

**A DECLARATORY RESOLUTION designating an “Economic Revitalization Area” under I.C. 6-1.1-12.1 for property commonly known as 2020 McKinnie Avenue, Fort Wayne, Indiana 46806 (HI Clinic VP, LLC)**

**WHEREAS**, Petitioner has duly filed its petition dated April 4, 2024 to have the following described property designated and declared an “Economic Revitalization Area” under Sections 153.13-153.24 of the Municipal Code of the City of Fort Wayne, Indiana, and I.C. 6-1.1-12.1, to wit: Attached hereto as “Exhibit A” as if a part herein; and

**WHEREAS**, the total estimated project cost is \$4,235,000; and

**WHEREAS**, it appears the said petition should be processed to final determination in accordance with the provisions of said Division 6.

**NOW, THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA:**

**SECTION 1.** That, subject to the requirements of Section 6, below, the property hereinabove described is hereby designated and declared an “Economic Revitalization Area” under I.C. 6-1.1-12.1. Said designation shall begin upon the effective date of the Confirming Resolution referred to in Section 6 of this Resolution and shall terminate on December 31, 2026, unless otherwise automatically extended in five year increments per I.C. 6-1.1-12.1-9.

**SECTION 2.** That, upon adoption of the Resolution:

- (a) Said Resolution shall be filed with the Allen County Assessor;
- (b) Said Resolution shall be referred to the Committee on Finance requesting a recommendation from said committee concerning the advisability of designating the above area an “Economic Revitalization Area”;
- (c) Common Council shall publish notice in accordance with I.C. 6-1.1-12.1-2.5 and I.C. 5-3-1 of the adoption and substance of this resolution and setting this designation as an “Economic Revitalization Area” for public hearing.

**SECTION 3.** That, said designation of the hereinabove described property as an “Economic Revitalization Area” shall apply to a deduction of the assessed value of real estate improvements to be made between June 1, 2024 and December 31, 2025. Should there be any project delays an updated timeline will be provided to the Allen County Auditor’s Office in writing by Community Development Staff.

**SECTION 4.** That, the estimate of the number of individuals that will be employed or whose employment will be retained and the estimate of the annual salaries of those individuals and the estimate of the value of redevelopment or rehabilitation, all contained in Petitioner’s Statement of Benefits, are reasonable and are benefits that can be reasonably expected to result from the proposed described redevelopment or rehabilitation.

1                   **SECTION 5.**     That, the current year approximate tax rates for taxing units within the  
2 City would be:

- 3                   (a) If the proposed development does not occur, the approximate current year tax rates  
4 for this site would be \$2.797/\$100.  
5                   (b) If the proposed development does occur and no deduction is granted, the approximate  
6 current year tax rate for the site would be \$2.797/\$100 (the change would be  
7 negligible).  
8                   (c) If the proposed development occurs and a deduction percentage of fifty percent (50%)  
9 is assumed, the approximate current year tax rate for the site would be \$2.797/\$100  
10 (the change would be negligible).

11                   **SECTION 6.**     That, this Resolution shall be subject to being confirmed, modified and  
12 confirmed, or rescinded after public hearing and receipt by Common Council of the above  
13 described recommendations and resolution, if applicable.

14                   **SECTION 7.**     That, pursuant to I.C. 6-1.1-12.1, it is hereby determined that the  
15 deduction from the assessed value of the real property shall be for a period of ten years.

16                   **SECTION 8.**     The deduction schedule from the assessed value of the real property  
17 pursuant to I.C. 6-1.1-12.1-17 shall look like this:

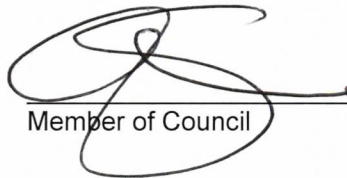
Year of Deduction	Percentage
1	100%
2	95%
3	80%
4	65%
5	50%
6	40%
7	30%
8	20%
9	10%
10	5%
11	0%

18                   **SECTION 9.**     That, the benefits described in the Petitioner's Statement of Benefits can  
19 be reasonably expected to result from the project and are sufficient to justify the applicable  
20 deductions.

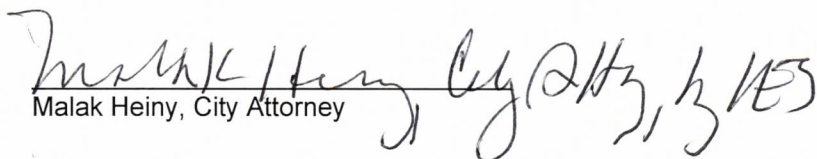
21                   **SECTION 10.**    That, the taxpayer is non-delinquent on any and all property tax due to  
22 jurisdictions within Allen County, Indiana.

23                   **SECTION 11.**    That, pursuant to I.C. 6-1.1-12.1-12 et al, any property owner that has  
24 received a deduction under section 3 or 4.5 of this chapter may be required to repay the deduction  
25 amount as determined by the county auditor in accordance with section 12 of said chapter if the  
26 property owner ceases operations at the facility for which the deduction was granted and if the  
27 Common Council finds that the property owner obtained the deduction by intentionally providing  
28 false information concerning the property owner's plans to continue operation at the facility.  
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1                   **SECTION 12.** That, this Resolution shall be in full force and effect from and after its  
2 passage and any and all necessary approval by the Mayor.

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4                     
5                   Member of Council

6                   APPROVED AS TO FORM AND LEGALITY

7                     
8                   Malak Heiny, City Attorney

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DIGEST SHEET

TITLE OF ORDINANCE: **Declaratory Resolution**

DEPARTMENT REQUESTING ORDINANCE: **Community Development Division**

SYNOPSIS OF ORDINANCE: **HI Clinic VP, LLC is a real estate development and property management company requesting the designation of a of an Economic Revitalization Area for eligible real property improvements. As a part of the Village Premier mixed-use project, HI Clinic VP, LLC will construct a new 9,800 square foot office space that will be leased to a primary care provider.**

EFFECT OF PASSAGE: **Investment of \$4,235,000, construction of a new 9,800 square foot office space that will be leased to a primary care provider.**

EFFECT OF NON-PASSAGE: **Potential loss of investment.**

MONEY INVOLVED (DIRECT COSTS, EXPENDITURES, SAVINGS): **No expenditures of public funds required.**

ASSIGNED TO COMMITTEE (CHAIR AND CO-CHAIR): **Sharon Tucker and Marty Bender**

# MEMORANDUM



**To:** City Council  
**FROM:** Carman Young, Economic Development Specialist  
**DATE:** April 4, 2024  
**RE:** Request for designation by HI Clinic VP, LLC as an ERA for real property improvements.

## BACKGROUND

PROJECT ADDRESS:	<b>2020 McKinnie Avenue</b>	PROJECT LOCATED WITHIN:	<b>EDTA</b>
PROJECT COST:	<b>\$4,235,000</b>	COUNCILMANIC DISTRICT:	<b>6</b>

COMPANY PRODUCT OR SERVICE:	<b>HI Clinic VP, LLC is a real estate development and property management company.</b>
PROJECT DESCRIPTION:	<b>As a part of the Village Premier mixed-use project, HI Clinic VP, LLC will construct a 9,800 square foot office space to be leased to a primary care provider.</b>

CREATED	RETAINED
JOBS CREATED (FULL-TIME):	<b>0</b> JOBS RETAINED (FULL-TIME): <b>0</b>
JOBS CREATED (PART-TIME):	<b>0</b> JOBS RETAINED (PART-TIME): <b>0</b>
TOTAL NEW PAYROLL:	<b>0</b> TOTAL RETAINED PAYROLL: <b>0</b>
AVERAGE SALARY (FULL-TIME NEW):	<b>0</b> AVERAGE SALARY (FULL-TIME RETAINED): <b>0</b>

## COMMUNITY BENEFIT REVIEW

Yes  No  N/A

Project will encourage vacant or under-utilized land appropriate for commercial or industrial use?

**Explain: The property to be designated is currently vacant and undeveloped.**

Yes  No  N/A

Real estate to be designated is consistent with land use policies of the City of Fort Wayne?

**Explain: Property to be designated is zoned C1, Professional Office and Personal Services. Use of this property is consistent with the land use policies of the City of Fort Wayne.**

Yes  No  N/A

Project encourages the improvement or replacement of a deteriorated or obsolete structure?

Yes  No  N/A

Project encourages the improvement or replacement of obsolete manufacturing and/or research and development and/or information technology and/or logistical distribution equipment?

Yes  No  N/A

Project will result in significant conversion of solid waste or hazardous waste into energy or other useful products?

Yes  No  N/A

Project encourages preservation of a historically or architecturally significant structure?

Yes  No  N/A

Construction will result in Leadership in Energy and Environmental Design (LEED) certification by the U.S. Green Building Council?

Yes  No  N/A

Construction will use techniques to minimize impact on combined sewer overflows? (i.e. rain gardens, bio swales, etc.)

Yes  No  N/A

ERA designation induces employment opportunities for Fort Wayne area residents?

Yes  No  N/A

Taxpayer is NOT delinquent on any or all property tax due to any taxing jurisdiction within Allen County.

**POLICY**

**Per the policy of the City of Fort Wayne, the following guidelines apply to this project:**

- 1. The period of deduction for real property improvements is ten years.

The property to be designated is located within an Economic Development Target Area and as such, is eligible for a ten year schedule of deduction on real property improvements under Fort Wayne Common Council's tax abatement policies and procedures. Attached is a calculation of property taxes saved/paid with the deduction.

**PREVIOUSLY APPROVED PHASE-INS**

HI Clinic VP, LLC has not previously applied, or been approved, for a tax phase-in.

Signed:

**Economic Development Specialist**



CITY OF FT. WAYNE

APR 04 2024 CR-1

12/2019

COMMUNITY DEVELOPMENT



ECONOMIC REVITALIZATION AREA APPLICATION  
CITY OF FORT WAYNE, INDIANA

APPLICATION IS FOR: (Check appropriate box(es))

Real Estate Improvements

Personal Property Improvements

Vacant Commercial or Industrial Building

Total cost of real estate improvements: \$4,235,000

Total cost of manufacturing equipment improvements: \_\_\_\_\_

Total cost of research and development equipment improvements: \_\_\_\_\_

Total cost of logistical distribution equipment improvements: \_\_\_\_\_

Total cost of information technology equipment improvements: \_\_\_\_\_

TOTAL OF ABOVE IMPROVEMENTS: \$4,235,000

GENERAL INFORMATION

Real property taxpayer's name: HI Clinic VP, LLC

Personal property taxpayer's name: \_\_\_\_\_

Telephone number: 317-580-2535

Address listed on tax bill: 11590 N. Meridian Street, Suite 550, Carmel, IN 46032

Name of company to be designated, if applicable: HI Clinic VP, LLC

Year company was established: 2024

Address of property to be designated: 2020 McKinnie Avenue

Real estate property identification number: 02-13-19-126-001.000-070

Contact person name: Matthew S. Gadus

Contact person telephone number: 317-580-2535 Contact email: mgadus@houseinvestments.com

Contact person address: 11590 N. Meridian Street, Suite 550, Carmel, Indiana, 46032

List company officer and/or principal operating personnel

NAME	TITLE	ADDRESS	PHONE NUMBER
Matthew S. Gadus	Member	11590 N. Meridian Street, Suite 550, Carmel, IN 46032	317-580-2535
Timothy J. Shafer	Member	11590 N. Meridian Street, Suite 550, Carmel, IN 46032	317-580-2535
Michael D. Emkes	Member	11590 N. Meridian Street, Suite 550, Carmel, IN 46032	317-580-2535

List all persons or firms having ownership interest in the applicant business and the percentage each holds:

NAME	PERCENTAGE
Matthew S. Gadus	35%
Timothy J. Shafer	35%
Michael D. Emkes	30%

- Yes  No Are any elected officials shareholders or holders of any debt obligation of the applicant or operating business? If yes, who? (name/title) \_\_\_\_\_
- Yes  No Is the property for which you are requesting ERA designation totally within the corporate limits of the City of Fort Wayne?
- Yes  No Do you plan to request state or local assistance to finance public improvements?
- Yes  No Is the property for which you are requesting ERA designation located in an Economic Development Target Area (EDTA)? (see attached map for current areas)
- Yes  No Does the company's business include a retail component? If yes, answer the following questions:  
 What percentage of floor space will be utilized for retail activities? \_\_\_\_\_  
 What percentage of sales is made to the ultimate customer? \_\_\_\_\_  
 What percentage of sales will be from service calls? \_\_\_\_\_

What is the percentage of clients/customers served that are located outside of Allen County? 0

What is the company's primary North American Industrial Classification Code (NAICs)? 531120

Describe the nature of the company's business, product, and/or service: \_\_\_\_\_

HI Clinic VP, LLC is a real estate development and property management company.

Dollar amount of annual sales for the last three years:

Year	Annual Sales
N/A	

List the company's three largest customers, their locations and amount of annual gross sales:

Customer Name	City/State	Annual Gross Sales
N/A		

List the company's three largest material suppliers, their locations and amount of annual purchases:

Supplier Name	City/State	Annual Gross Purchases
N/A		

List the company's top three competitors:

Competitor Name	City/State
N/A	

Describe the product or service to be produced or offered at the project site: \_\_\_\_\_

HI Clinic VP, LLC is a real estate development and property management company.

In order to be considered an Economic Revitalization Area (ERA), the area must be within the corporate limits of the City of Fort Wayne and must have become undesirable for, or impossible of, normal development and occupancy because of a lack of development, cessation of growth, deterioration of improvements or character of occupancy, age, obsolescence, substandard buildings, or other factors which have impaired values or prevent a normal development of property or use of property. It also includes any area where a facility or group of facilities that are technologically, economically, or energy obsolete is located and where the obsolescence may lead to a decline in employment and tax revenues.

How does the property for which you are requesting designation meet the above definition of an ERA?

The southeast quadrant of Fort Wayne is by far the most racially and ethnically diverse quadrants in the city.

The southeast quadrant has been the most under invested quadrant in Fort Wayne with only 12% of homes in the quadrant being built since 1990.

The median age of housing units in this quadrant is 70 years which is 13 years older than the city average.

The site was previously vacant, blighted buildings that were purchased and demolished by the City of Fort Wayne for the purpose of redevelopment.

**REAL PROPERTY INFORMATION**

Complete this section of the application if you are requesting a deduction from assessed value for real property improvements.

Describe any structure(s) that is/are currently on the property: N/A

Describe the condition of the structure(s) listed above: N/A

Describe the improvements to be made to the property to be designated for tax phase-in purposes: Construction of a new 9,800 square foot primary care facility to be leased to a medical provider.

Projected construction start (month/year): 06/2024

Projected construction completion (month/year): 12/2025

Yes  No Will construction result in Leadership in Energy and Environmental Design (LEED) certification by the U.S. Green Building Council?

Yes  No Will construction use techniques to minimize impact on combined sewer overflows? (i.e. rain gardens, bio swales, etc.)

**This project will adhere to all applicable federal, state, and municipal statutes, regulations, ordinances and codes, including but not limited to all Indiana and Allen County Building Codes and the Allen County Zoning Ordinance. Adherence to all applicable federal, state, and municipal statutes, regulations, ordinances and codes will be maintained throughout all design, permitting, contractor licensure, and construction phases of the Property owner's project. Said adherence shall be attested to on the initial tax phase-in application and each annual Compliance with Statement of Benefits Form.**

**PERSONAL PROPERTY INFORMATION**

Complete this section of the application if you are requesting a deduction from assessed value of new manufacturing, research and development, logistical distribution or information technology equipment.

List below the equipment for which you are seeking an economic revitalization area designation.

Manufacturing equipment must be used in the direct production, manufacture, fabrication, assembly, extraction, mining, processing, refining, or finishing of other tangible personal property at the site to be designated. Research and development equipment consists of laboratory equipment, research and development equipment, computers and computer software, telecommunications equipment or testing equipment used in research and development activities devoted directly and exclusively to experimental or laboratory research and development for new products, new uses of existing products, or improving or testing existing products at the site to be designated. Logistical distribution equipment consists of racking equipment, scanning or coding equipment, separators, conveyors, fork lifts or lifting equipment, transitional moving equipment, packaging equipment, sorting and picking equipment, software for technology used in logistical distribution, is used for the storage or distribution of goods, services, or information. Information technology equipment consists of equipment, including software used in the fields of information processing, office automation, telecommunication facilities and networks, informatics, network administration, software development and fiber optics: (use additional sheets, if necessary)

N/A

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Yes  No Has the above equipment for which you are seeking a designation, ever before been used for any purpose in Indiana? If yes, was the equipment acquired at an arms length transaction from an entity not affiliated with the applicant?  Yes  No

Yes  No Will the equipment be leased?  
Date first piece of equipment will be purchased (month/year): N/A  
Date last piece of equipment will be installed (month/year): N/A

Please provide the depreciation schedule term for equipment under consideration for personal property tax phase-in:  
N/A  

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**ELIGIBLE VACANT BUILDING INFORMATION**

Complete this section of the application if you are requesting a deduction from the current assessed value of a vacant building

Yes  No Has the building for which you are seeking designation for tax phase-in been unoccupied for at least one year? Please provide evidence of occupation. (i.e. certificate of occupancy, paid utility receipts, executed lease agreements)

What year was the structure built? \_\_\_\_\_

Describe any structure(s) that is/are currently on the property: \_\_\_\_\_

Describe the condition of the structure(s) listed above: \_\_\_\_\_

Projected occupancy date (month/year): \_\_\_\_\_

Describe the efforts of the owner or previous owner in regards to selling, leasing or renting the eligible vacant building during the period the eligible vacant building was unoccupied including how much the building was offered for sale, lease, or rent by the owner or a previous owner during the period the eligible vacant building was unoccupied.

\_\_\_\_\_  
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\_\_\_\_\_

**This project will adhere to all applicable federal, state, and municipal statutes, regulations, ordinances and codes, including but not limited to all Indiana and Allen County Building Codes and the Allen County Zoning Ordinance. Adherence to all applicable federal, state, and municipal statutes, regulations, ordinances and codes will be maintained throughout all design, permitting, contractor licensure, and construction phases of the Property owner's project. Said adherence shall be attested to on the initial tax phase-in application and each annual Compliance with Statement of Benefits Form.**

**PUBLIC BENEFIT INFORMATION**

**EMPLOYMENT INFORMATION FOR FACILITY TO BE DESIGNATED**

ESTIMATE OF EMPLOYEES AND PAYROLL FOR FORT WAYNE  
FACILITY REQUESTING ECONOMIC REVITALIZATION AREA DESIGNATION

Please be specific on job descriptions. When listing the occupation codes, please avoid using the "Major Occupational Groupings" (i.e. 11-000, 13-000, 15-000, etc.) which are more general in nature. Instead, use specific occupation codes (i.e. 11-1021, 13-1081, 15-2041 etc) for each created and retained job. To fill out information on occupation and occupation code, use data available through Occupation Employment Statistics for Fort Wayne [http://www.bls.gov/oes/current/oes\\_23060.htm](http://www.bls.gov/oes/current/oes_23060.htm)

Any information concerning the cost of the property and specific salaries paid to individual employees is confidential per Indiana Code (I.C. 6-1.1-12.1-5.1)

**Current Full-Time Employment**

Occupation	Occupation Code	Number of Jobs	Total Payroll
N/A			

**Retained Full-Time Employment**

Occupation	Occupation Code	Number of Jobs	Total Payroll
N/A			

**Additional Full-Time Employment**

Occupation	Occupation Code	Number of Jobs	Total Payroll

**PUBLIC BENEFIT INFORMATION**

**Current Part-Time or Temporary Jobs**

Occupation	Occupation Code	Number of Jobs	Total Payroll
N/A			

**Retained Part-Time or Temporary Jobs**

Occupation	Occupation Code	Number of Jobs	Total Payroll
N/A			

**Additional Part-Time or Temporary Jobs**

Occupation	Occupation Code	Number of Jobs	Total Payroll

Check the boxes below if the existing jobs and the jobs to be created will provide the listed benefits:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pension Plan          | <input type="checkbox"/> Major Medical Plan | <input type="checkbox"/> Disability Insurance |
| <input type="checkbox"/> Tuition Reimbursement | <input type="checkbox"/> Life Insurance     | <input type="checkbox"/> Dental Insurance     |

List any benefits not mentioned above: \_\_\_\_\_

When will you reach the levels of employment shown above? (month/year): \_\_\_\_\_

## REQUIRED ATTACHMENTS

The following must be attached to the application.

1. **Statement of Benefits Form(s) (first page/front side completed)**
2. **Full legal description of property and a plat map identifying the property boundaries. (Property tax bill legal descriptions are not sufficient.) Should be marked as Exhibit A.**
3. **Check for non-refundable application fee made payable to the City of Fort Wayne.**

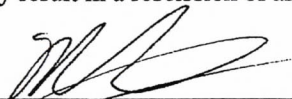
ERA filing fee (either real or personal property improvements)	.1% of total project cost not to exceed \$1,000
ERA filing fee (both real and personal property improvements)	.1% of total project cost not to exceed \$1,500
ERA filing fee (vacant commercial or industrial building)	\$500
ERA filing fee in an EDTA	\$200
Amendment to extend designation period	\$300
Waiver of non-compliance with ERA filing	\$1,000 + ERA filing fee

4. **Owner's Certificate (if applicant is not the owner of property to be designated)  
Should be marked as Exhibit B if applicable.**

## CERTIFICATION

I, as the legal taxpayer and/or owner, hereby certify that all information and representations made on this application and its attached exhibits are true and complete and that no Improvement Location Permit or Structural Permit have been filed for construction of improvements, the occupation of the vacant building has not taken place and no manufacturing, research and development, logistical distribution or information technology equipment which is a part of this application been purchased and installed as of the date of filing of this application. I also certify that the taxpayer is not delinquent on any and all property tax due to taxing jurisdictions within Allen County, Indiana. I understand that any incorrect information on this application may result in a rescission of any tax phase-ins which I may receive.

I understand that I must file a correctly completed Compliance with Statement of Benefits Form (CF-1/Real Property for real property improvements, CF-1/PP for personal property improvements, and CF-1/VBD for vacant building deduction) and the Public Benefit Annual Update with the City of Fort Wayne Community Development Division in each year in which I receive a deduction. Further the CF-1/PP form must be filed with the county assessor and the CF-1/Real Property and CF-1/VBD must be filed with the county auditor. Failure to file the CF-1 form with these agencies may result in a rescission of any tax phase-in occurring as a result of this application.



\_\_\_\_\_  
Signature of Taxpayer/Owner

*Matthew S. Gadius*

\_\_\_\_\_  
Printed Name and Title of Applicant

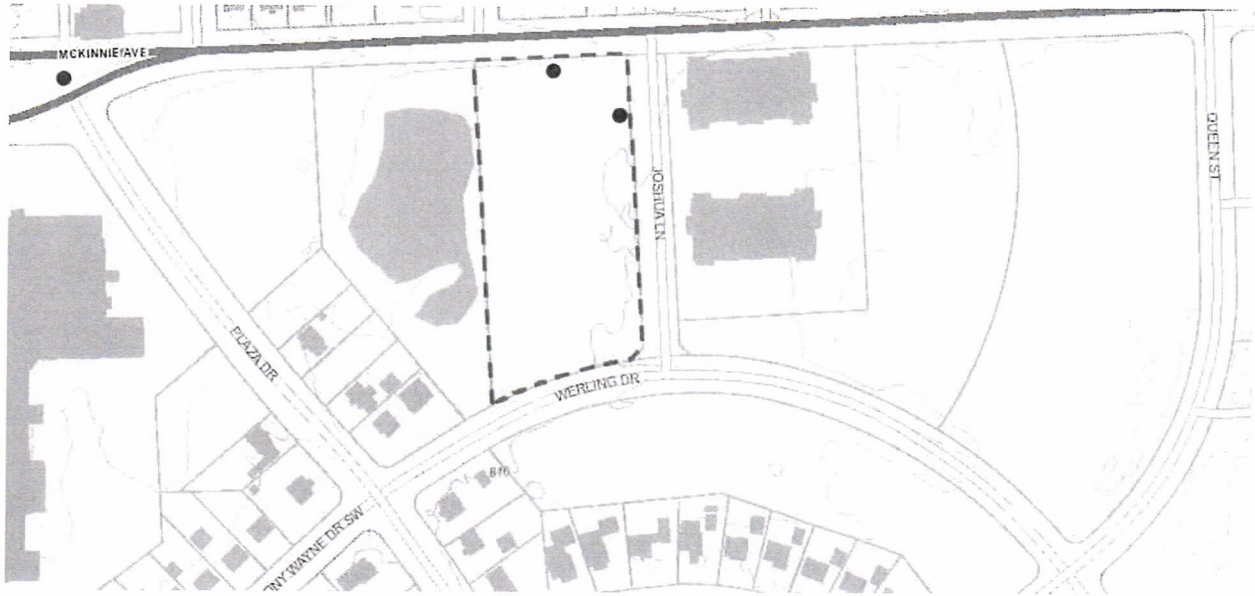
*4/3/2024*

\_\_\_\_\_  
Date

Return completed application to Community Development staff at 200 E. Berry Street Suite 320 Fort Wayne, IN 46802

EXHIBIT A

Parcel # 02-13-19-126-001.000-070





STATEMENT OF BENEFITS  
REAL ESTATE IMPROVEMENTS

State Form 51767 (R7 / 1-21)  
Prescribed by the Department of Local Government Finance

CITY OF FT. WAYNE  
APR 04 2024 CRV

20 ___ PAY 20 ___
FORM SB-1 / Real Property
<b>PRIVACY NOTICE</b>
Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

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

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

COMMUNITY DEVELOPMENT

INSTRUCTIONS:

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

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer <b>HI Clinic VP, LLC</b>		
Address of taxpayer (number and street, city, state, and ZIP code) <b>111590 N. Meridian Street, Suite 550, Carmel, Indiana, 46032</b>		
Name of contact person <b>Matthew S. Gadus</b>	Telephone number <b>( 317 ) 580-2535</b>	E-mail address <b>mgadus@houseinvestments.com</b>

SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body <b>Fort Wayne Common Council</b>		Resolution number
Location of property <b>2020 McKinnie Avenue</b>	County <b>Allen</b>	DLGF taxing district number <b>070</b>
Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary) <b>The Project is the redevelopment of approximately 1 acre into a build-to-suit, 9,800 square feet primary care facility.</b>		Estimated start date (month, day, year) <b>06/01/2024</b>
		Estimated completion date (month, day, year) <b>12/31/2025</b>

SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current Number	Salaries	Number Retained	Salaries	Number Additional	Salaries

SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

	REAL ESTATE IMPROVEMENTS	
	COST	ASSESSED VALUE
Current values		26,700.00
Plus estimated values of proposed project	4,000,000.00	2,400,000.00
Less values of any property being replaced		
Net estimated values upon completion of project	4,000,000.00	2,426,700.00

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (pounds) _____	Estimated hazardous waste converted (pounds) _____
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Other benefits

SECTION 6 TAXPAYER CERTIFICATION

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

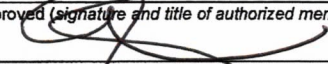

Signature of authorized representative 	Date signed (month, day, year) <b>4/3/2024</b>
Printed name of authorized representative <b>Matthew S. Gadus</b>	Title <b>Member</b>

**FOR USE OF THE DESIGNATING BODY**

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

- A. The designated area has been limited to a period of time not to exceed \_\_\_\_\_ calendar years\* (see below). The date this designation expires is December 31, 2024 NOTE: This question addresses whether the resolution contains an expiration date for the designated area.
- B. The type of deduction that is allowed in the designated area is limited to:  
 1. Redevelopment or rehabilitation of real estate improvements  Yes  No  
 2. Residentially distressed areas  Yes  No
- C. The amount of the deduction applicable is limited to \$ Unlimited.
- D. Other limitations or conditions (specify) \_\_\_\_\_
- E. Number of years allowed:  Year 1  Year 2  Year 3  Year 4  Year 5 (\* see below)  
 Year 6  Year 7  Year 8  Year 9  Year 10
- F. For a statement of benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17?  
 Yes  No  
 If yes, attach a copy of the abatement schedule to this form.  
 If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

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

Approved (signature and title of authorized member of designating body) 	Telephone number <u>(200) 427-2977</u>	Date signed (month, day, year) <u>04/09/2024</u>
Printed name of authorized member of designating body <u>Sharon Tucker</u>	Name of designating body <u>City Council</u>	
Attested by (signature and title of attester)  <u>Admin Assistant</u>	Printed name of attester <u>Iliana Phillips</u>	

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

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

**IC 6-1.1-12.1-17**

**Abatement schedules**

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

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

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

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

**A CONFIRMING RESOLUTION designating an  
“Economic Revitalization Area” under I.C. 6-1.1-12.1 for  
property commonly known as 2020 McKinnie Avenue  
Fort Wayne, Indiana 46806 (HI Clinic VP, LLC)**

**WHEREAS**, Common Council has previously designated and declared by Declaratory Resolution the following described property as an “Economic Revitalization Area” under Sections 153.13-153.24 of the Municipal Code of the City of Fort Wayne, Indiana, and I.C. 6-1.1-12.1, to wit:

**Attached hereto as “Exhibit A” as if a part herein; and**

**WHEREAS**, the total estimated project cost is \$4,235,000; and

**WHEREAS**, a recommendation has been received from the Committee on Finance;  
and

**WHEREAS**, notice of the adoption and substance of said Resolution has been published in accordance with I.C. 6-1.1-12.1-2.5 and I.C. 5-3-1 and a public hearing has been conducted on said Resolution.

**NOW, THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF THE  
CITY OF FORT WAYNE, INDIANA:**

**SECTION 1.** That, the Resolution previously designating the above described property as an “Economic Revitalization Area” is confirmed in all respects.

**SECTION 2.** That, the hereinabove described property is hereby declared an “Economic Revitalization Area” pursuant to I.C. 6-1.1-12.1, said designation to begin on the effective date of this Resolution and shall terminate on December 31, 2026, unless otherwise automatically extended in five year increments per I.C. 6-1.1-12.1-9.

**SECTION 3.** That, said designation of the hereinabove described property as an “Economic Revitalization Area” shall apply to a deduction of the assessed value of real estate improvements to be made between June 1, 2024 and December 31, 2025. Should there be any project delays an updated timeline will be provided to the Allen County Auditor’s Office in writing by Community Development Staff.

**SECTION 4.** That, the estimate of the number of individuals that will be employed or whose employment will be retained and the estimate of the annual salaries of those individuals and the estimate of the value of redevelopment or rehabilitation, all contained in Petitioner’s Statement of Benefits are reasonable and are benefits that can be reasonably expected to result from the proposed described redevelopment or rehabilitation.

**SECTION 5.** The current year approximate tax rates for taxing units within the City would be:

- (a) If the proposed development does not occur, the approximate current year tax rates for this site would be \$2.797/\$100.
- (b) If the proposed development occurs and no deduction is granted, the approximate current year tax rate for the site would be \$2.797/\$100 (the change would be negligible).
- (c) If the proposed development occurs, and a deduction percentage of fifty percent (50%) is assumed, the approximate current year tax rate for the site would be \$2.797/\$100 (the change would be negligible).

**SECTION 6.** Pursuant to I.C. 6-1.1-12.1, it is hereby determined that the deduction from the assessed value of the real property shall be for a period of ten years.

**SECTION 7.** The deduction schedule from the assessed value of the real property pursuant to I.C. 6-1.1-12.1-17 shall look like this:

Year of Deduction	Percentage
1	100%
2	95%
3	80%
4	65%
5	50%
6	40%
7	30%
8	20%
9	10%
10	5%
11	0%

**SECTION 8.** The benefits described in the Petitioner's Statement of Benefits can be reasonably expected to result from the project and are sufficient to justify the applicable deductions.

**SECTION 9.** For real property, a deduction application must contain a performance report showing the extent to which there has been compliance with the Statement of Benefits form approved by the Fort Wayne Common Council at the time of filing. This report must be submitted to the Allen County Auditor's Office, and the City of Fort Wayne's Community Development Division and must be included with the deduction application. For subsequent years, the performance report must be updated each year in which the deduction is applicable at the same time the property owner is required to file a personal property tax return in the taxing district in which the property for which the deduction was granted is located. If the taxpayer does not file a personal property tax return in the taxing district in which the property is located, the information must be provided by May 15.

**SECTION 10.** The performance report must contain the following information

- A. The cost and description of real property improvements.
- B. The number of employees hired through the end of the preceding calendar year as a result of the deduction.
- C. The total salaries of the employees hired through the end of the preceding calendar year as a result of the deduction.
- D. The total number of employees employed at the facility receiving the deduction.
- E. The total assessed value of the real property deductions.
- F. The tax savings resulting from the real property being abated.

**SECTION 11.** That, the taxpayer is non-delinquent on any and all property tax due to jurisdictions within Allen County, Indiana.

**SECTION 12.** That, pursuant to I.C. 6-1.1-12.1-12 et al, any property owner that has received a deduction under section 3 or 4.5 of this chapter may be required to repay the deduction amount as determined by the county auditor in accordance with section 12 of said chapter if the property owner ceases operations at the facility for which the deduction was granted and if the Common Council finds that the property owner obtained the deduction by intentionally providing false information concerning the property owner's plans to continue operation at the facility.

**SECTION 13.** That, this Resolution shall be in full force and effect from and after its passage and any and all necessary approval by the Mayor.

\_\_\_\_\_  
Member of Council

APPROVED AS TO FORM A LEGALITY

\_\_\_\_\_  
Malak Heiny, City Attorney

**BILL NO. R-24-04-09**

**REPORT OF COMMITTEE ON FINANCE**

**April 9, 2024**

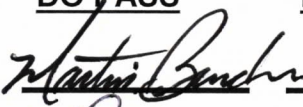
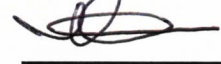
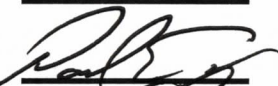


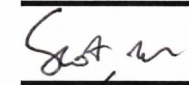


**Sharon Tucker Chair**

**Marty Bender Co-Chair**

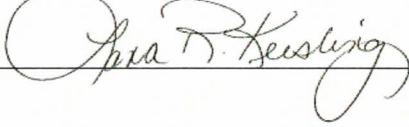
**All Council Members**

A Declaratory Resolution designating an "Economic Revitalization Area" under I.C. 6- 1.1-12.1 for property commonly known as 2020 McKinnie Avenue, Fort Wayne, Indiana 46806 (HI Clinic VP, LLC)

COMMITTEE ON FIANANCE HAVE HAD SAID Ordinance under consideration and beg leave to report back to the Common Council that said Ordinance

<u>COUNCIL MEMBER</u>	<u>DO PASS</u>	<u>DO NOT PASS</u>	<u>ABSTAIN</u>
<u>BENDER</u>			
<u>CHAMBERS</u>			
<u>ENSLEY</u>			
<u>FREISTROFFER</u>			
<u>HARTMAN</u>			
<u>JEHL</u>			
<u>MYERS</u>			
<u>PADDOCK</u>			
<u>TUCKER</u>			

**LANA R. KEESLING  
CITY CLERK**



Public Hearing Date: N/A

Read the first time in full and on motion by Councilperson Tucker.

Read the second time by title and referred to the Finance Committee.

Read the third time in full and on motion by Councilperson Tucker, placed on passage by the following vote:

<u>TOTAL VOTES</u>	<u>AYES</u>	<u>NAYS</u>	<u>ABSTAINED</u>	<u>ABSENT</u>
BENDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAMBERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENSLEY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FREISTROFFER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HARTMAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JEHL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MYERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PADDOCK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUCKER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


DATED: April 9, 2024

  
 \_\_\_\_\_  
 LANA R. KEESLING, CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as


Resolution No. R-24-04-09 on the 9th day of April, 2024

ATTEST:

  
 \_\_\_\_\_  
 LANA R. KEESLING  
 CITY CLERK

  
 \_\_\_\_\_  
 PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 10th of April 2024, at the hour of 9:20 o'clock A.M. E.S.T.

  
 \_\_\_\_\_  
 LANA R. KEESLING, CITY CLERK

Approved and signed by me this 10th day of April 2024, at the hour of 10:47 o'clock AM, E. S.T.

  
 \_\_\_\_\_  
 KARL BANDEMER, MAYOR

