

City of Cumberland

- Maryland -

RESOLUTION

No. R2014-03

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF CUMBERLAND, MARYLAND, AUTHORIZING THE SUBMITTAL OF AN APPLICATION TO RECEIVE GRANT FUNDS FROM THE MARYLAND DEPARTMENT OF BUSINESS AND ECONOMIC DEVELOPMENT TO BE USED FOR THE PURPOSE OF DEVELOPING AN ECONOMIC DEVELOPMENT STRATEGIC PLAN FOR THE CITY OF CUMBERLAND.

WHEREAS, the Mayor and City Council of Cumberland (the "City") has submitted an application, dated December 6, 2013, to receive a grant of funds from the Department of Business and Economic Development of the State of Maryland (the "Department") through the Maryland Economic Development Assistance Authority and Fund ("MEDAAF") in the amount of \$27,300 (the "Grant"), to use such funds for to develop an Economic Development Strategic Plan for the City of Cumberland; and

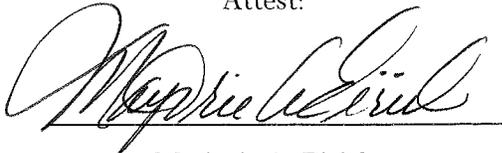
WHEREAS, the City agrees that the Grant shall be used in accordance with the Maryland law related to MEDAAF, namely Article 83A, Section 5-1401 through 5-1411, inclusive, and the applicable regulations, for the purposes set forth in the application described above;

NOW, THEREFORE BE IT RESOLVED THAT, the Mayor and City Council of Cumberland, Maryland and/or other appropriate officials of the City be and are hereby fully authorized and empowered to accept the Letter of Conditional Commitment to accept a grant from the Department in the amount of \$27,300 to evidence the Grant and its terms and conditions by executing and delivering a Grant Agreement between the City and the Department in substantially the form attached hereto as Exhibit A; and

BE IT FURTHER RESOLVED THAT, this Resolution shall be effective upon its adoption, in accordance with applicable law.

GIVEN UNDER OUR HANDS AND SEALS THIS 1ST DAY OF JULY, 2014
WITH THE CORPORATE SEAL OF THE CITY OF CUMBERLAND HERETO ATTACHED,
DULY ATTESTED BY THE CITY CLERK

Attest:



Marjorie A. Eirich
City Clerk

Mayor and City Council
Of Cumberland



Brian K. Grim
Mayor

JUL 1 2014

**Department of Business and Economic Development
Finance Programs
General Application**

Please Print or Type

Revised 10/07/13

1. Request/Purpose/Project:

- A. Please describe the Project, i.e., location, start and completion dates.

The City of Cumberland Economic Development Office is looking to contract with a 3rd party consultant in order to provide a city-wide Economic Development Strategic Plan (EDSP). The EDSP will provide a detailed assessment of the City's strengths and weaknesses, competitiveness with surrounding jurisdictions and an action plan to be implemented to enhance the opportunities to increase the City's ability to identify and attract new businesses and create higher paying jobs for its residents. The project location will consist of the entire City of Cumberland, Maryland, with focus on economic development and targeted redevelopment of certain areas of the city. The project will start on approximately March 21st 2014, with completion being approximately November 21st 2014.

(If a SSBCI request go to the SSBCI CERTIFICATION to complete the number of current employees and projected new jobs information.)

- B. Retained number of employees: *Average Salary:*
C. Projected number of new employees: *Average Salary:*

2. Applicant's Information – Individual/Business/Political Jurisdiction:

Applicant's Name: City of Cumberland, MD

Contact Person, Title: Shawn P. Hershberger, Economic Development Coordinator

Mailing Address: 57 N. Liberty St

City, State, Zip: Cumberland, MD 21502

Telephone (day): 3017224156 Mobile: 2405222193 Fax: 3017596432

Email: shershberger@allconet.org SS#/Fed.ID# 52-6000786 UI Number: 0065851440

org

(Unemployment Insurance Number)

Legal Form of Business: Profit Non-Profit Local/ Municipal Government
 C Corporation Sole Proprietorship General Partnership S Corporation
 LLC Joint Venture Limited Partnership LLP

Note: Submission of Organizational documents will be required prior to closing.

Start-up Existing Date Founded: 1787 Fiscal Year End: NAIC Code: 999000
(6 Digit Number)

State of Organization: Maryland

If other than Maryland, date qualified/registered to do business in MD:

Nature of Business: Municipal Government

Other Locations: N/A

Does the Applicant have a relationship with a subsidiary or affiliated company? Yes No

3. Additional Information:

A. Please refer to Exhibit A for Additional Information.

B. Has the Applicant, Facility User, or any partner, director, officer, member, principal stockholder or guarantor:

- 1. been convicted of a criminal offense other than a traffic violation? Yes No
- 2. been a debtor in bankruptcy or insolvency proceedings? Yes No
- 3. been a party to any pending litigation in the past two years? Yes No
- 4. Do any of the aforementioned parties owe any outstanding judgments? Yes No
- 5. Do any of the aforementioned parties owe any delinquent taxes? Yes No

If yes to any of the above, please explain:

C. Legal Counsel – For purpose of document review:

Firm: Michael Scott Cohen

Contact, Title: Michael Cohen

Mailing Address: 213 Washington St

City, State, Zip: Cumberland, MD 21502

Telephone: 3017245200 Email: michaelcohen@atlanticbbn.net

4. Additional Information:

The applicant is required to submit the following information and may be required to submit additional information upon request.

- Exhibit A – Regarding Item 3.A. of the Application**
- Financial Statements**
- Business Plan**
- Project Budget**
- Exhibit B - Sources and Uses**
- MIDFA Addendum**
- One Maryland Addendum**
- Brownfield Addendum**
- Feasibility Study Addendum**
- Strategic Plan Addendum**
- RLF Addendum**
- Smart Growth Certification**
- SSBCI Affidavit**
- Other**

5. BLS 3020 and BLS 3023 Consent

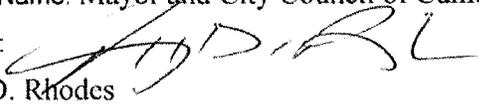
Periodically the Office of Labor Market Analysis and Information of the Maryland Department of Labor, Licensing and Regulation ("DLLR"), in cooperation with the U. S. Department of Labor, Bureau of Labor Statistics ("BLS"), collects employment and wage data from you and other employers who conduct business in the State of Maryland. This information, collected on the Multiple Worksite Report (BLS 3020) and the Annual Refiling Survey (BLS 3023), is kept confidential and may only be used by the Department of Business and Economic Development ("DBED") with your written consent. DBED is requesting disclosure of this information in order to pre-qualify your company for economic development programs and to evaluate the effectiveness of DBED economic development programs and their impact on your company's employment level.

I give consent to DLLR to release to DBED the BLS 3020 and the BLS 3023 information that our company has provided since 1993 or will provide in the future, solely for the purposes of pre-qualifying our company for economic development programs and evaluating the effectiveness of the economic development programs and their impact on our company's employment level.

In the event our company receives financing from DBED and is required to provide periodic employee reports and the company has more than one location in the State, the Company will provide DBED with the BLS 3020 or its equivalent in addition to any other employee reports, to determine the company's employment level at a specific location over the reporting period.

Applicant's Correct Legal Name: Mayor and City Council of Cumberland

Authorized By (Signature):



Name and Title: Jeffrey D. Rhodes

Date: 12/6/2013

Name of Employment Reporting Contact Person: N/A

Phone Number: 3017592000

Reporting Entity's U.I Number: 0065851440

and Fed ID#: 52-6000786

List all other reporting entity U. I. Numbers:

Name:

UI Number:

Fed Id.:

Name:

UI Number:

Fed Id.:

Name:

UI Number:

Fed Id.:

6. State Finance and Procurement.

The financial assistance from either the Maryland Economic Development Assistance Fund (“MEDAF”) or the Economic Development Opportunities Program Fund (“Sunny Day”) that exceeds \$100,000 and is used for purposes other than acquiring real property or structures on real property, the Recipient/Borrower/Grantee agrees to support the State’s interest in expanding procurement opportunities for contractors and vendors who are minority business enterprises (“MBE”), as that term is defined §14 – 301 of the State Finance and Procurement Article (see below). The Recipient/Borrower/Grantee is asked to designate an individual to identify procurement opportunities in the Project and to work cooperatively with the Department’s Equal Opportunity Office (410-767-6469, 401 East Pratt Street, 5th Floor, Baltimore, MD 21202) to identify MBEs that have the capacity to provide goods and services for the Project. Please fill in the information below for the individual(s) who will be working with the Department’s Equal Opportunity Office.

Name: N/A

Title:

Mailing Address:

Phone Number:

Fax Number:

Date after which Company may be contacted about procurement opportunities associated with the Project:

MBE Definition (State Finance and Procurement Article, §14-301):

- (f) (1) “Minority business enterprise” means any legal entity, except a joint venture, that is:
 - (i) organized to engage in commercial transactions;
 - (ii) at least 51% owned and controlled by 1 or more individuals who are socially and economically disadvantaged; and
 - (iii) managed by, and the daily business operations of which are controlled by, one or more of the socially and economically disadvantaged individuals who own it.
- (2) “Minority business enterprise” includes a not for profit entity organized to promote the interests of physically or mentally disabled individuals.

7. Application Affidavit

A. **AUTHORIZED REPRESENTATIVE:** I HEREBY AFFIRM THAT I am the City Administrator(title) and the duly authorized representative of City of Cumberland (name of recipient) and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

B. **CERTIFICATION OF CORPORATION REGISTRATION AND TAX PAYMENT:** I FURTHER AFFIRM THAT:

(1) The business named above is a [corporation][Municipality] formed in [Maryland] [(other state:)] and registered in accordance with the Corporations and Associations Article, Annotated Code of Maryland, and that it is in good standing and has filed all of its annual reports, together with filing fees, with the Maryland State Department of Assessments and Taxation, and that the name and address of its resident agent filed with the State Department of Assessments and Taxation is:

Name: (If not a corporation, state so: Municipality)

Address:

(2) Except as validly contested, the business has paid, or has arranged for payment of, all taxes due all government entities including the State of Maryland and has filed all required returns and reports with the Comptroller of the Treasury, the State Department of Assessments and Taxation, the Department of Labor, Licensing and Regulation (DLLR) and all other taxing authorities, as applicable, and will have paid all withholding taxes due to the State of Maryland and all other government entities prior to final settlement.

C. **AFFIRMATION REGARDING BRIBERY CONVICTIONS:** I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, (as is defined in §16-101(b) of the State Finance and Procurement Article of the Annotated Code of Maryland), nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with the public bodies (as is defined in §16-101(f) of the State Finance and Procurement Article of the Annotated Code of Maryland), has been convicted of, or has had probation before judgment imposed pursuant to Article 27, §641 of the Annotated Code of Maryland, or has pleaded nolo contendere to a charge of, bribery, attempted bribery, or conspiracy to bribe in violation of Maryland law, or of the law of any other state or federal law, except as follows [indicate the reasons why the affirmation cannot be given and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved, and their current positions and responsibilities with the business]:

D. **AFFIRMATION REGARDING OTHER CONVICTIONS:** I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with public bodies, has:

(a) been convicted under the state or federal statute of a criminal offense incident to obtaining, attempting to obtain, or performing a public or private contract, fraud, embezzlement, theft, forgery, falsification or destruction of records, or receiving stolen property;

(b) been convicted of any criminal violation of a state or federal antitrust statute;

(c) been convicted under the provisions of Title 18 of the United States Code for violation of the Racketeer Influenced and Corrupt Organization Act, 18 U.S.C. §§1341, et seq., or Mail Fraud Act, 18 U.S.C. §§1341, et seq., for acts arising out of the submission of bids or proposals for a public or private contract;

(d) been convicted of a violation of the State Minority Business Enterprise Law, Section 14-308 of the State Finance and Procurement Article of the Annotated Code of Maryland;

(e) been convicted of conspiracy to commit any act or omission that would constitute grounds for conviction or liability under any law or statute described in subsection (a), (b), (c), or (d) above;

(f) been found civilly liable under a state or federal antitrust statute for acts or omissions in connection with the submission of bids or proposals for a public or private contract;

(g) admitted in writing or under oath, during the course of an official investigation or other proceeding, acts or omissions that would constitute grounds for conviction or liability under any law or statute described above, **except as follows** [indicate reasons why the affirmations cannot be given, and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved and their current positions and responsibilities with the business, and the status of any debarment]:

E. **AFFIRMATION REGARDING DEBARMENT:** I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, **except as follows** [list each debarment or suspension providing the date of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the business, the grounds for the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds for the debarment or suspension]:

F. **AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES:** I FURTHER AFFIRM THAT:

(1) The business was not established to, nor does it operate in a manner designed to, evade the application of or defeat the purpose of debarment pursuant to §§16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and

(2) The business is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred business, **except as follows** [indicate the reasons(s) why the affirmations cannot be given without qualification]:

G. **SUB-CONTRACT AFFIRMATION:** I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, has knowingly entered into a contract with a public body under which a person debarred or suspended under Title 16 of the State Finance and Procurement Article of the Annotated Code of Maryland will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

H. **ACKNOWLEDGMENT:** I ACKNOWLEDGE THAT this Affidavit is to be furnished to the Department of Business and Economic Development and may be distributed to units and agents of (1) the State of Maryland; (2) counties or other subdivisions of the State of Maryland; (3) other states and their subdivisions; and (4) the federal government. I further acknowledge that this Affidavit is subject to applicable laws of the United States and the State of Maryland, both criminal and civil, and that nothing in this Affidavit or any agreement resulting from the submission of this application shall be construed to supersede, amend, modify, or waive, on behalf of the State of Maryland, or any unit or agent of the State of Maryland having jurisdiction, the exercise of any statutory right or remedy conferred by the Constitution and the laws of Maryland with respect to any misrepresentation made or any violation of the obligations, terms and covenants undertaken by the above business with respect to (1) this Affidavit, (2) the proposed contract, and (3) other Affidavits comprising part of the proposed contract.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

(Name) Jeffrey D. Rhodes

By: 
(Authorized Representative and Affiant)

Name: Jeffrey D. Rhodes

Title: City Administrator

Date: 12/6/13

8. Agreements and Certifications:

In Accordance with Executive Order 01.01.1983.18 the Department of Business and Economic Development advises you as follows regarding the collection of personal information:

Certain personal information requested by the Department of Business and Economic Development or its Agents, including MSBDFA Management Group, Inc., is necessary in determining your eligibility. Failure to disclose this information may result in the denial of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department, or to public officials, auditors of the Department's affairs and reinsurance companies for purposes directly connected with approval of the proposed financing and administration of the program for which its use is intended. Such information is routinely shared with State, federal or local government agencies. Information regarding job creation and retention may be shared with the public. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Certification: All information in this application and in the attached exhibits, attachments, and addendums is true and complete to the best of my/our knowledge, information, and belief. I/We agree to pay for the cost of any surveys, title or mortgage examinations, credit reports, lien searches, appraisals etc. that are necessary for consideration of this application. Further, I/we agree not to engage in employment practices which deny equal employment rights to persons by reason of (i) political or religious opinion or affiliation, marital status, race, color, creed or national origin; (ii) sex or age, except when sex or age constitutes a bona fide occupational qualification; or (iii) physical or mental disability of a qualified individual with a disability. I/we agree to comply with the State's policy on maintaining a drug and alcohol free workplace. I hereby authorize all involved in the financing of this project to exchange freely without further authorization and consent, any and all financial information and reports provided in connection with this application and the processing of this loan request.

Applicant's Correct Legal Name: Mayor and City Council of Cumberland

Authorized By (Signature):

Name and Title: Jeffrey D. Rhodes, City Administrator

Date: 12/6/13

Exhibit A (Regarding Item 3.A. of the Application)

This form is for gathering statistical data only. This Exhibit A will be separated from the application and the information provided in it will not be a part of the application approval process. Your furnishing this information is voluntary. Your failure to do so will have no effect on the approval of your application.

If the Applicant is an individual:

Is the Applicant Female? Yes No

Is the Applicant of Hispanic or Latino origin? Yes No

Which of the following categories describes the Applicant (multiracial respondents may select all applicable racial categories):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

If the Applicant is a business organization:

If the Applicant is a business that is owned and controlled primarily by individuals who are identified in any of the following categories, please check all the categories that apply:

- Female
- Of Hispanic or Latino origin
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Is the Applicant a State/Federal/Other certified Minority Business Enterprise?

Yes No

If yes, please provide your:

State MBE certification number:

Federal 8(a)/SDB certification number:

Identify who the other issuer is and the other certification number:

If the Facility User is an individual:

Is the Facility User Female? Yes No

Is the Facility User of Hispanic or Latino origin? Yes No

Which of the following categories describes the Facility User (multiracial respondents may select all applicable racial categories):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

If the Facility User is a business organization:

If the Facility User is a business that is owned and controlled primarily by individuals who are identified in any of the following categories, please check all the categories that apply:

- Female
- Of Hispanic or Latino origin
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Is the Facility User a State/Federal/Other certified Minority Business Enterprise?

Yes No

If yes, please provide your:

State MBE certification number:

Federal 8(a)/SDB certification number:

Identify who the other issuer is and the other certification number: