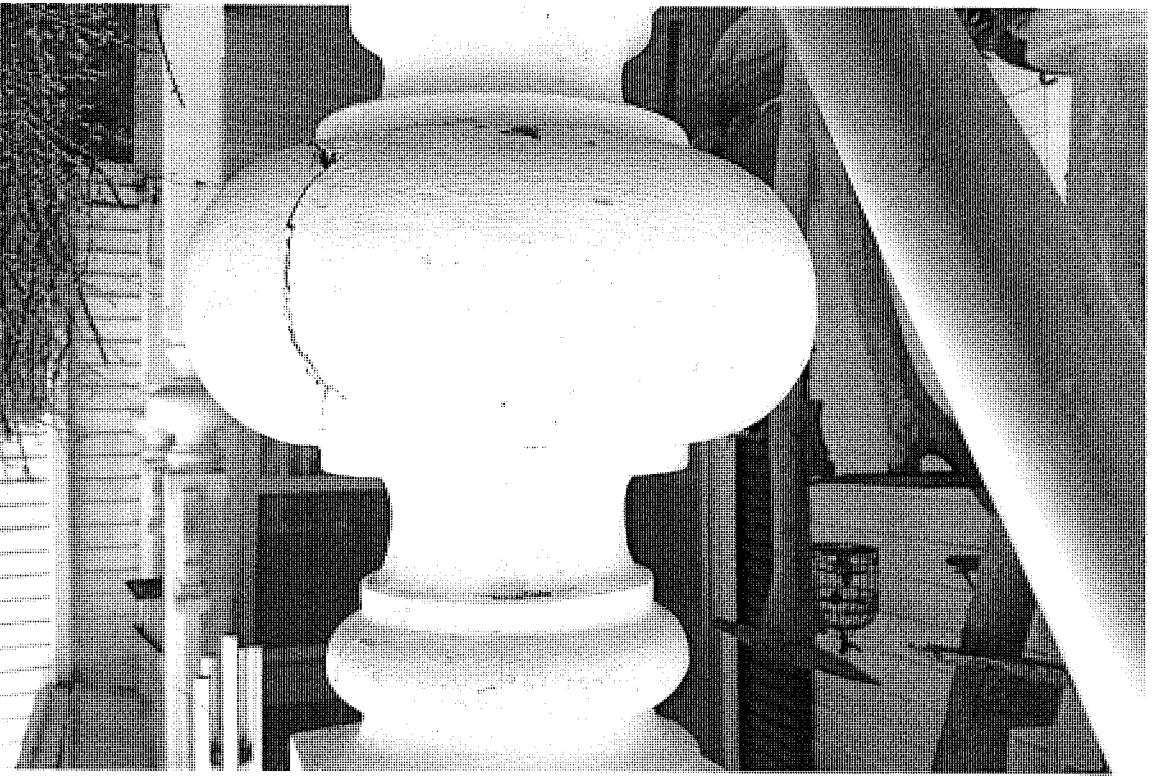
GRANT INFORMATION	
<input type="checkbox"/> Rehabilitation Grant	<input type="checkbox"/> Dilapidated Structures Grant
Amount of Grant Requested (completed by Office): _____	





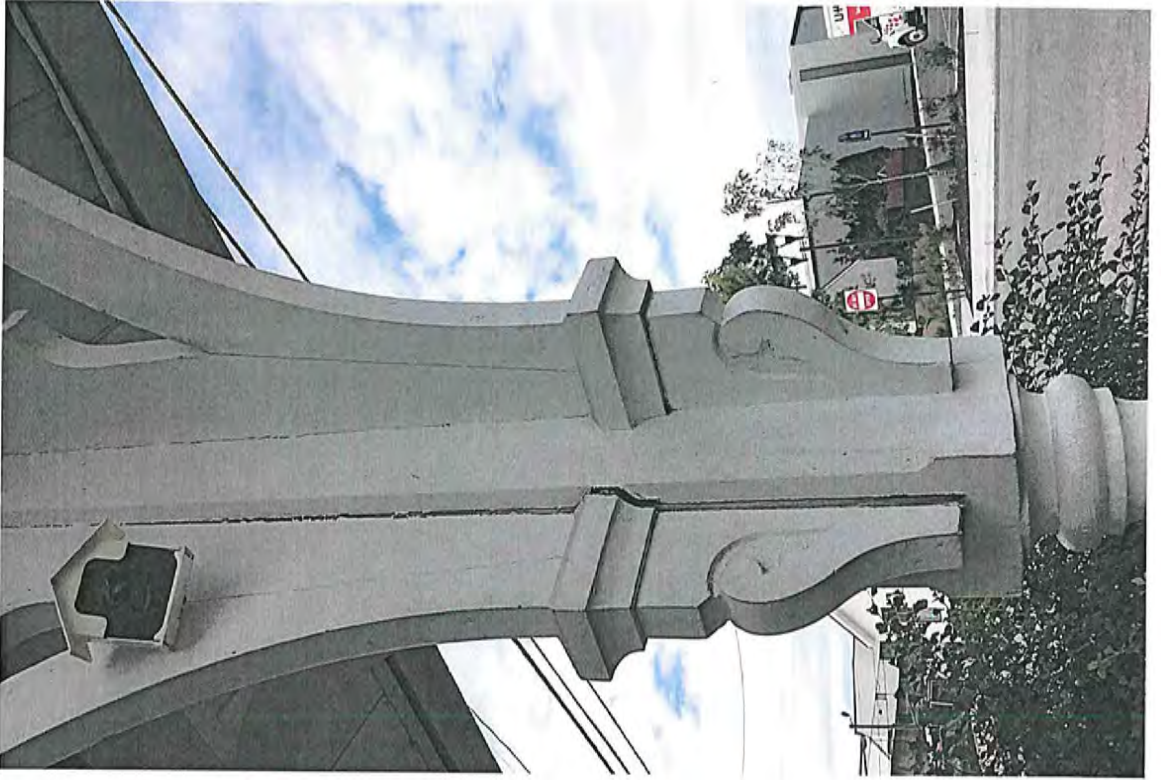


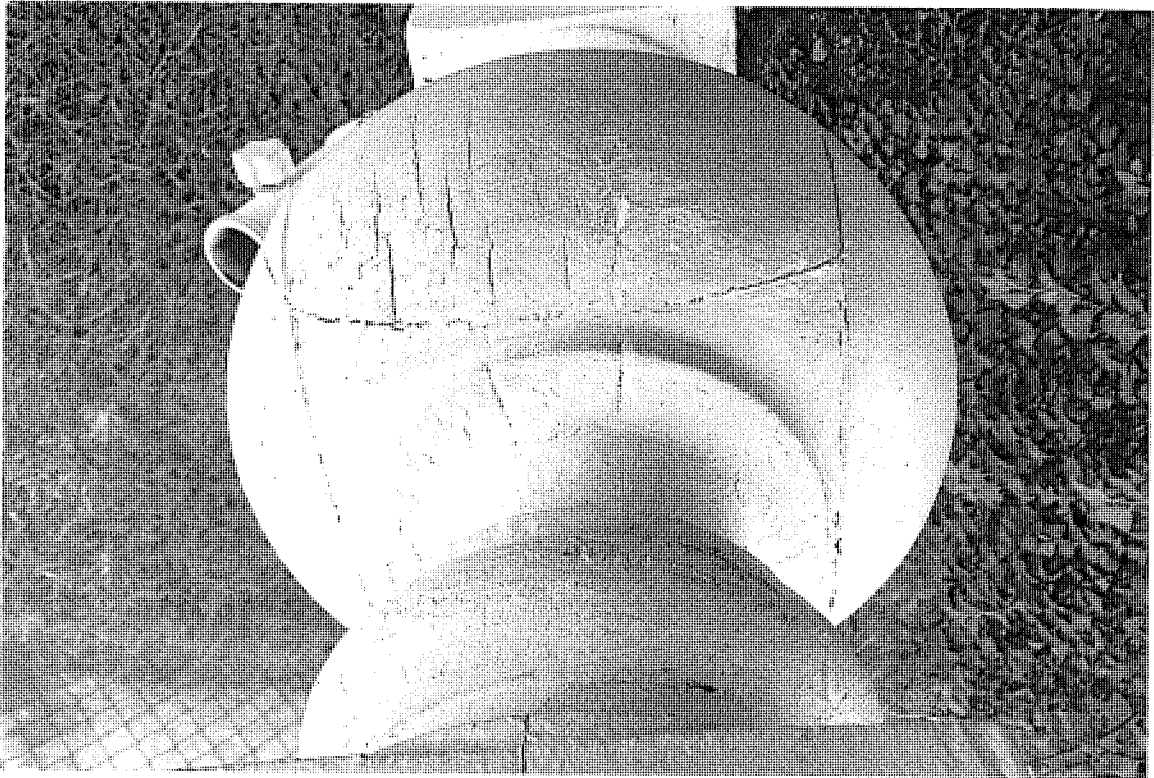








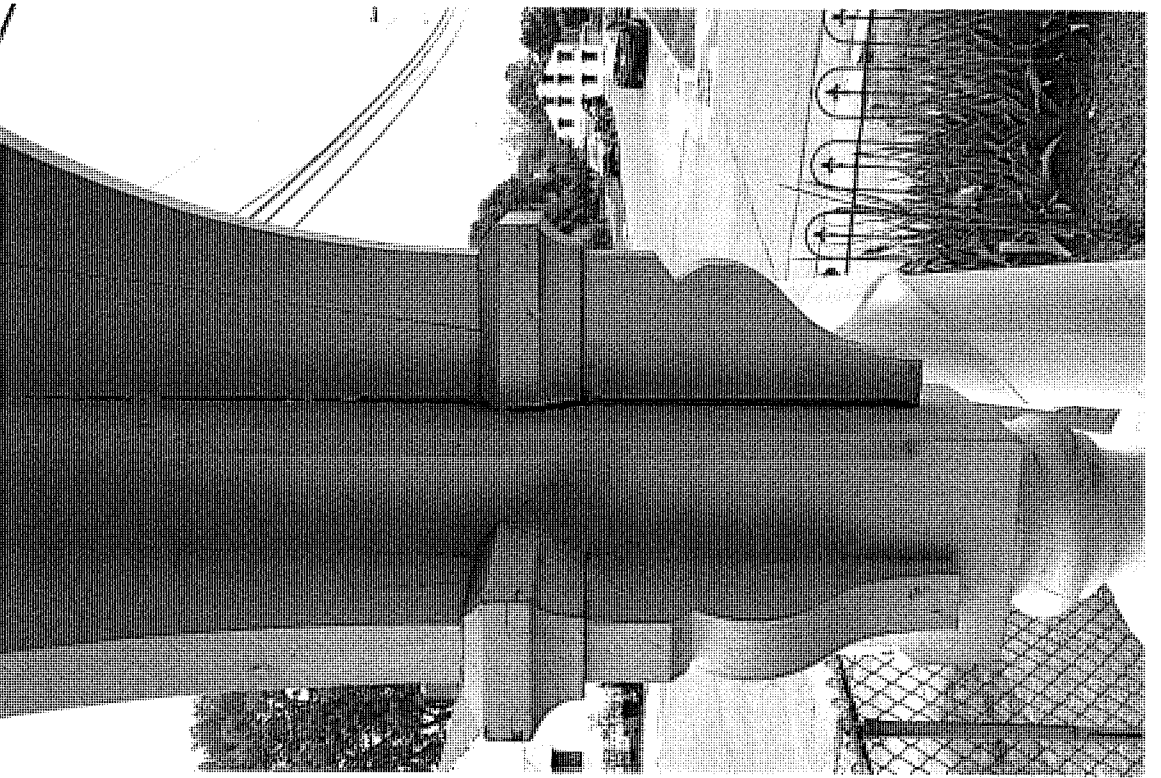


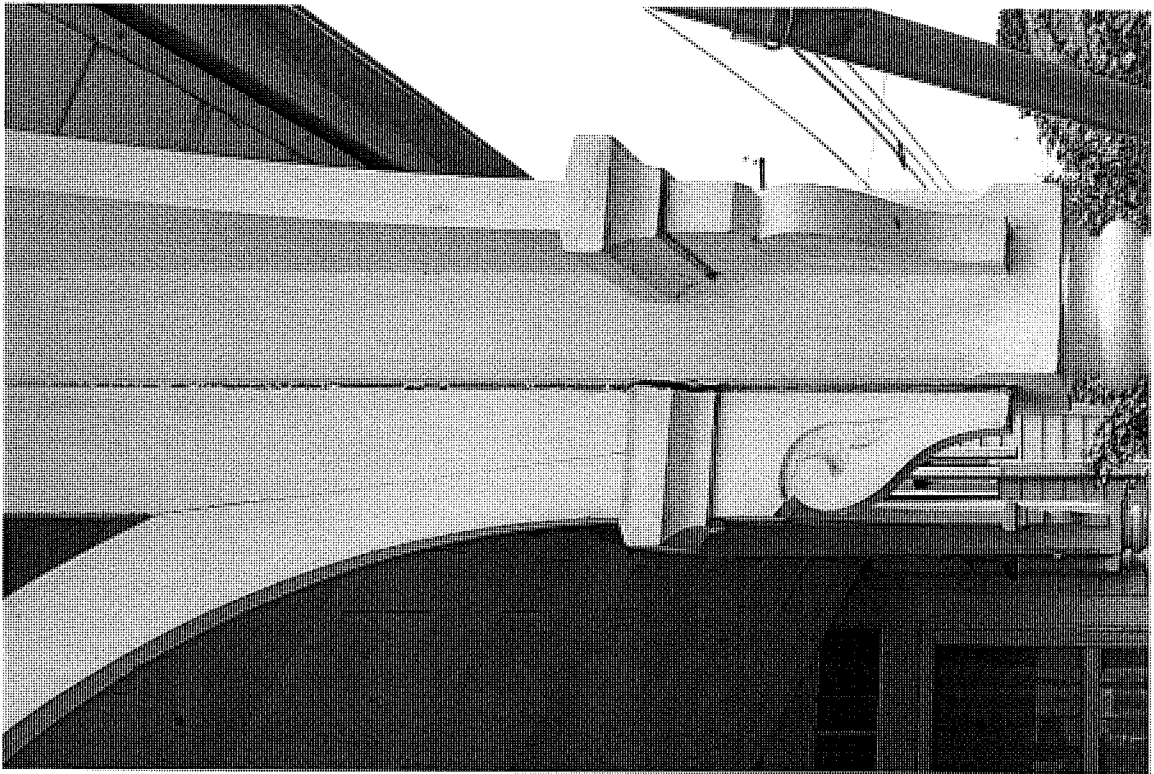
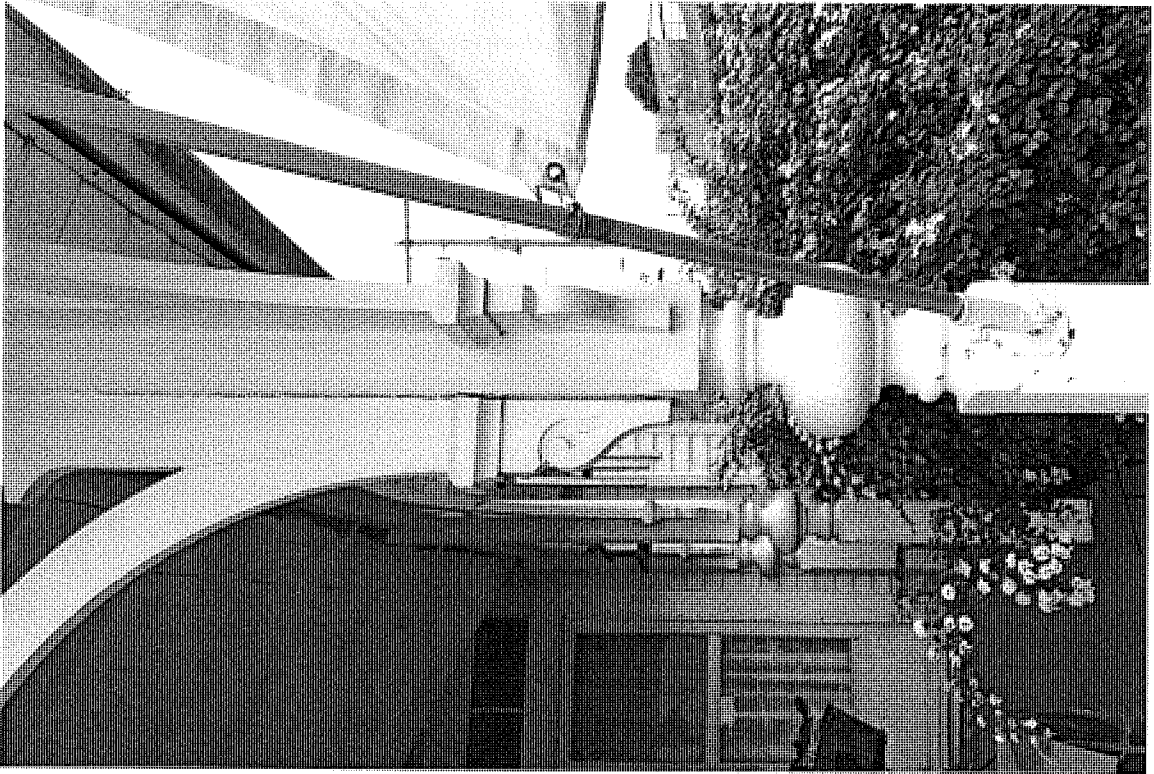




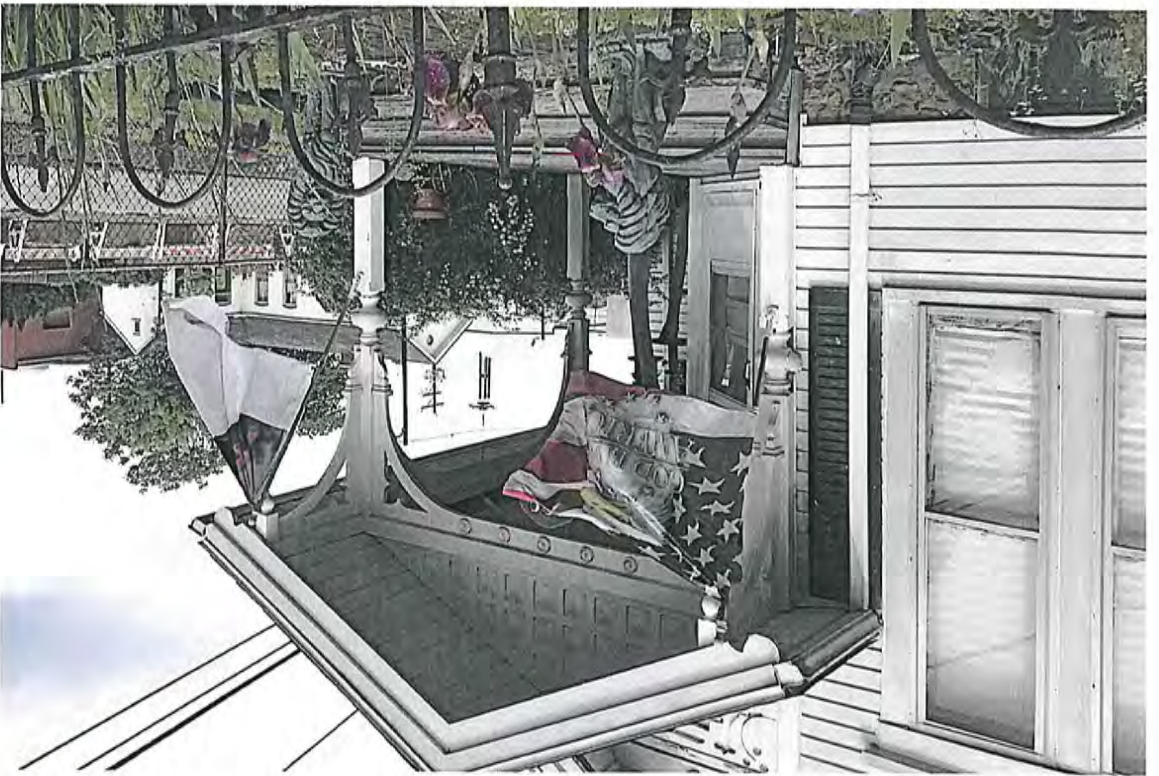


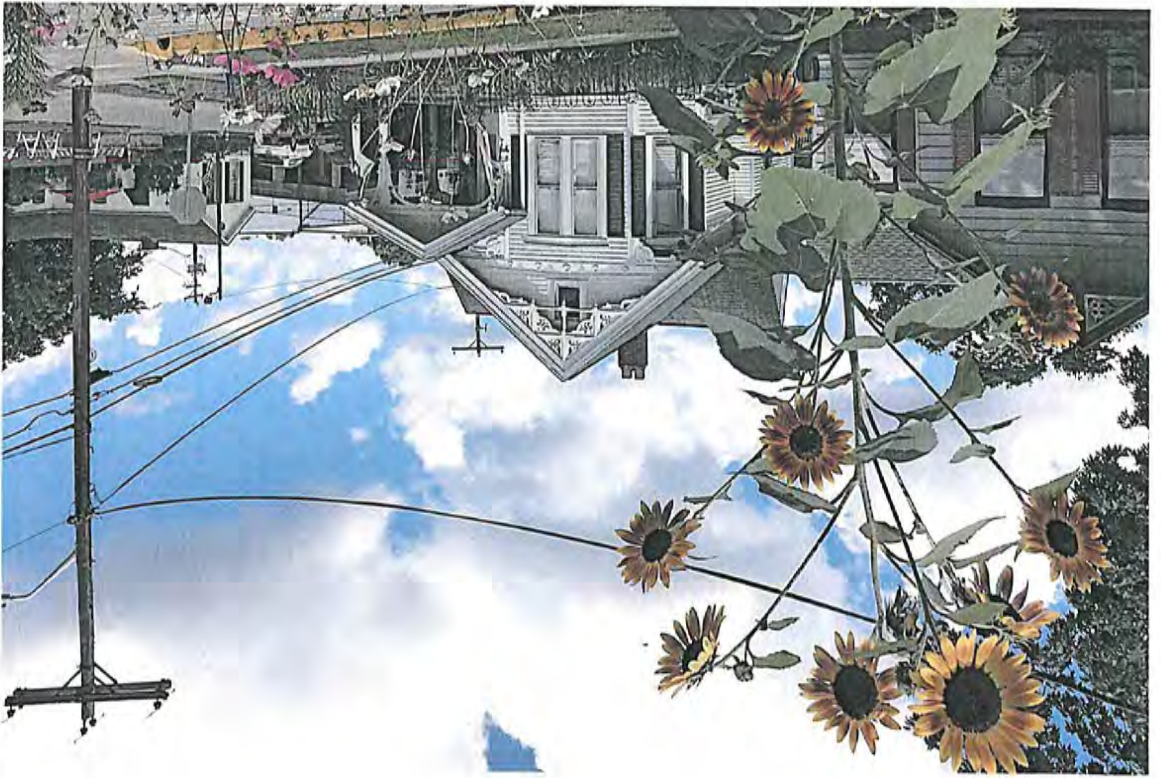














**Application for Paul Bruhn  
 PACE Grant Program**

Purpose: Application is hereby made to request funding from the Paul Bruhn PACE Program. This application must be filed prior to work beginning on a property located within the City of Madison's historic district. This application does not replace the need for approval from the HDBR.

**PART A - APPLICANT INFORMATION**

Date: 9/30/2024  
 Property Owner/Applicant Name: CAMILLE B. FIFE  
 Mailing Street Address: 608 HULBERRY ST.  
 City: MADISON State: IN Zip: 47250  
 Phone (Preferred): 812-239-1107 Phone (Alternate): \_\_\_\_\_  
 Email: CAMILLEFIFE@AOL.COM

**CO-APPLICANT**

Co-Applicant Name: \_\_\_\_\_  
 Mailing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (Preferred): \_\_\_\_\_ Phone (Alternate): \_\_\_\_\_  
 Email: \_\_\_\_\_

**DEPENDENTS**

NAME	SEX	AGE UNDER 18 (Y/N)	RELATIONSHIP

Additional pages are attached.





**PART B - DESCRIPTION OF THE PROJECT**

Please provide a description of construction-related activities and list all major tasks necessary to complete the project.

REBUILD, RE-WIRE (COPPER) BOX GUTTER  
 REPLICATE DAMAGED/MISSING CORNICE TRIM, FRAME AND  
 PAINT -  
 REPLACE ROOF ABOVE -  
 REMOVE SIDING FROM REAR FRAME PORTIONS OF HOUSE.  
 REPAIR DAMAGED FRAMING, REPLACE SIDING WITH  
 HORIZONTAL LAP SIDING  
 REPAIR TRIM -

41,080.00

Additional pages are attached.

**PART C - FINANCIAL INFORMATION**

Please complete the following tables.

- |   |   |                             |
|---|---|-----------------------------|
| Is this your primary place of residence?              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you own the business and building?                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you current with your property taxes?             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your property insurance in force and paid in full? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a mortgage?                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, are you current with your payments?            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |



**HOUSEHOLD MEMBERS**

NAME	WAGES/SALARY	BENEFITS/PENSIONS	CHILD SUPPORT	OTHER INCOME

Additional pages are attached.

**APPLICANT'S EMPLOYMENT INFORMATION**

Employer: JEFFERSON COUNTY PUBLIC LIBRARY Phone Number: 812-265-2744  
 Mailing Street Address: 420 W. MAIN STREET  
 City: MADISON State: IN Zip: 47250

**CO-APPLICANT'S EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**A Paul Bruhn PACE grant application must include the following documents:**

- Photographs of existing conditions of Property
- Project Plans (required if altering footprint or openings)
- Certificate of Appropriateness (COA) (If applicable)
- Proof of Property Insurance
- Proof of Ownership (Deed)
- Completed Verification of Employment Form
- Income Certification Form



**Applicant must read and initial the following:**

- CBF* ✓ I understand that the grant funds must be used only for the project described in this application. The work must be completed within twelve (12) months of the date that the grant is awarded. If a project is not completed the recipient(s) may request an extension to the City of Madison Board of Works and Safety.
- CBF* ✓ I understand that I must receive all required permits from the Office of Planning, Preservation, and Design and from the State of Indiana prior to beginning work on my project or I will forfeit any awarded grant monies.
- CBF* ✓ I understand that a failure to complete any project may result in the City of Madison placing a lien on the property in order to recover grant monies in the amount of monies received by Recipient(s).
- CBF* ✓ I understand that if awarded, I will be required to sign a 5-year preservation agreement that meets the minimum federal preservation requirements set by the National Park Service.
- CBF* ✓ I understand that all property taxes must be current and that there cannot be any current tax liens against the property or current litigation between the City of Madison and the applicant. I understand that if one of these is not true, my application will not be considered for funds.

**I certify that I have read the P.A.C.E. Program Guidelines and that all required documents are included in my final application packet.**

Camille Life  
**Applicant(s) Signature**

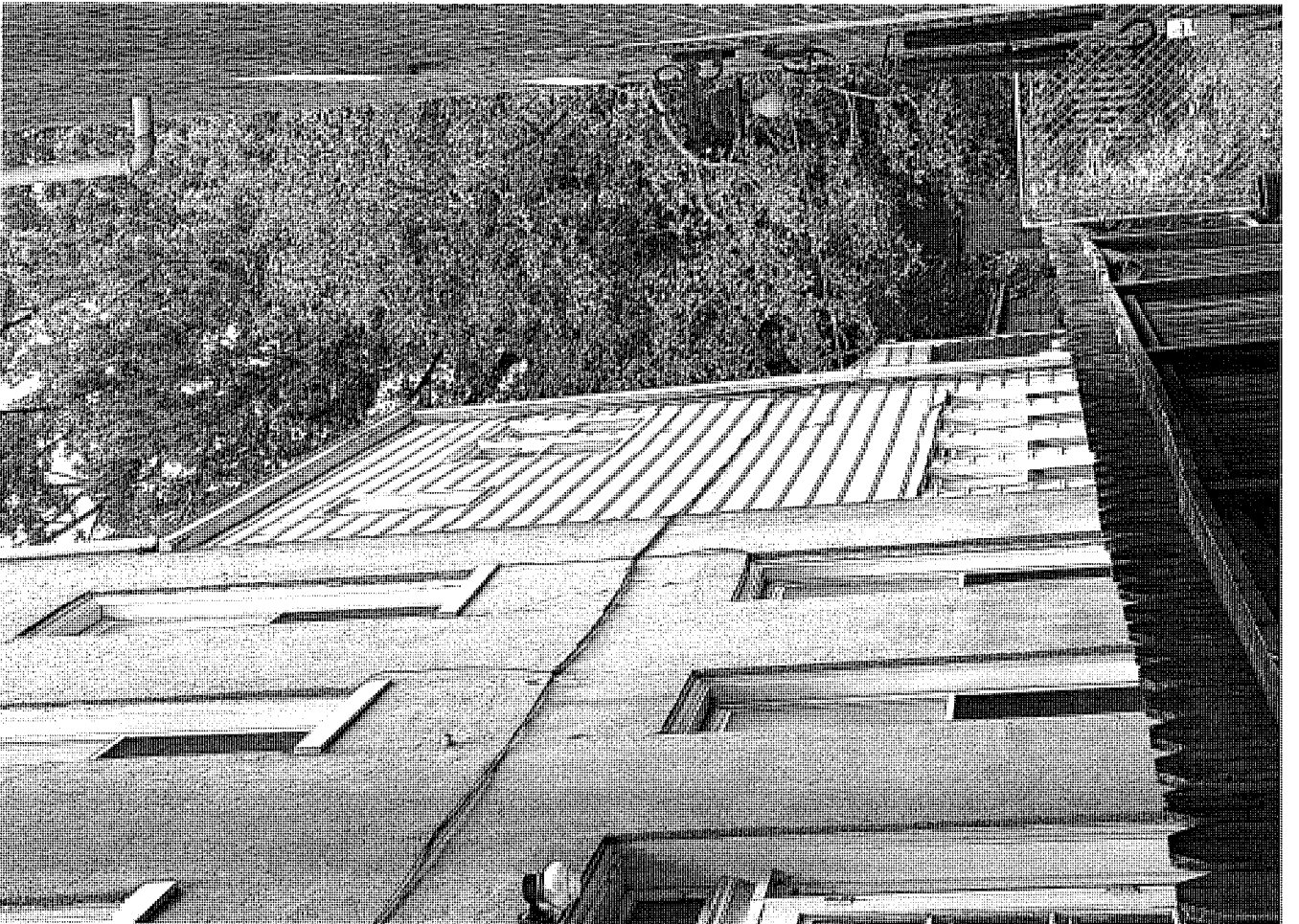
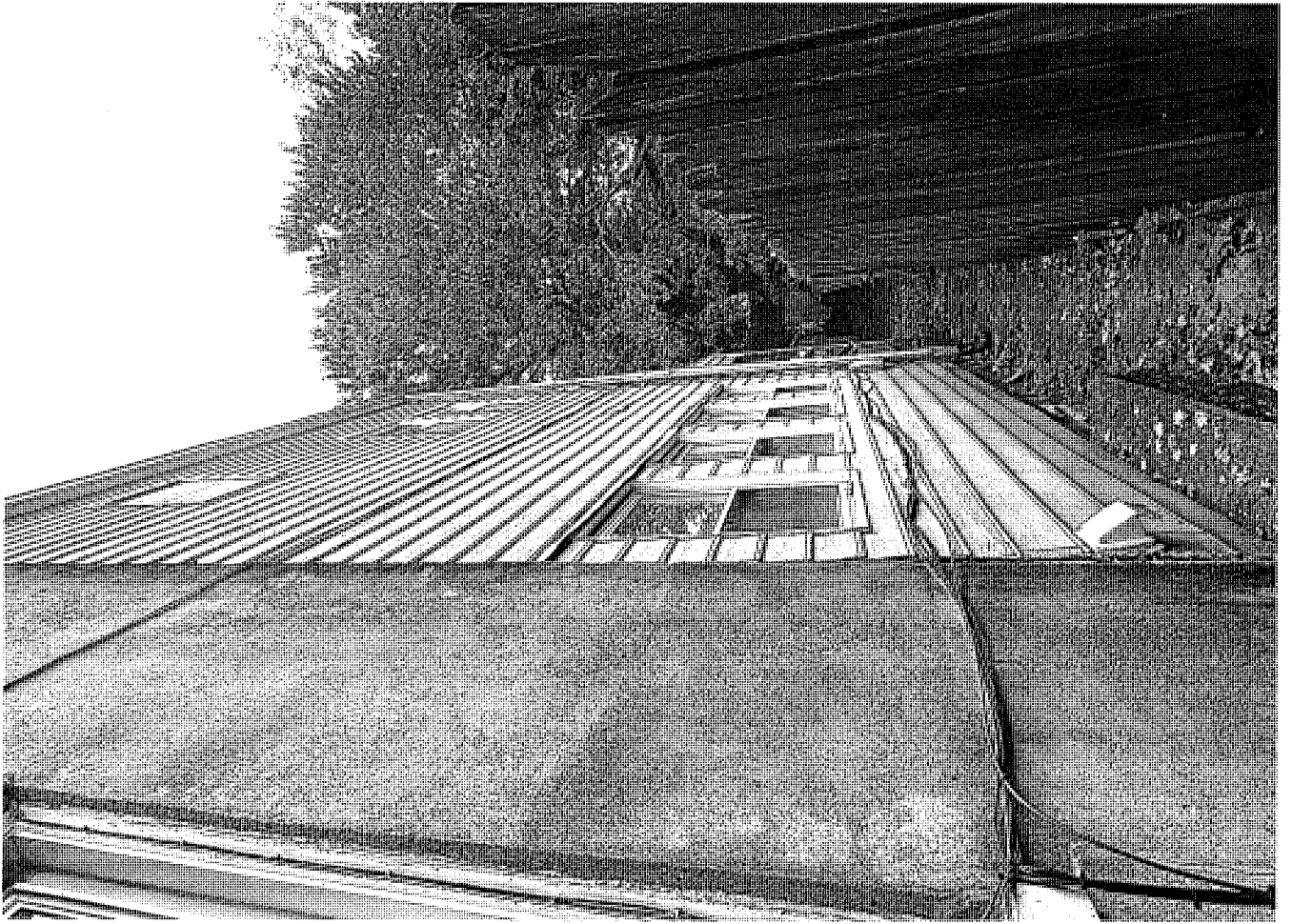
9/30/2024  
**Date**

**Documentation Review**

- ✓ Complete application
- ✓ Photographs of Property
- ✓ Project Plans (If required) *N/A*
- COA application filed (If applicable) *NOT SURE*
- ✓ Proof of Property Insurance
- ✓ Proof of Ownership (Deed)
- ✓ Completed Verification of Employment Form
- ✓ Income Certification Form

GRANT INFORMATION	
<input type="checkbox"/> Rehabilitation Grant	<input type="checkbox"/> Dilapidated Structures Grant
Amount of Grant Requested (completed by Office): _____	











Application for Paul Bruhn  
PACE Grant Program

Purpose: Application is hereby made to request funding from the Paul Bruhn PACE Program. This application must be filed prior to work beginning on a property located within the City of Madison's historic district. This application does not replace the need for approval from the HDBR.

**PART A - APPLICANT INFORMATION**

Date: 9/24/24  
 Property Owner/Applicant Name: Deborah Williams  
 Mailing Street Address: 405 Mill St.  
 City: Madison State: IN Zip: 47250  
 Phone (Preferred): 812-599-3497 Phone (Alternate): \_\_\_\_\_  
 Email: williams-debby@hotmail.com

**CO-APPLICANT**

Co-Applicant Name: \_\_\_\_\_  
 Mailing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (Preferred): \_\_\_\_\_ Phone (Alternate): \_\_\_\_\_  
 Email: \_\_\_\_\_

**DEPENDENTS**

NAME	SEX	AGE UNDER 18 (Y/N)	RELATIONSHIP

Additional pages are attached.





**PART B - DESCRIPTION OF THE PROJECT**

Please provide a description of construction-related activities and list all major tasks necessary to complete the project.

- Back door
- Facia trim on the back gables (1<sup>ST</sup> floor & 2<sup>nd</sup> floor)
- 10 window trim replacement (water damage)
- Foundation on the alley side (cracks from water damage)
- Foundation stone repair on concrete
- Brick replacement around the house (alley, backside & front side of house)
- Brick Tuckpointing around the house (back side, alley side, and front side) including chimney caps and brick repair
- Garage siding
- 2 garage windows
- Garage door

Additional pages are attached.

**PART C - FINANCIAL INFORMATION**

Please complete the following tables.

- |   |   |                             |
|---|---|-----------------------------|
| Is this your primary place of residence?              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you own the business and building?                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you current with your property taxes?             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your property insurance in force and paid in full? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a mortgage?                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, are you current with your payments?            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |



**HOUSEHOLD MEMBERS**

NAME	WAGES/SALARY	BENEFITS/PENSIONS	CHILD SUPPORT	OTHER INCOME

Additional pages are attached.

**APPLICANT'S EMPLOYMENT INFORMATION**

Employer: Retired Phone Number: \_\_\_\_\_  
 Mailing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CO-APPLICANT'S EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**A Paul Bruhn PACE grant application must include the following documents:**

- Photographs of existing conditions of Property
- Project Plans (required if altering footprint or openings)
- Certificate of Appropriateness (COA) (If applicable)
- Proof of Property Insurance
- Proof of Ownership (Deed)
- Completed Verification of Employment Form
- Income Certification Form



**Applicant must read and initial the following:**

DW I understand that the grant funds must be used only for the project described in this application. The work must be completed within twelve (12) months of the date that the grant is awarded. If a project is not completed the recipient(s) may request an extension to the City of Madison Board of Works and Safety.

DW I understand that I must receive all required permits from the Office of Planning, Preservation, and Design and from the State of Indiana prior to beginning work on my project or I will forfeit any awarded grant monies.

\_\_\_\_ I understand that a failure to complete any project may result in the City of Madison placing a lien on the property in order to recover grant monies in the amount of monies received by Recipient(s).

DW I understand that if awarded, I will be required to sign a 5-year preservation agreement that meets the minimum federal preservation requirements set by the National Park Service.

DW I understand that all property taxes must be current and that there cannot be any current tax liens against the property or current litigation between the City of Madison and the applicant. I understand that if one of these is not true, my application will not be considered for funds.

**I certify that I have read the P.A.C.E. Program Guidelines and that all required documents are included in my final application packet.**

Deborah Williams  
Applicant(s) Signature

9/25/24  
Date

**Documentation Review**

- Complete application
- Photographs of Property
- Project Plans (If required)
- COA application filed (If applicable)
- Proof of Property Insurance
- Proof of Ownership (Deed)
- Completed Verification of Employment Form
- Income Certification Form

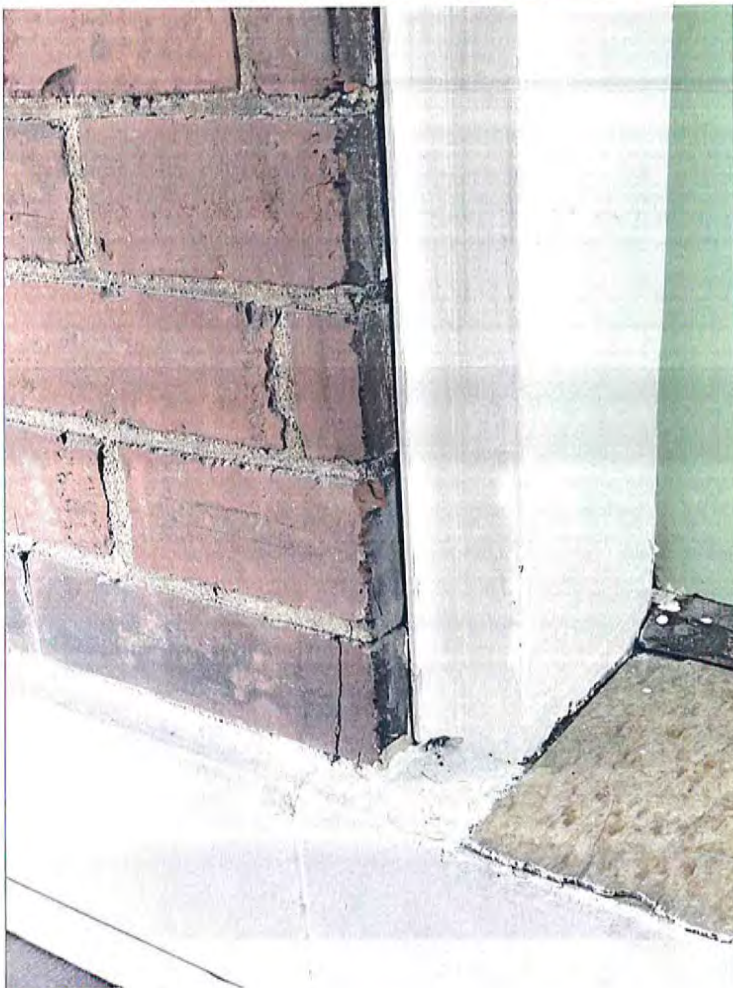
**GRANT INFORMATION**

- Rehabilitation Grant
- Dilapidated Structures Grant

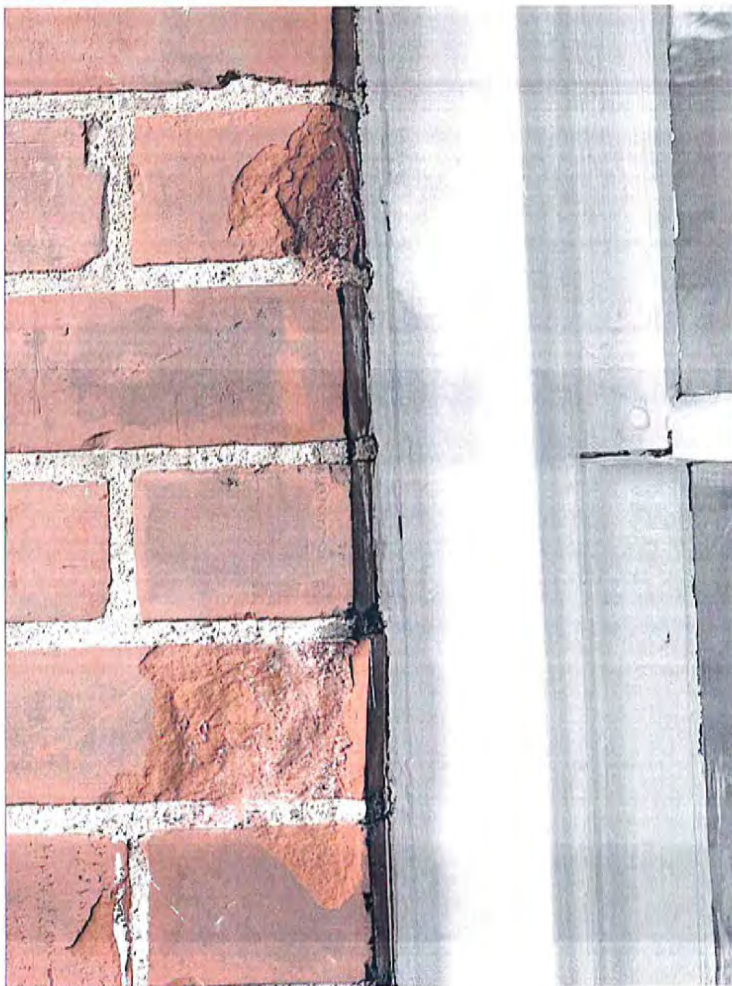
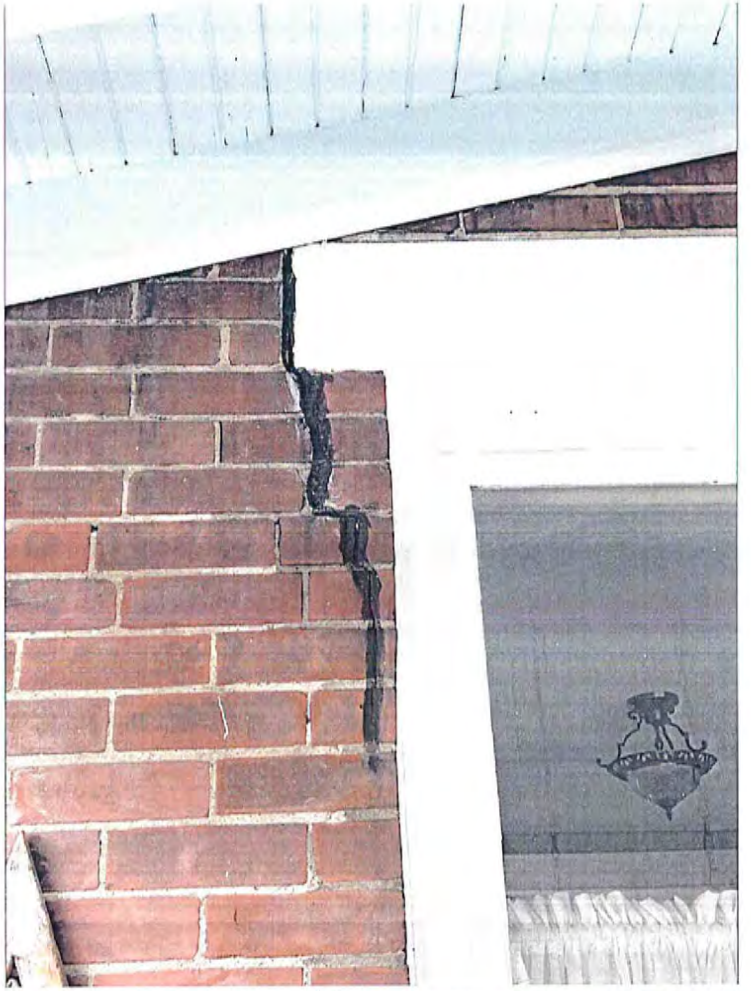
Amount of Grant Requested (completed by Office):

\_\_\_\_\_





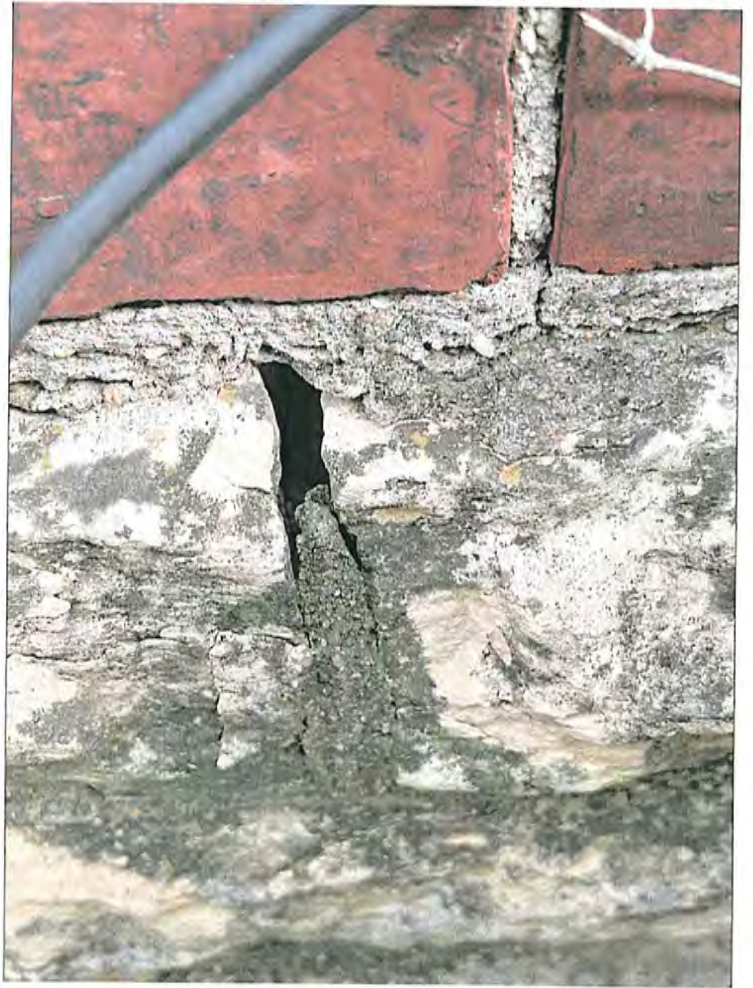


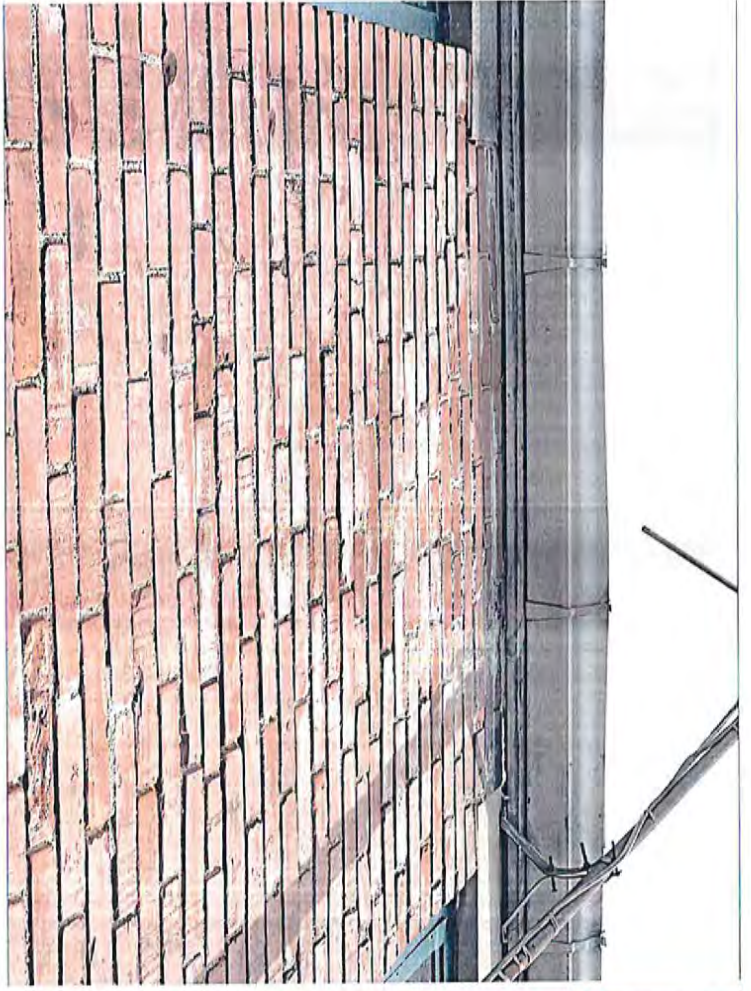


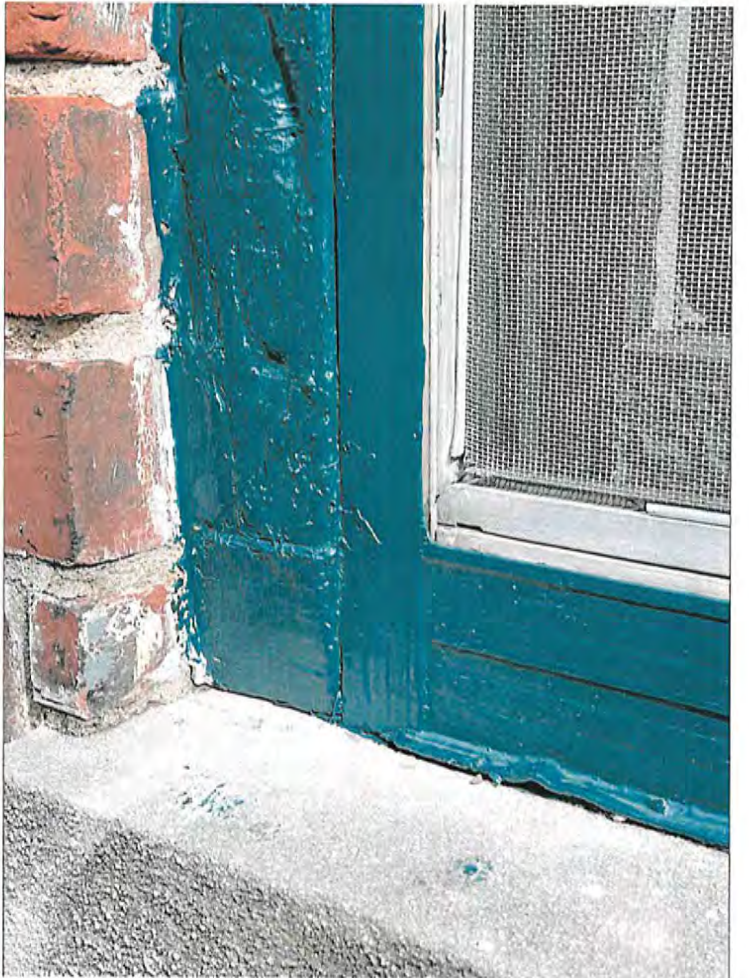


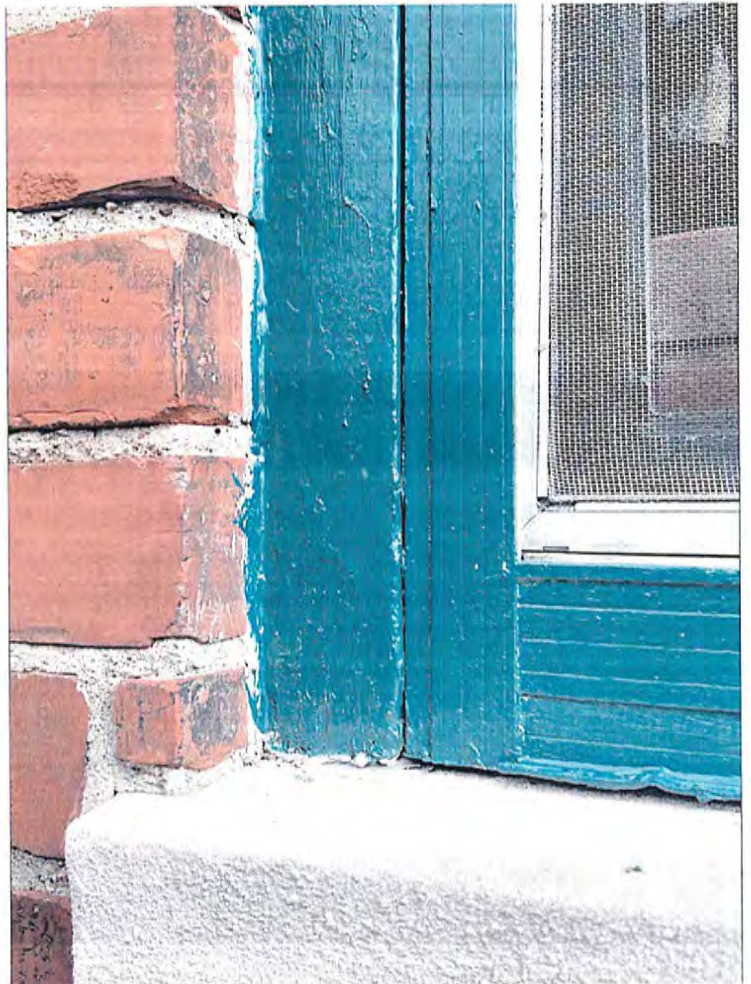
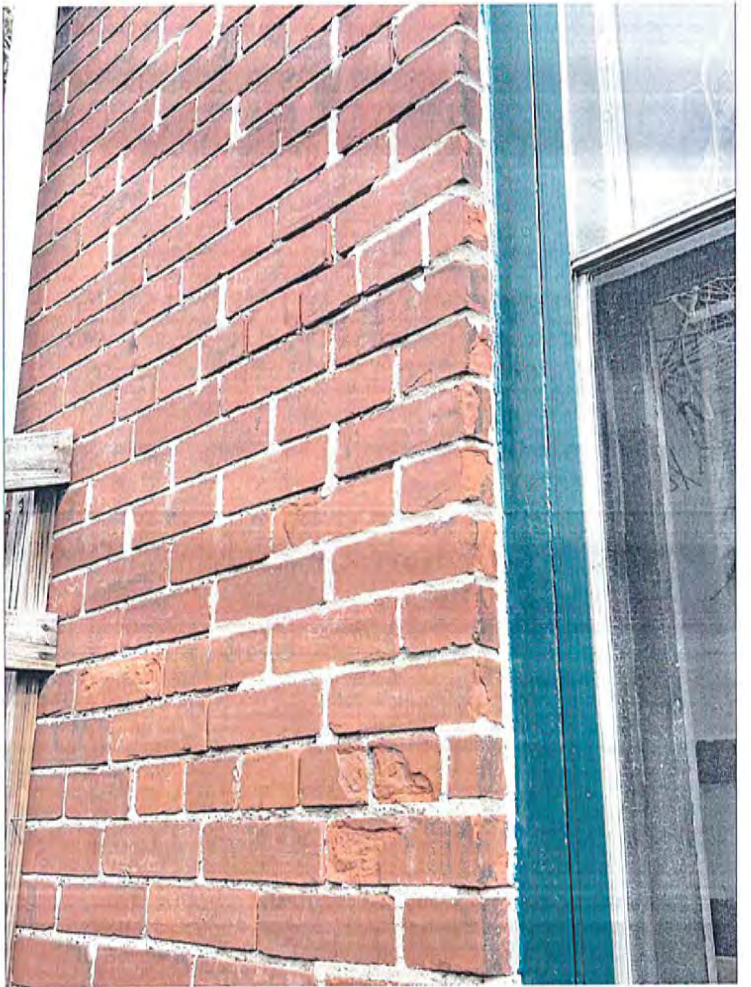
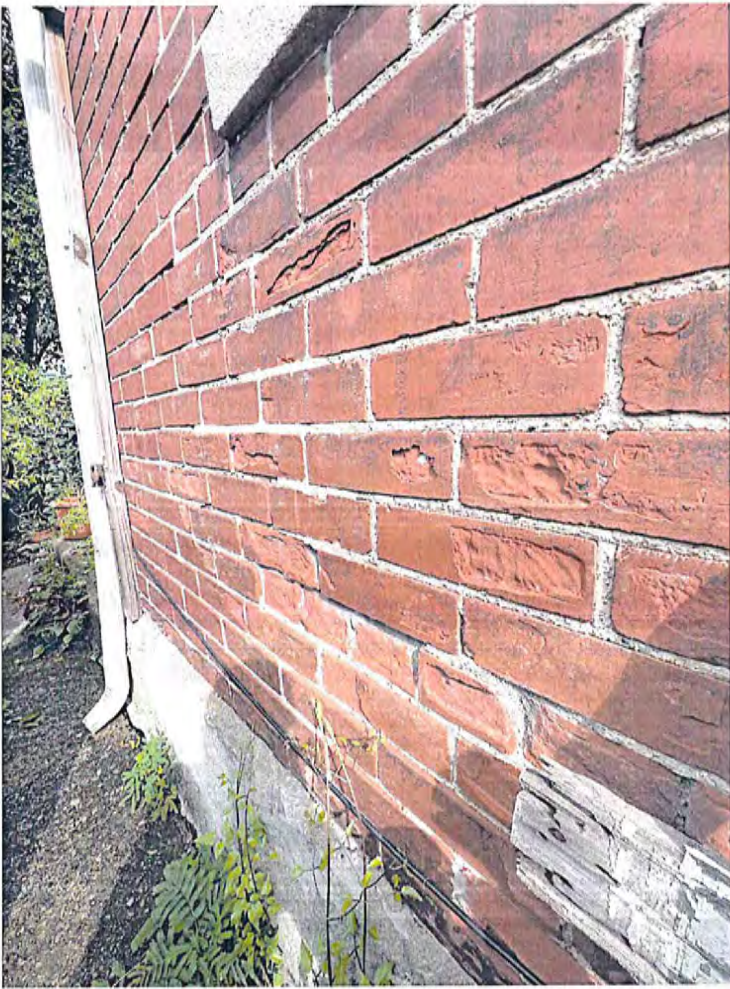




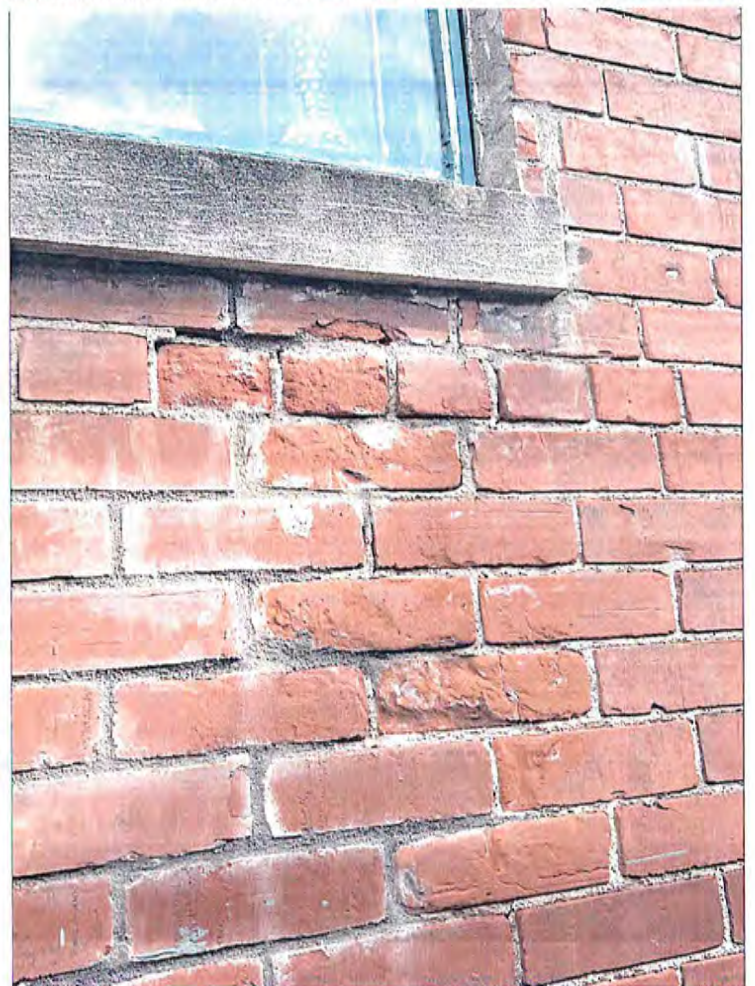
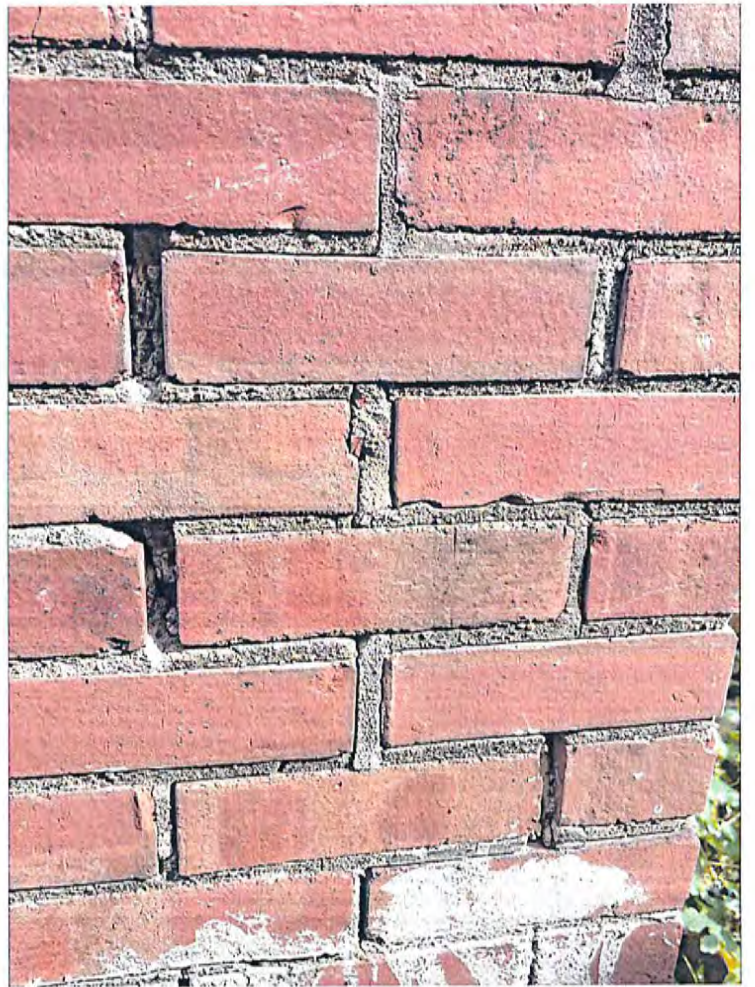


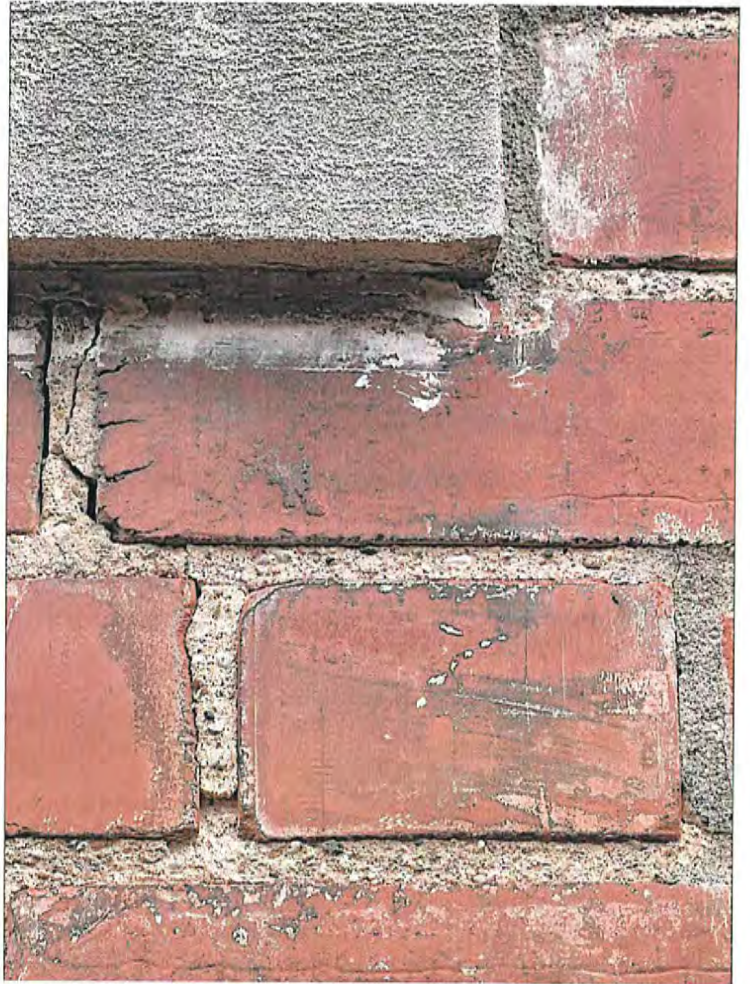




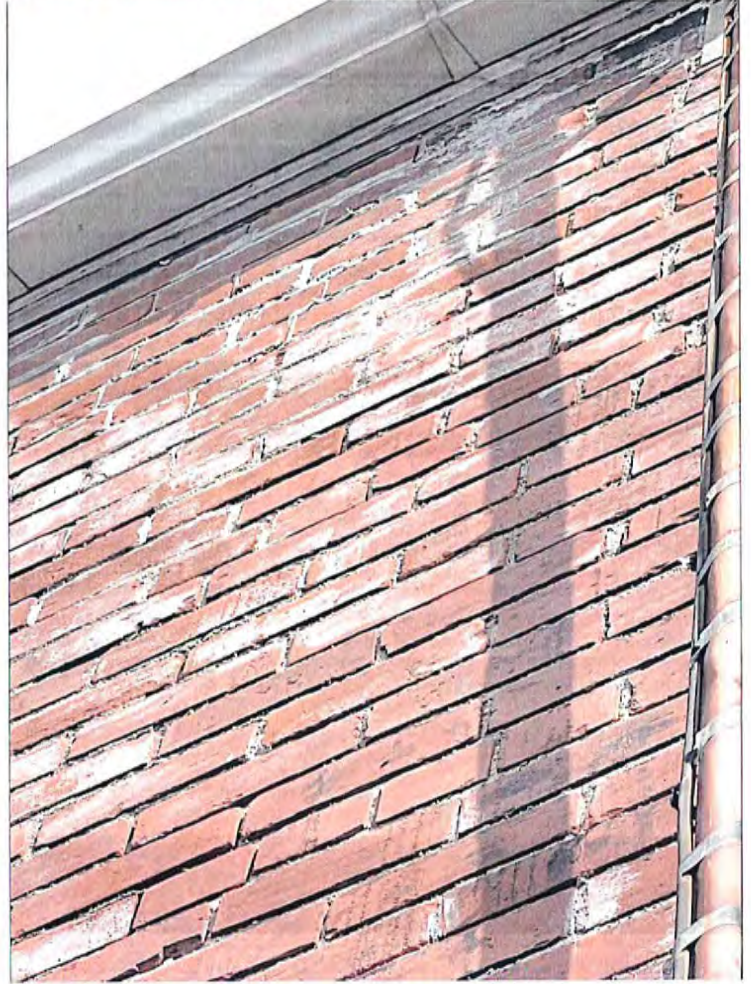
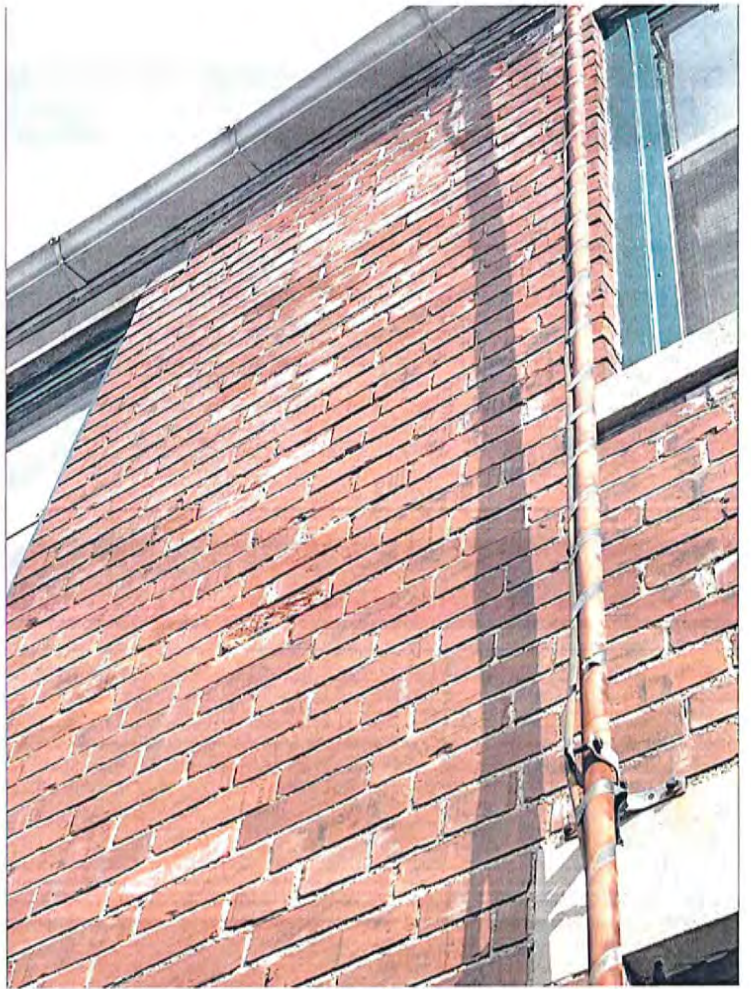


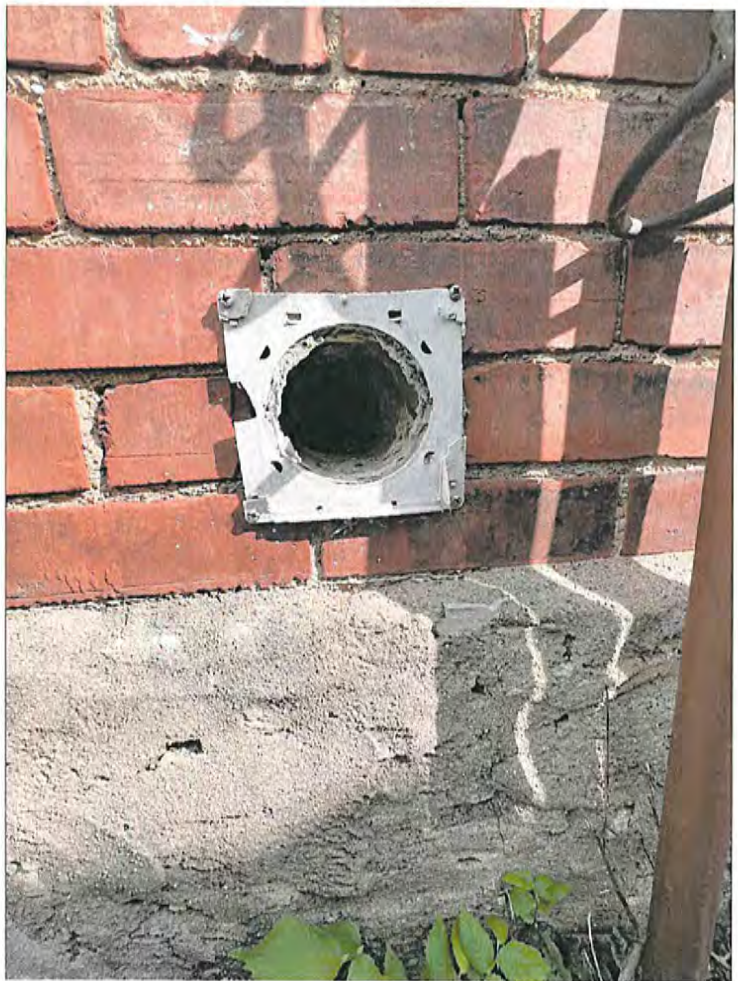


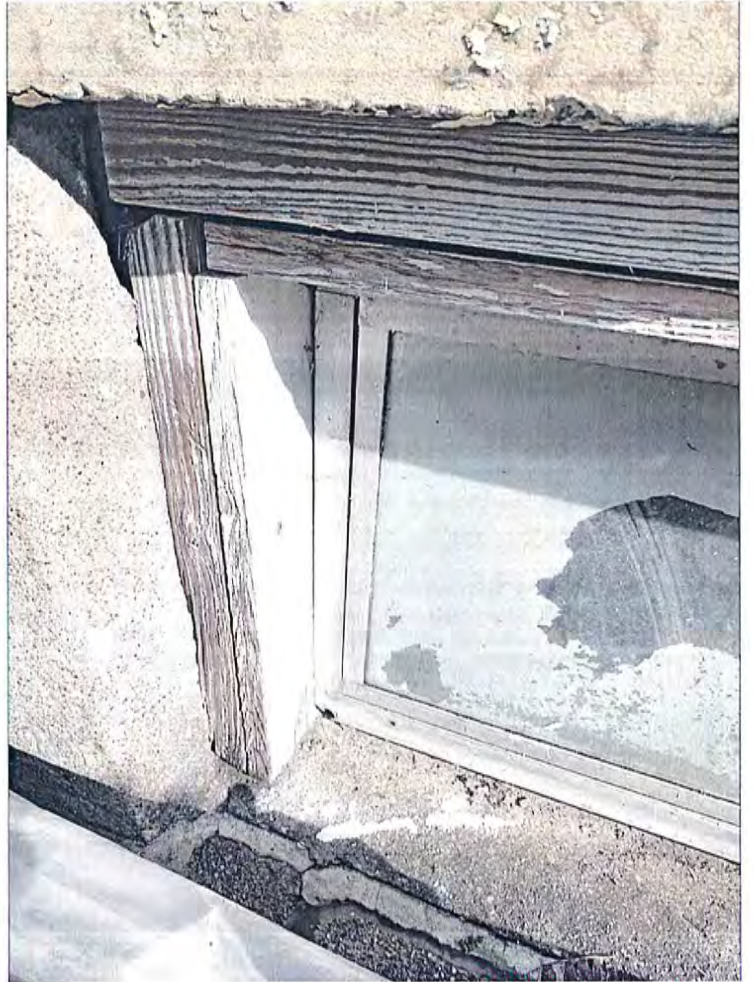
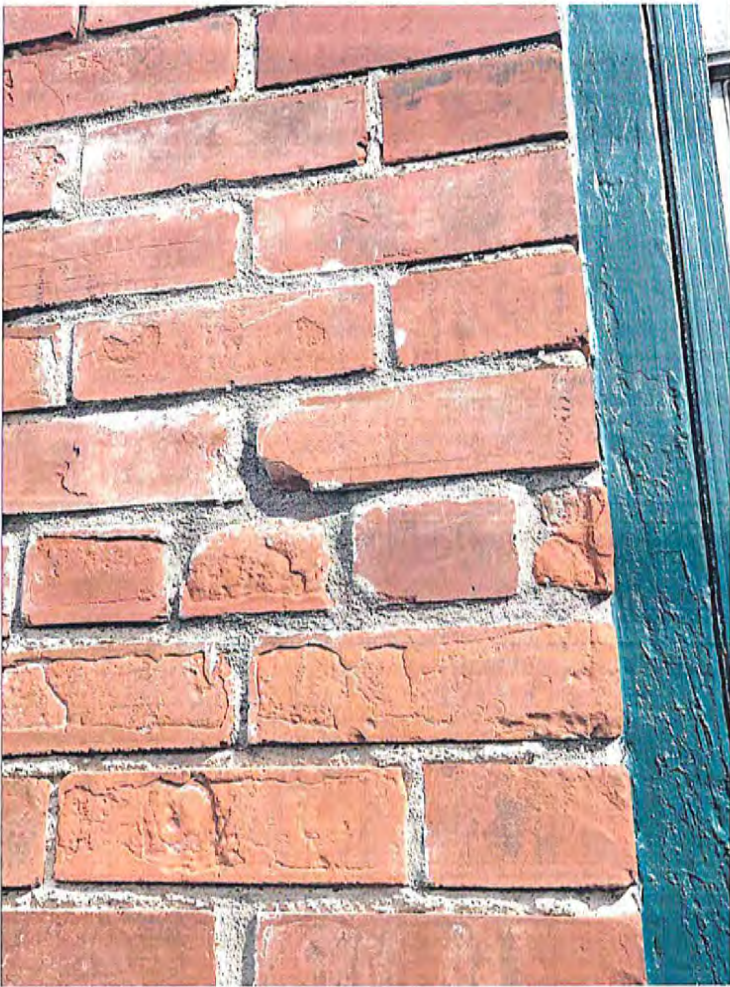


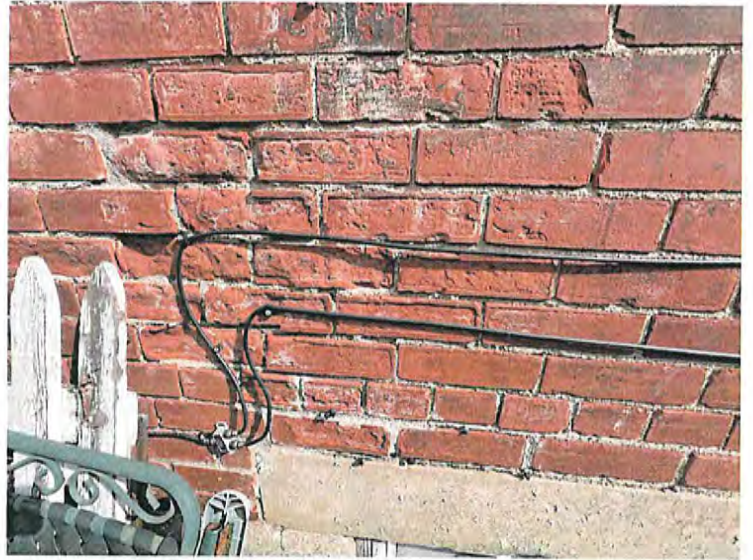
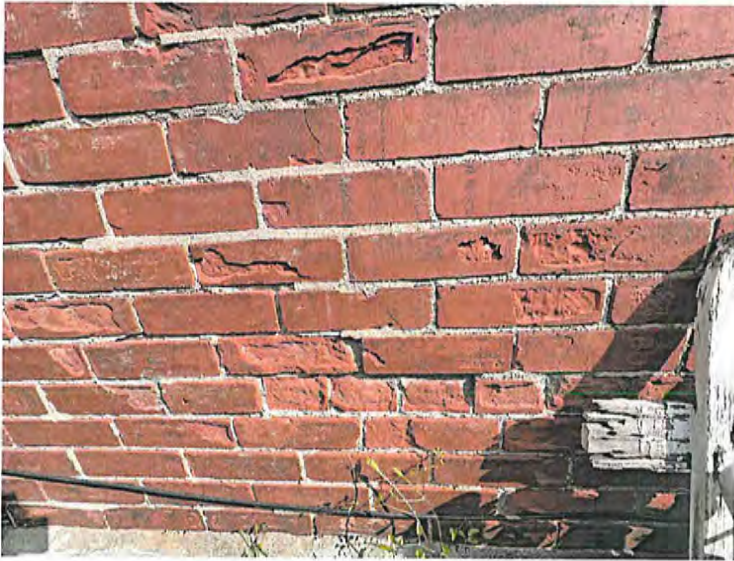








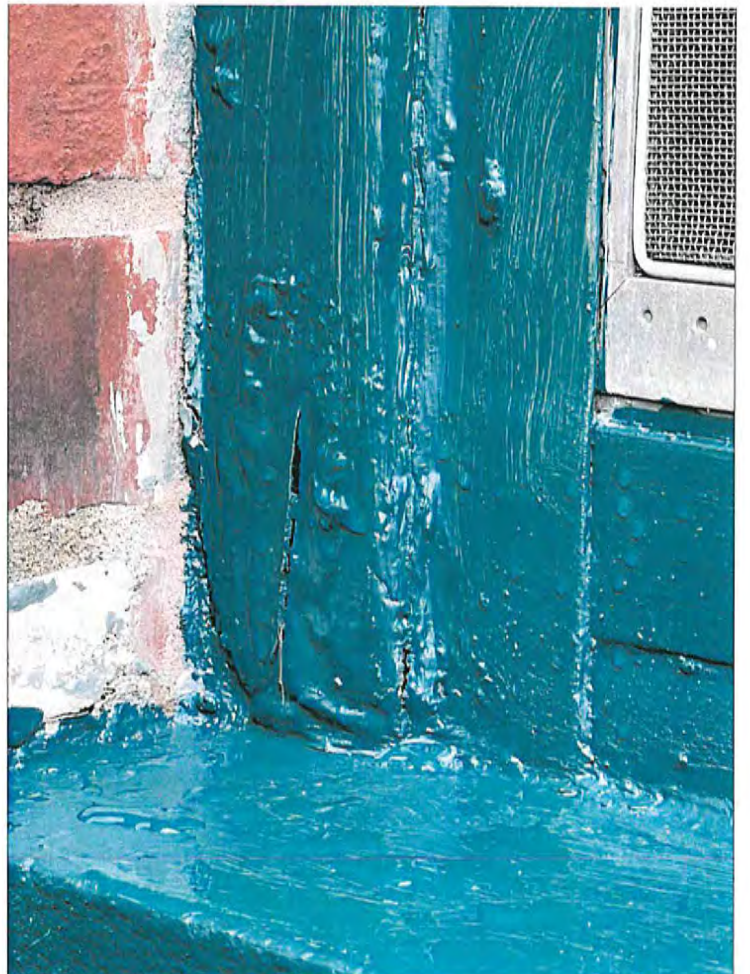
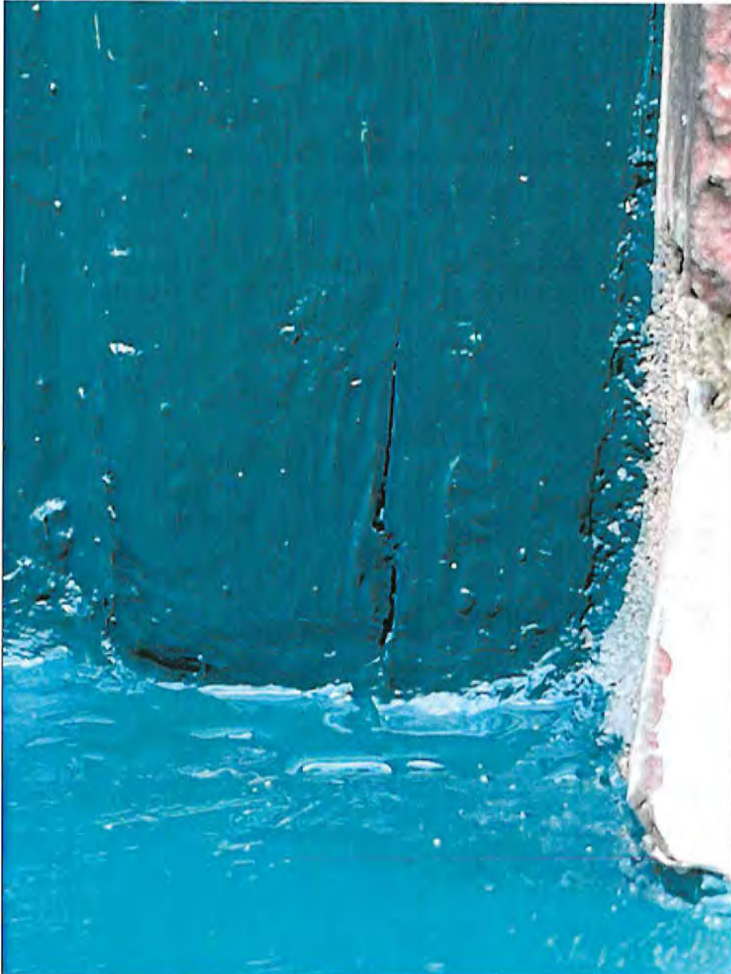




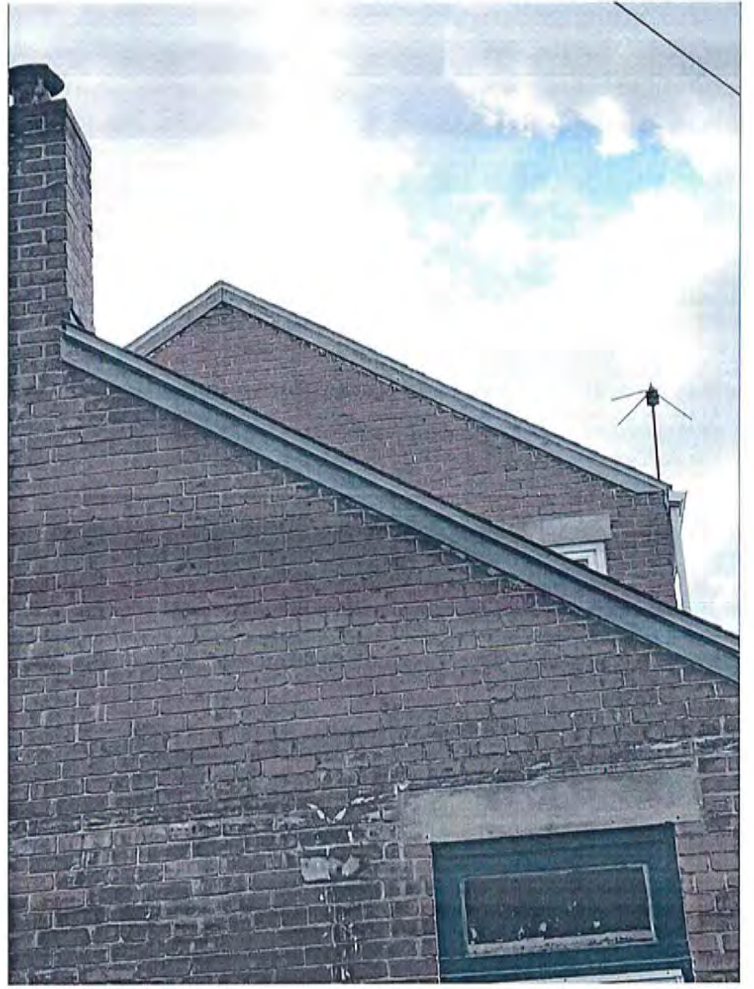


















Application for Paul Bruhn  
PACE Grant Program

Purpose: Application is hereby made to request funding from the Paul Bruhn PACE Program. This application must be filed prior to work beginning on a property located within the City of Madison's historic district. This application does not replace the need for approval from the HDBR.

**PART A - APPLICANT INFORMATION**

Date: 4-8-2024

Property Owner/Applicant Name: Cheryl Hacker

Mailing Street Address: 1028 West Second P 030 W 2nd St

City: Madison State: IN Zip: 47250

Phone (Preferred): 812-701-1940 Phone (Alternate): \_\_\_\_\_

Email: \_\_\_\_\_

**CO-APPLICANT**

Co-Applicant Name: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Preferred): \_\_\_\_\_ Phone (Alternate): \_\_\_\_\_

Email: \_\_\_\_\_

**DEPENDENTS**

NAME	SEX	AGE UNDER 18 (Y/N)	RELATIONSHIP

Additional pages are attached.



**PART B - DESCRIPTION OF THE PROJECT**

Please provide a description of construction-related activities and list all major tasks necessary to complete the project.

① House wrapped with installation and new siding.

② New windows & doors

Additional pages are attached.

**PART C - FINANCIAL INFORMATION**

Please complete the following tables.

- |   |   |  |
|---|---|--|
| Is this your primary place of residence?              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Do you own the business and building?                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Are you current with your property taxes?             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Is your property insurance in force and paid in full? | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Do you have a mortgage?                               | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| If so, are you current with your payments?            | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |



**HOUSEHOLD MEMBERS**

NAME                      WAGES/SALARY                      BENEFITS/PENSIONS                      CHILD SUPPORT                      OTHER INCOME

[Redacted household member information]

Additional pages are attached.

**APPLICANT'S EMPLOYMENT INFORMATION**

Employer: NKSH                      Phone Number: 812-801-0800  
Mailing Street Address: 1313 State Rd 162  
City: Madison                      State: IN                      Zip: 47250

**CO-APPLICANT'S EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**A Paul Bruhn PACE grant application must include the following documents:**

- Photographs of existing conditions of Property
- Project Plans (required if altering footprint or openings)
- Certificate of Appropriateness (COA) (If applicable)
- Proof of Property Insurance
- Proof of Ownership (Deed)
- Completed Verification of Employment Form
- Income Certification Form



Applicant must read and initial the following:

CH I understand that the grant funds must be used only for the project described in this application. The work must be completed within twelve (12) months of the date that the grant is awarded. If a project is not completed the recipient(s) may request an extension to the City of Madison Board of Works and Safety.

CH I understand that I must receive all required permits from the Office of Planning, Preservation, and Design and from the State of Indiana prior to beginning work on my project or I will forfeit any awarded grant monies.

CH I understand that a failure to complete any project may result in the City of Madison placing a lien on the property in order to recover grant monies in the amount of monies received by Recipient(s).

CH I understand that if awarded, I will be required to sign a 5-year preservation agreement that meets the minimum federal preservation requirements set by the National Park Service.

CH I understand that all property taxes must be current and that there cannot be any current tax liens against the property or current litigation between the City of Madison and the applicant. I understand that if one of these is not true, my application will not be considered for funds.

I certify that I have read the P.A.C.E. Program Guidelines and that all required documents are included in my final application packet.

Cheryl Hacker
Applicant(s) Signature

4-8-2024
Date

Documentation Review

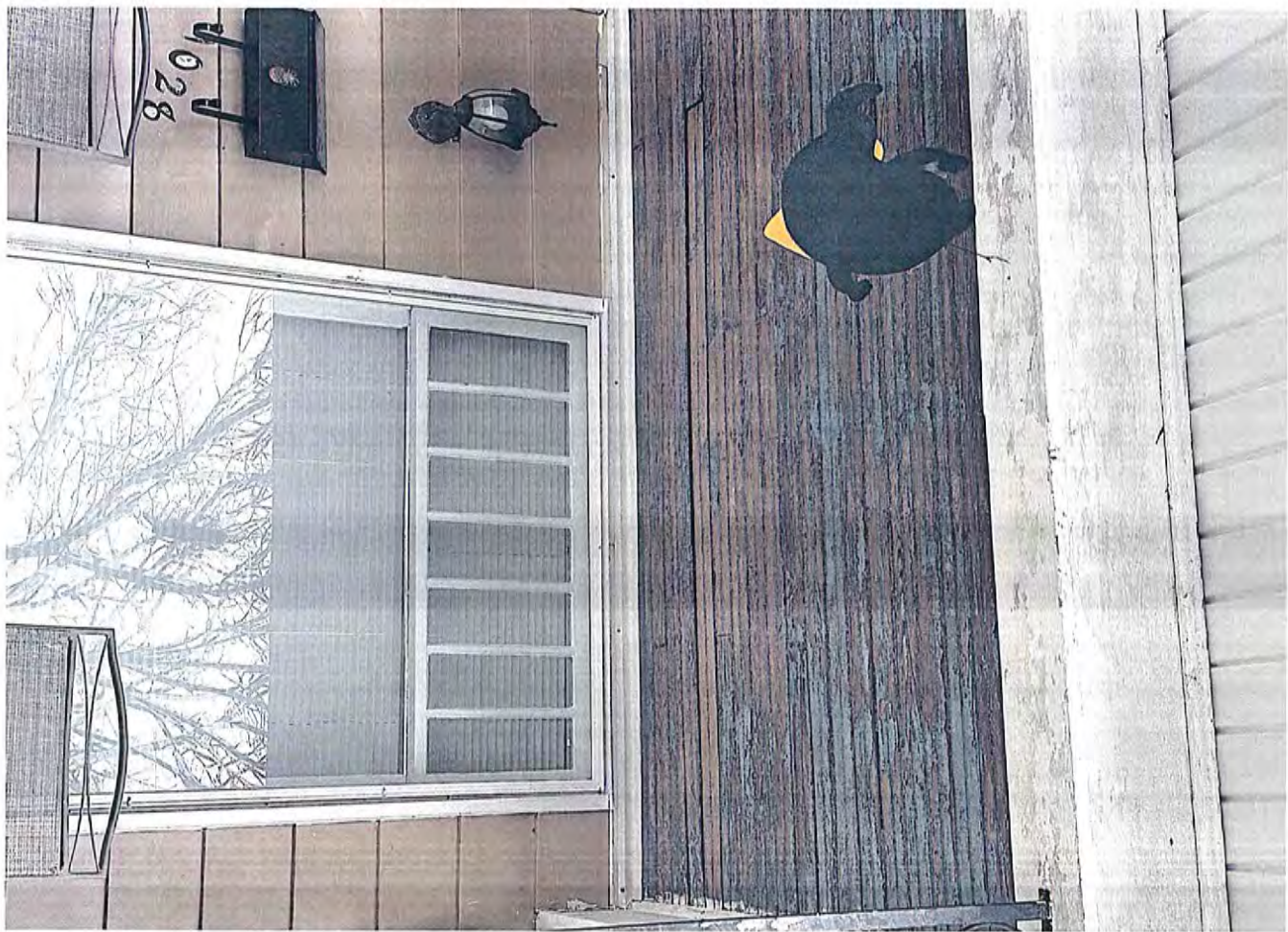
- Complete application
Photographs of Property
Project Plans (If required)
COA application filed (If applicable)
Proof of Property Insurance
Proof of Ownership (Deed)
Completed Verification of Employment Form
Income Certification Form

GRANT INFORMATION

Rehabilitation Grant
Dilapidated Structures Grant
Amount of Grant Requested (completed by Office):











1030 W 2nd Side