



CITY OF LEEDS, ALABAMA

REDEVELOPMENT AUTHORITY AGENDA

Leeds- Redevelopment Authority Mon, Nov 2, 2020 5:00 PM - 5:30 PM (CST)
Please join my meeting from your computer, tablet or smartphone.
<https://global.gotomeeting.com/join/178342493> You can also dial in using your phone. (For supported devices, tap a one-touch number below to join instantly.)
United States: +1 (872) 240-3212 - One-touch: tel:+18722403212,,178342493#
Access Code: 178-342-493 New to GoToMeeting? Get the app now and be ready when your first meeting starts:
<https://global.gotomeeting.com/install/178342493>

November 02, 2020 @ 5:00 PM

CALL TO ORDER:

ROLL CALL:

DETERMINATION OF QUORUM:

APPROVAL OF MINUTES FROM PREVIOUS MEETING(S):

1. Minutes from October 05, 2020

NEW BUSINESS:

2. FG20-000001 - Steven Lewis - 8141 Parkway Dr.

OLD BUSINESS:

OTHER BUSINESS:

CHAIRMAN'S COMMUNICATION:

ADJOURNMENT:

In compliance with the Americans with Disabilities Act, those requiring accommodation for Council meetings should notify the City Clerk's Office at least 24 hours prior to the meeting at 205-699-2585.



CITY OF LEEDS, ALABAMA

REDEVELOPMENT AUTHORITY MINUTES

Go-to-Meeting

October 05, 2020 @ 5:00 PM

CALL TO ORDER:

Chairman Cauble called the meeting to order at 5:01 pm.

DETERMINATION OF QUORUM:

PRESENT

Chairman Michael Cauble
Vice-Chairman Melanie Carden
Secretary Andrea Howard
Board Member Dave Mackey

After determining an operating quorum was present with four (4) members, Chairman Cauble continued with the agenda.

APPROVAL OF MINUTES FROM PREVIOUS MEETING(S):

1. Minutes from March 02, 2020
Minutes from April 06, 2020
Minutes from May 04, 2020
Minutes from June 08, 2020
Minutes from August 03, 2020

Motion to approve minutes from March 02, 2020, April 06, 2020, May 04, 2020, June 08, 2020 and August 03, 2020 made by Board Member Mackey, Seconded by Vice-Chairman Carden. Voting Yea: Chairman Cauble, Vice-Chairman Carden, Secretary Howard, Board Member Mackey.

NEW BUSINESS:

Ms. Dona Bonnett gave updates of the Downtown Trick/Treating and the Fall carnival dates. With limited funding from the City, the Board discussed that the Parks & Recreation Department will fund the Fall Carnival expenses. The 2020-2021 funding from the City will only cover the parking lot leases.

Mr. Mackey inquired about vacancies on the Board and an application for a board member appointment. Mr. Mackey had questions about the Board's or City's responsibility regarding the Depot rental fees and its upkeep. City Attorney Scott Barnett explained that the Railroad owns it, and the City sub-leases it to the Historical Society. Mr. Mackey inquired if the building adjacent to the Parkway Drive parking lot was a part of the parking lot lease agreement. It was confirmed that it is.

Ms. Dona Bonnett gave updates of the Downtown Trick/Treating and the Fall carnival dates.

OLD BUSINESS:

There was none.

OTHER BUSINESS:

There was none.

CHAIRMAN'S COMMUNICATION:

There was none.

ADJOURNMENT:

With no other discussion, the meeting was adjourned at 5:46 pm.

Mr. Michael Cauble, Chairman

Ms. Andrea Howard, Secretary

Leeds Redevelopment Authority Commercial Façade Improvement Grant Application

REQUIRED SUBMITTALS WITH APPLICATION:

1. Current digital photos of all building facades visible from the public right of way which will receive improvements
2. A schematic drawing with enough detail to depict the proposed improvements
3. Signed vendor contract(s) with detailed costs for each proposed improvement (excluding ineligible portions of improvements, e.g. lettering on awnings)
4. Consent from the building owner for proposed improvements, by signature on the attached form
5. Completed IRS Form W-9 Request for Taxpayer Identification Number and Certification
6. Projected sales tax* and/or property tax for the three years following the completion of the improvements covered by the grant.
7. A narrative as outlined below:
 - 7.a. Description of proposed façade work including information about the proposed building materials and methodology for proposed changes.
 - 7.b. Description of your business and the related industry.
 - 7.c. Features and advantages of your product and how improvements sought will improve the business and/or Redevelopment Authority.
 - 7.d. Credentials and experience of business owner.
 - 7.e. Any unusual or expected difficulties or hardships in making the proposed improvements.

**Please note that if you are awarded a grant, you must submit actual sales tax receipts for the three consecutive years following the completion of the improvements. The actual sales tax receipts from the State of Alabama of the prior calendar year shall be provided to the Redevelopment Authority by February 15.*

BUSINESS OWNER INFORMATION

Business Owner Name: Steven Lewis

Home Address: 1229 Elizabeth St

Business Name: SSCL Properties

Business Address: 8141 Parkway Dr

Business Phone: 205-702-6015 Fax Number: _____

Home Phone: 205-790-0508 Fax Number: _____

Email Address: swlewis8@gmail.com

Email Address: _____

If tenant, what is the expiration date of your current lease? NA

If buyer under contract or tenant, who is the property owner?
Property Owner Name: Steven Lewis / SSCL Properties

Commercial Facade Improvement Grant Application

Local Redevelopment Authority

1. Name of Applicant: _____

2. Address: _____

3. City: _____

4. State: _____

5. Zip: _____

6. Phone: _____

7. Fax: _____

8. E-mail: _____

9. Name of Project: _____

10. Description of Project: _____

11. Estimated Cost: _____

12. Estimated Value: _____

13. Estimated Jobs: _____

14. Estimated Tax Revenue: _____

15. Estimated Other Revenue: _____

16. Estimated Total Revenue: _____

17. Estimated Total Cost: _____

18. Estimated Net Cost: _____

19. Estimated Net Revenue: _____

20. Estimated Net Jobs: _____

21. Estimated Net Tax Revenue: _____

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99. Estimated Net Total Revenue: _____

100. Estimated Net Total Cost: _____

Property Owner Address: 1229 Elizabeth St
Property Owner Phone: 205-790-0508
Property Owner Fax: _____
Property Owner E-mail: swlewis8@gmail.com

DESCRIPTION OF PROPOSED IMPROVEMENTS

PAint, Replace wood, windows, New Front Door

ITEMIZED ACTIVITY DESCRIPTION

COST

See Invoice

to address the
8070-887-200

for items & quantities

particulars of the work to be done

1200

10/10/10

10/10/10

TOTAL PROJECT COST:

AMOUNT OF GRANT ASSISTANCE REQUESTED:

\$3000 -

Leeds Redevelopment Authority

Commercial Façade Improvement Grant Program Reimbursement Request Certification

SUBMITTAL FOR REIMBURSEMENT

Please submit the following information to the Planning and Development office once approved work is complete for grant payment:

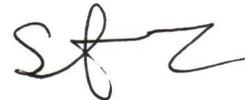
- This signed Reimbursement Request Certification
- Copies of invoices stamped "PAID" from all contractors, companies, individuals
- Proof of payment (limited to copies of canceled checks and/or credit card receipts)
- Digital Photos of all building facades visible from the public right-of-way. A signed and notarized Applicant's Affidavit for Reimbursement form provided by the Leeds Redevelopment Authority
- Applicant's Affidavit for Reimbursement (Attached)

CERTIFICATION

I, the undersigned, warrant that all representations of the application submitted under the program are true and accurate and that there has been no material change which would in itself or cumulatively with other events impair the profitable functioning of my business operation. All agreements, warranties and representations made to the Leeds Redevelopment Authority are true at the time they were made and shall remain true at the time of submittal for reimbursement under the program. I will display the Leeds Redevelopment Authority Grant Certification in public at my business/property for one year. I understand that if my business closes or moves out of the Leeds Redevelopment Authority within 3 years I will be required to repay the Redevelopment Authority in an amount as described on page 3 of the grant packet. The Leeds Redevelopment Authority may in its sole option cancel its assistance commitment either in whole or in part for failure to comply with the requirements of this grant program or applicable Redevelopment Authority Codes and Regulations.

Applicant Name (PRINT) *Steven Lewis*

Applicant Signature



Date

1-31-2020

Commercial Paper Management System Implementation Report

Page 11 of 15

The following table provides a summary of the findings and recommendations of the audit.

- 1. The audit identified several weaknesses in the internal control system related to the management of commercial paper.
- 2. The audit identified several weaknesses in the internal control system related to the management of commercial paper.
- 3. The audit identified several weaknesses in the internal control system related to the management of commercial paper.
- 4. The audit identified several weaknesses in the internal control system related to the management of commercial paper.
- 5. The audit identified several weaknesses in the internal control system related to the management of commercial paper.

CONCLUSIONS

The audit identified several weaknesses in the internal control system related to the management of commercial paper. These weaknesses include:

- 1. The audit identified several weaknesses in the internal control system related to the management of commercial paper.
- 2. The audit identified several weaknesses in the internal control system related to the management of commercial paper.
- 3. The audit identified several weaknesses in the internal control system related to the management of commercial paper.
- 4. The audit identified several weaknesses in the internal control system related to the management of commercial paper.
- 5. The audit identified several weaknesses in the internal control system related to the management of commercial paper.

The audit also identified several strengths in the internal control system. These strengths include:

- 1. The audit identified several strengths in the internal control system related to the management of commercial paper.
- 2. The audit identified several strengths in the internal control system related to the management of commercial paper.
- 3. The audit identified several strengths in the internal control system related to the management of commercial paper.



Prepared by: [Name] Date: [Date]

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Give Form to the requester. Do not send to the IRS.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. **SSCL Properties, LLC**

2 Business name/deregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=corporation, S=S corporation, P=Partnership)

Partnership

Trust/estate

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check another LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions. **8141 Parkway Drive**

6 City, state, and ZIP code **Leeds, AL 35094**

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number		Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Signature of U.S. person 

Date **1-31-2020**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.