



# City of Flint, Michigan

Third Floor, City Hall  
1101 S. Saginaw Street  
Flint, Michigan 48502  
[www.cityofflint.com](http://www.cityofflint.com)

**Meeting Agenda – FINAL**  
**Monday, November 10, 2025**  
**4:30 PM**

**City Council Chambers**

## **SPECIAL AFFAIRS COMMITTEE**

**Candice Mushatt, Vice President, Ward 7**

**Leon El-Alamin, Ward 1**  
**LaShawn Johnson, Ward 3**  
**Jerri Winfrey-Carter, Ward 5**  
**Dennis Pfeiffer, Ward 8**

**Ladel Lewis, Ward 2**  
**Judy Priestley, Ward 4**  
**Tonya Burns, Ward 6**  
**Jonathan Jarrett, Ward 9**

**Davina Donahue, City Clerk**

.....

### **ROLL CALL**

### **READING OF DISORDERLY PERSONS CITY CODE SUBSECTION**

*Any person that persists in disrupting this meeting will be in violation of Flint City Code Section 31-10, Disorderly Conduct, Assault and Battery, and Disorderly Persons, and will be subject to arrest for a misdemeanor. Any person who prevents the peaceful and orderly conduct of any meeting will be given one warning. If they persist in disrupting the meeting, that individual will be subject to arrest. Violators will be removed from the meetings.*

### **REQUEST FOR AGENDA CHANGES/ADDITIONS**

### **PUBLIC COMMENT**

*Members of the public who wish to address the City Council or its committees must register before the meeting begins. A box will be placed at the entrance to the Council Chambers for collection of registrations. No additional speakers or slips will be accepted after the meeting begins.*

*Members of the public shall have no more than three (3) minutes per speaker during public comment, with only one speaking opportunity per speaker.*

## **COUNCIL RESPONSE**

*Councilmembers may respond once to all public speakers only after all public speakers have spoken. An individual Councilmember's response shall be limited to two (2) minutes.*

## **CONSENT AGENDA**

*Per the amended Rules Governing Meetings of the Flint City Council (as adopted by the City Council on Monday, April 22, 2024), the Chair may request the adoption of a "Consent Agenda". After a motion to adopt a Consent Agenda is made and seconded, the Chair shall ask for separations. Any agenda item on a Consent Agenda shall be separated at the request of any Councilmember. After any separations, there is no debate on approving the Consent Agenda – it shall be voted on or adopted without objection.*

## **RESOLUTIONS**

**250376-T**      Contract/Synergy Construction Group/Lead-Based Paint Hazard Control Abatement Services

Resolution resolving that the Proper City Officials are authorized to enter into a Contract for FY26 with Synergy Construction Group, in an amount NOT-TO-EXCEED \$106,529.50, which accounts for the \$96,845.00 base bid, plus, any potential unforeseen contingencies at a 10% cost (\$9,684.050), for abatement of four unsafe Lead Hazard Homes with the city limits.

**250365-T**      LaFontaine Automotive Group /Four (4) Pickup Trucks/DPW/Street Maintenance Division

Resolution resolving that the Division of Purchases and Supplies, upon City Council's approval, is hereby authorized to issue a purchase order to LaFontaine Automotive Group for the purchase of four pickup trucks in an

amount not-to-exceed \$269,472.00. [NOTE: The purchase includes one GMC Sierra 3500 crew cab and three Chevrolet Silverado 3500 pickup trucks and the upfitting for each of the trucks. These Trucks are replacing four Ford pickup trucks, which will be auctioned.]

**250291.1-T** Establishment/Obsolete Property Rehabilitation District/703 S. Grand Traverse Street, Flint

Resolution resolving that the parcel(s) of land known as 703 S. Grand Traverse Street, Flint, situated in the City of Flint, County of Genesee, State of Michigan, be and is hereby established as an Obsolete Property Rehabilitation District pursuant to the provisions of Public Act 146 of 2000, to be known as the 703 S. Grand Traverse Street Obsolete Property Rehabilitation District.

**250383-T** Public Hearing Date/Obsolete Property Rehabilitation Exemption Certificate Application/703 S. Grand Traverse Street, Flint

Resolution resolving that a public hearing to consider an Obsolete Property Rehabilitation Exemption Certificate Application for the Feuersteyn Enterprises LLC property located at 703 S. Grand Traverse Street, Flint, will be held 5:30 PM on the \_\_\_\_\_ day of \_\_\_\_\_, 2025, in the City Council Chambers, 3<sup>rd</sup> Floor, Flint City Hall, Flint, Michigan, AND, resolving that the City Clerk shall publish a notice of the hearing in an official newspaper of general circulation not less than ten (10) days prior to said hearing.

**250384-T** Reallocation of ARPA Funds/Asbury United Methodist Church/Food Access and Food System Support

Resolution resolving that the appropriate City Officials are hereby authorized to do all things necessary, including executing any necessary agreements, to appropriate \$25,000.00 in funding to Asbury United Methodist Church for Food Access and Food System Support. Before the funds are spent, the City of Flint's ARPA administration, compliance, and implementation firm shall review and ensure compliance with the latest US Department of Treasury final rules.

## **SPECIAL ORDERS/DISCUSSION ITEMS**

### **250385-T      Special Order/Recognition/475 Elite Young Bulls**

A Special Order as requested by Council President Lewis in order to recognize the 475 Elite Young Bulls (12 and Under), a football club sponsored by parents and volunteers, as the 3C Sports 2025 12U Champions.

### **250375-T      Discussion Item/City of Flint Comprehensive Plan**

A Discussion Item as requested by Council Vice President Mushatt in order to discuss the City's Comprehensive Plan, including a Memorandum of Understanding (MOU) between the City of Flint, City of Flint Planning Commission and the Flint City Council.

## **ADJOURNMENT**

RESOLUTION NO.: 250376-TPRESENTED: 11-10-2025

ADOPTED: \_\_\_\_\_

PROPOSAL #25000517

BY THE CITY ADMINISTRATOR:

**RESOLUTION TO CONTRACTOR SYNERGY CONSTRUCTION GROUP FOR LEAD-BASED  
PAINT HAZARD CONTROL ABATEMENT SERVICES**

WHEREAS, The Division of Purchases & Supplies solicited proposals for License Lead Provider Services for the Office of Public Health, Lead-Based Paint Hazard Control Division

WHEREAS, The Division of Lead-Based Paint Hazard control has awarded a qualified vendor, Synergy Construction Group, Rochester Hills, MI, this proposal at a requested FY26 cost of \$106,529.50 which accounts for the \$96,845.00 base bid plus any potential unforeseen contingencies at a 10% cost (\$9,684.50) for Lead Abatement services and Healthy Homes repairs of all lead hazards on (1) unit within the city.

Funding is to come from the following account(s):

| Account Number      | Account Name/Grant Code               | Amount       |
|---------------------|---------------------------------------|--------------|
| 296-171.711-801.000 | Professional Services/FHUD<br>LBPHC21 | \$96,845.00  |
| 279-737.721-805.335 | FHUD-CDBG26                           | \$9,684.50   |
|                     | FY2026 Total                          | \$106,529.50 |

IT IS RESOLVED, that the Proper City Officials are hereby authorized to enter into contract for FY26 with Synergy Construction Group in an amount not to exceed \$106,529.50 which accounts for the \$96,845.00 base bid plus any potential unforeseen contingencies at a 10% cost (\$9,684.050), for abatement of four unsafe Lead Hazard Homes within the city limits.

Approved as to Form:

Joanne Gurley  
Joanne Gurley (Aug 27, 2025 14:19:16 EDT)  
Joanne Gurley, Chief Legal Officer

Approved as to Finance:

Phillip Moore  
Phillip Moore (Aug 27, 2025 11:38:46 EDT)  
Phillip Moore, Chief Financial Officer

For the City of Flint:

Clyde D. Edwards  
Clyde D. Edwards (Aug 28, 2025 14:15:41 EDT)  
Clyde D. Edwards, City Administrator

Approved by Council:



**CITY OF FLINT**  
**\*\* STAFF REVIEW FORM \*\***  
*Effective: March 5, 2025*

**TODAY'S DATE:** 6/17/2025

**BID/PROPOSAL#** 25000517

**AGENDA ITEM TITLE:** Lead-Based Paint Hazard Control

**PREPARED BY:** Andrew Tolles

**VENDOR NAME:** Synergy Construction Group

**Section I: BACKGROUND/SUMMARY OF PROPOSED ACTION:**

**Vendor Compliance** (*This vendor has been properly vetted and the responses are below:*)

|                    |                                            |                                                                     |
|--------------------|--------------------------------------------|---------------------------------------------------------------------|
| Federal government | (All documentation current, no violations) | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| State government   | (All documentation current, no violations) | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| City of Flint      | (All documentation current, no violations) | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

The requesting authority is validating that this vendor has been in full compliance with all past contract provisions and has not violated the terms of any contract with the City of Flint.

The City of Flint, Michigan, has received proposals from qualified, licensed, and lead-certified contractors experienced in lead-based paint interim and/or abatement. The scope of work will be determined by the City of Flint Lead-Based Paint Hazard Control (COF LBPHC) Program Manager and approved Lead Inspector/Risk Assessor, who will provide a Lead Inspection Risk Assessment (LIRA) Report.

The selected contractor, in collaboration with the city-approved Lead Inspector/Risk Assessor, will be responsible for designing and bidding on projects, managing the necessary construction paperwork, and providing oversight and labor for up to one unit. Contractors must demonstrate experience in working with residents and adhering to deadlines. Additionally, they are required to comply with federal and state laws and to maintain positive relationships with both the City of Flint and the Michigan Department of Health and Human Services.

Synergy Construction Group, located in Rochester Hills, MI, has submitted a proposal with a requested cost of \$106,529.50. This amount includes the base bid of \$96,845 and potential unforeseen contingencies calculated at 10%, totaling \$9,684.50. The proposal covers Lead Abatement Services and Healthy Homes repairs for all lead hazards in one unit within the city.

**PROCUREMENT (MUST BE SPECIFIED)**

Please specify how this vendor was identified: (Check one)



**CITY OF FLINT**  
**\*\* STAFF REVIEW FORM \*\***

*Effective: March 5, 2025*

- ☐ Sole Source (Please attach sole source statement to requisition)  
☒ Competitive Bid Process (Please attach bid tabulation/documents to requisition)  
☐ Cooperative Contract (MIDeal, Sourcwell, GSA, or other municipality)  
    \*Contract must be attached to your requisition and contract must appear on the vendor's quote for goods/services  
☐ (3) Quotes (please attach all quotes to your requisition)

**Section II. PREVIOUS ALLOCATIONS (INCLUDE ALL ACCOUNTS USED FOR THIS PURPOSE)/ PROVIDE RESOLUTION OR CONTRACT INFORMATION THAT APPLIES**

| Fiscal Year | Account             | FY GL Allocation | FY PO Amount | FY Expensed | Resolution |
|-------------|---------------------|------------------|--------------|-------------|------------|
| 2025        | 296-172.711-801.000 | \$462,683.00     | \$800.00     | \$600.00    | N/A        |
| 2024        | 296-171.711-801.000 | \$1,679,666.19   | \$21,880.00  | \$21,880.00 |            |
|             | 269-171.711-801.000 | \$472,683.00     | \$5,897.00   | \$5,897.00  |            |
|             |                     |                  |              |             |            |
|             |                     |                  |              |             |            |
|             |                     |                  |              |             |            |

**Section III.**

**POSSIBLE BENEFIT TO THE CITY OF FLINT (RESIDENTS AND/OR CITY OPERATIONS) INCLUDE PARTNERSHIPS AND COLLABORATIONS:**

Our city is committed to improving living conditions and promoting healthy living. We are utilizing the Healthy Homes Dollars from HUD for home repairs. In addition, the Lead dollars are allocated to remove lead hazards from homes with pregnant individuals or children under six. This approach will ensure a safer and healthier environment for all our residents. It will also strengthen our partnership with HUD and open up more funding opportunities in the future.



**CITY OF FLINT**  
**\*\* STAFF REVIEW FORM \*\***  
*Effective: March 5, 2025*

**Section IV: FINANCIAL IMPLICATIONS:**

**IF ARPA related Expenditure: Not ARPA**

**Has this request been reviewed by E&Y Firm: YES ☐ NO ☐ IF NO, PLEASE EXPLAIN:**

**BUDGETED EXPENDITURE? YES ☒ NO ☐ IF NO, PLEASE EXPLAIN:**

| Dept.                         | Name of Account                         | Account Number          | Grant Code           | Amount              |
|-------------------------------|-----------------------------------------|-------------------------|----------------------|---------------------|
| Mayor/Lead<br>-Based<br>Paint | Professional Services-Lead<br>Abatement | 296-171.729-801.000     | FHUD-<br>LBPHC2<br>4 | \$106,529.50        |
|                               |                                         |                         |                      |                     |
|                               |                                         |                         |                      |                     |
|                               |                                         | <b>FY26 GRAND TOTAL</b> |                      | <b>\$106,529.50</b> |

**WHEN APPLICABLE, IF MORE THAN ONE (1) YEAR, PLEASE ESTIMATE TOTAL AMOUNT FOR EACH BUDGET YEAR: (This will depend on the term of the bid proposal)**

**BUDGET YEAR 1** \_\_\_\_\_

**BUDGET YEAR 2** \_\_\_\_\_

**BUDGET YEAR 3** \_\_\_\_\_

**OTHER IMPLICATIONS (i.e., collective bargaining):**

**PRE-ENCUMBERED? YES ☐ NO ☒ REQUISITION NO:**



**CITY OF FLINT**  
**\*\* STAFF REVIEW FORM \*\***  
*Effective: March 5, 2025*

ACCOUNTING APPROVAL: *Capella* Christian Baldwin: Jun 25, 2025 13:16 EDT Date: \_\_\_\_\_

WILL YOUR DEPARTMENT NEED A CONTRACT? YES ☒ NO ☐

**Section V: RESOLUTION DEFENSE TEAM:**

(Place the names of those who can defend this resolution at City Council)

|   | NAME              | PHONE NUMBER |
|---|-------------------|--------------|
| 1 | Michael Carpenter | 810-938-7486 |
| 2 | Andrew Tolles     | 810-353-9662 |
| 3 |                   |              |

STAFF RECOMMENDATION: (PLEASE SELECT): ☒ APPROVED ☐ NOT APPROVED

DEPARTMENT HEAD SIGNATURE: *Michael Carpenter* Michael Carpenter: Jun 23, 2025 17:56 EDT  
(Name, Title)

ADMINISTRATION APPROVAL: *Clyde D Edwards* Clyde D Edwards: Jun 25, 2025 13:19 EDT  
(for \$20,000 or above spending authorizations)

# Assistance Award/Amendment

U.S. Department of Housing and  
Urban Development  
Office of Administration

|                                                                                                                                                                                      |                                 |                                                                                                                                                              |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 1. Assistance Instrument<br><input type="checkbox"/> Cooperative Agreement <input checked="" type="checkbox"/> Grant                                                                 |                                 | 2. Type of Action<br><input type="checkbox"/> Award <input checked="" type="checkbox"/> Amendment                                                            |                                             |
| 3. Instrument Number<br><b>MILHB0802-24</b>                                                                                                                                          | 4. Amendment Number<br><b>1</b> | 5. Effective Date of this Action<br><b>See Block #20</b>                                                                                                     | 6. Control Number                           |
| 7. Name and Address of Recipient<br><b>City of Flint<br/>1101 S. Saginaw St.<br/>Flint, MI 48502-1420</b>                                                                            |                                 | 8. HUD Administering Office<br><b>HUD, Office of Lead Hazard Control and Healthy Homes<br/>451 Seventh Street, SW<br/>Room 8236<br/>Washington, DC 20410</b> |                                             |
| 10. Recipient Project Manager<br><b>Shelly Sparks-Green, ssgreen@cityofflint.com, 810-880-3404</b>                                                                                   |                                 | 8a. Name of Administrator<br><b>Oscar Franklin<br/>Oscar.V.Franklin@hud.gov</b>                                                                              | 8b. Telephone Number<br><b>202-402-4897</b> |
| 11. Assistance Arrangement<br><input checked="" type="checkbox"/> Cost Reimbursement<br><input type="checkbox"/> Cost Sharing<br><input type="checkbox"/> Fixed Price                |                                 | 9. HUD Government Technical Representative<br><b>Sacsheen Scott, Sacsheen.S.Scott@hud.gov, 202-402-4370</b>                                                  |                                             |
| 12. Payment Method<br><input type="checkbox"/> Treasury Check Reimbursement<br><input type="checkbox"/> Advance Check<br><input checked="" type="checkbox"/> Automated Clearinghouse |                                 | 13. HUD Payment Office<br><b>U.S. Dept. of HUD<br/>CFO Accounting Center, 6AF<br/>801 Cherry St., Unit #45 Ste. 2500<br/>Fort Worth, TX 76102</b>            |                                             |
| 14. Assistance Amount<br><b>Previous HUD Amount \$3,059,006.68</b>                                                                                                                   |                                 | 15. HUD Accounting and Appropriation Data<br><b>8622/240174 22LRLH/LRLHR LRI 0098 -<br/>\$3,059,006.68</b>                                                   | 15b. Reservation number<br><b>LBPHC-06</b>  |
| <b>HUD Amount this action \$0.00</b>                                                                                                                                                 |                                 |                                                                                                                                                              |                                             |
| <b>Total HUD Amount \$3,059,006.68</b>                                                                                                                                               |                                 | <b>Amount Previously Obligated \$3,059,006.68</b>                                                                                                            |                                             |
| <b>Recipient Amount \$350,000.00</b>                                                                                                                                                 |                                 | <b>Obligation by this action \$0.00</b>                                                                                                                      |                                             |
| <b>Total Instrument Amount \$3,409,006.68</b>                                                                                                                                        |                                 | <b>Total Obligation \$3,059,006.68</b>                                                                                                                       |                                             |

## 16 Description

Employer Identification: 38-6004611

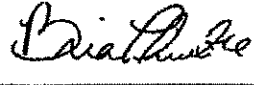
UEI: G2XM HBJC HKX5

Program: LRI

The purpose of this amendment is to reflect the following changes to the Period of Performance and Administrative Sections:

1. Change Period of Performance: April 1, 2025 - April 1, 2029 (48 months)
2. Updating block 10.

## ALL OTHER TERMS AND CONDITIONS OF THIS GRANT REMAINS UNCHANGED

|                                                                                                                                                   |                                       |                                                                                                           |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------|
| 17 <input checked="" type="checkbox"/> Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office |                                       | 18 <input type="checkbox"/> Recipient is not required to sign this document.                              |                                        |
| 19 Recipient (By Name)                                                                                                                            |                                       | 20. HUD (By Name)<br><b>Bria Triunble, Grant Officer</b>                                                  |                                        |
| Signature & Title<br>                                          | Date (mm/dd/yyyy)<br><b>3/19/2025</b> | Signature & Title<br> | Date (mm/dd/yyyy)<br><b>03/18/2025</b> |

form HUD-1044 (8/00)



250365-T

RESOLUTION NO.: \_\_\_\_\_

PRESENTED: 11-5-2025

ADOPTED: \_\_\_\_\_

**BY THE CITY ADMINISTRATOR:**

**RESOLUTION TO LAFONTAINE AUTOMOTIVE GROUP FOR  
THE PURCHASE OF FOUR (4) PICKUP TRUCKS**

The City of Flint, Department of Public Works, Street Maintenance Division, is requesting the purchase of four (4) pickup trucks. The purchase includes one GMC Sierra 3500 crew cab and three Chevrolet Silverado 3500 pickup trucks and the upfitting for each of the trucks. These trucks are replacing four Ford pickup trucks, which will be auctioned.

LaFontaine Automotive Group, 7120 Dexter-Ann Arbor Rd., Dexter, MI is a pre-qualified dealer with the State of Michigan, MiDeal Contract #2400000001210. There is adequate funding for said purchases from the listed account:

| Account Number      | Account Name            | Amount               |
|---------------------|-------------------------|----------------------|
| 661-229.000-977.500 | Equipment               | \$ 269,472.00        |
|                     |                         |                      |
|                     | <b>FY26 GRAND TOTAL</b> | <b>\$ 269,472.00</b> |

**IT IS RESOLVED**, that The Division of Purchases and Supplies, upon City Council's approval, is hereby authorized to issue a purchase order to LaFontaine Automotive Group for the purchase of four pickup trucks in an amount not to exceed \$269,472.00.

**FOR THE CITY OF FLINT:**

CD Edwards / 10529  
CD Edwards / 10529 (Oct 21, 2025 15:37:32 EDT)

Clyde Edwards, City Administrator

**APPROVED BY CITY COUNCIL:**

\_\_\_\_\_

**APPROVED AS TO FORM:**

JoAnne Gurley  
JoAnne Gurley (Oct 23, 2025 12:20:11 EDT)

JoAnne Gurley, City Attorney

**APPROVED AS TO FINANCE:**

Phillip Moore  
Phillip Moore (Oct 17, 2025 09:39:07 EDT)

Phillip Moore, Chief Financial Officer

**APPROVED AS TO PURCHASING:**

Lauren Rowley

Lauren Rowley, Purchasing Manager

KRN - 2025



## CITY OF FLINT

### **\*\* STAFF REVIEW FORM \*\***

*Effective: August 1, 2025*

*(Do Not Alter or modify this form without written permission from the City Administrator)*

**TODAY'S DATE:** 9/8/2025

**BID/PROPOSAL#**

**AGENDA ITEM TITLE:** 3500HD Pickup Truck Order Request – Street Dept

**PREPARED BY:** Marquita Blair, Fleet Administrator

**VENDOR NAME:** Lafontaine Automotive Group

**Section I: BACKGROUND/SUMMARY OF PROPOSED ACTION:**

**Vendor Compliance (This vendor has been properly vetted and the responses are below):**

|                    |                                            |                                         |                             |
|--------------------|--------------------------------------------|-----------------------------------------|-----------------------------|
| Federal government | (All documentation current, no violations) | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| State government   | (All documentation current, no violations) | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| City of Flint      | (All documentation current, no violations) | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

**The requesting authority is validating that this vendor has been in full compliance with all past contract provisions and has not violated the terms of any contract with the City of Flint.**

**NOTE: Preparer MUST include a response to the conditions below:**

- Did we do an assessment of first consideration to internal City of Flint staff and resources (explain)?
- Why was this vendor chosen?
- What history does this vendor have with the City of Flint?
- What steps will be taken to do a post-performance of the vendor?

The City of Flint uses MiDEAL to choose vendors. MiDEAL is the State of Michigan's extended purchasing program, allowing eligible organizations like municipalities to buy goods and services using existing State of Michigan contracts at a reduced cost and without the need to process separate bids.

The City of Flint has used this dealer for multiple vehicles purchases throughout the years.

Post performance review will be based on the transaction details. Whether the ETA was precise, any price changes, vehicle changes, delivery concerns etc.

Street Maintenance is requesting one GMC Sierra 3500 crew cab and three Chevrolet Silverado 3500 pickup trucks to replace four Ford crew cab trucks (which will be auctioned). Two vendors submitted pricing, LaFontaine



## CITY OF FLINT

### **\*\* STAFF REVIEW FORM \*\***

*Effective: August 1, 2025*

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Automotive Group was chosen because they quoted the 2025 model year and had them in stock. Todd Wenzel Buick-GMC's quote was for 2026 models, which are in production and then they would send them to Knapheide for upfitting. That timeframe would have delayed delivery of the trucks by months.

#### **PROCUREMENT (MUST BE SPECIFIED)**

**Please specify how this vendor was identified: (Check one)**

☐ Sole Source (Please attach sole source statement to requisition)

☐ Competitive Bid Process (Please attach bid tabulation/documents to requisition)

☒ Cooperative Contract (MIDeal, Sourcewell, GSA, or other municipality)

\*Contract must be attached to your requisition and contract must appear on the vendor's quote for goods/services

☐ (3) Quotes (please attach all quotes to your requisition)

#### **Section II. PREVIOUS ALLOCATIONS (INCLUDE ALL ACCOUNTS USED FOR THIS PURPOSE)/ PROVIDE RESOLUTION OR CONTRACT INFORMATION THAT APPLIES**

| Fiscal Year | Account                                    | PO Number | FY PO Amount | FY Expensed | Resolution |
|-------------|--------------------------------------------|-----------|--------------|-------------|------------|
| FY25        | 101-337.701-977.500                        | 25-007981 | \$53,070.00  | 2025        | N/A        |
| FY25        | 590-536-101-977.500<br>591-536.100-977.500 | 25-008035 | \$34,145.00  | 2025        | N/A        |
| FY25        | 590-540.208-977.000                        | 25-008368 | \$104,190.00 | 2025        | N/A        |
| FY25        | 265-310.206-977.500                        | 25-008390 | \$55,740.00  | 2025        | N/A        |

PO 25-007981 Replaced Fire Dept Pickup truck

Req# 250009638

PO 25-008035 Added vehicle to Water Plant for Engineers

Req# 250009695

PO 25-008368 Replaced WSC aged out vehicles

Req # 250010295

PO 25-008390 Police Dept trucked to replace the total accident vehicle

Req # 250010316



## CITY OF FLINT

### **\*\* STAFF REVIEW FORM \*\***

*Effective: August 1, 2025*

*(Do Not Alter or modify this form without written permission from the City Administrator)*

#### **Section III.**

**POSSIBLE BENEFIT TO THE CITY OF FLINT (RESIDENTS AND/OR CITY OPERATIONS) INCLUDE PARTNERSHIPS AND COLLABORATIONS:**

These trucks will be used by Street Maintenance personnel for day to day operations.

#### **Section IV: FINANCIAL IMPLICATIONS:**

**IF ARPA related Expenditure:**

**Has this request been reviewed by E&Y Firm: YES ☐ NO ☒ IF NO, PLEASE EXPLAIN:**

**NOTE: Accountant MUST include the following information:**

- What is the total amount budgeted for this purpose?
- What percentage is being spent with this vendor?
- What is the justification for spending this amount of money with this vendor?
- What percentage is being spent out of each line item used in this request?
- List all the known budgeted funds from that line item.

\$ 269,472.00 is 15% of this line item.

The entirety of this line item, in the amount of \$1,785,873.00, is dedicated to purchasing Fleet Vehicles. The justification is that the Transportation department needs their pick-up trucks replaced and these are MiDeal contract pick-ups that have the specs needed.

The other budgeted items currently are:

Tri County Equipment for \$158,568.69 (1x Semi Truck)

Berger Chevrolet for \$434,776.00 (8x Police Tahoe's)

The remaining \$923,056.00 remains unallocated but budgeted towards New or Used City Vehicle Purchases.

**BUDGETED EXPENDITURE? YES ☒ NO ☐ IF NO, PLEASE EXPLAIN:**

| Dept. | Name of Account | Account Number      | Grant Code | Amount       |
|-------|-----------------|---------------------|------------|--------------|
| Fleet | Motor Pool Fund | 661-229.000-977.500 |            | \$269,472.00 |



## CITY OF FLINT

### \*\* STAFF REVIEW FORM \*\*

Effective: August 1, 2025

(Do Not Alter or modify this form without written permission from the City Administrator)

|  |  |                         |                     |
|--|--|-------------------------|---------------------|
|  |  |                         |                     |
|  |  |                         |                     |
|  |  | <b>FY26 GRAND TOTAL</b> | <b>\$269,472.00</b> |

WHEN APPLICABLE, IF MORE THAN ONE (1) YEAR, PLEASE ESTIMATE TOTAL AMOUNT FOR EACH BUDGET YEAR: (This will depend on the term of the bid proposal)

BUDGET YEAR 1 \_\_\_\_\_

BUDGET YEAR 2 \_\_\_\_\_

BUDGET YEAR 3 \_\_\_\_\_

OTHER IMPLICATIONS (i.e., collective bargaining):

PRE-ENCUMBERED? YES ☒ NO ☐ REQUISITION NO: 260010802

ACCOUNTING APPROVAL: Jo Fan Jo Fan (Oct 15, 2025 10:01:00 EDT) Date: \_\_\_\_\_

WILL YOUR DEPARTMENT NEED A CONTRACT? YES ☐ NO ☒

#### Section V: RESOLUTION DEFENSE TEAM:

(Place the names of those who can defend this resolution at City Council)

|   | NAME           | PHONE NUMBER |
|---|----------------|--------------|
| 1 | Marquita Blair | 9/8/2025     |
| 2 |                |              |
| 3 |                |              |

STAFF RECOMMENDATION: (PLEASE SELECT): ☒ **APPROVED** ☐ **NOT APPROVED**

DEPARTMENT HEAD SIGNATURE: Marquita Blair Marquita Blair (Oct 15, 2025 10:02:12 EDT)  
(Marquita Blair, Fleet Administrator)

**ADMINISTRATION APPROVAL:** CD Edwards / AD529 CD Edwards / AD529 (Oct 23, 2025 15:17:22 EDT)  
\$20,000 or above spending authorizations)

RESOLUTION NO.: **250291.1-T**

PRESENTED: November 10, 2025

ADOPTED: \_\_\_\_\_

**RESOLUTION APPROVING THE ESTABLISHMENT OF AN  
OBSOLETE PROPERTY REHABILITATION DISTRICT  
(PA 146 of 2000, 703 S. Grand Traverse Street, Flint)**

**BY THE CITY ADMINISTRATOR:**

Pursuant to Public Act 146 of 2000, the City of Flint has the authority to establish "Obsolete Property Rehabilitation Districts" within the physical boundaries of the City of Flint; and

Feuersteyn Enterprises LLC has filed a written request with the Clerk of the City of Flint requesting the establishment of the Obsolete Property Rehabilitation District on property located at 703 S. Grand Traverse Street in the city of Flint, and legally described on Attachment A; and

The City of Flint sets forth a finding and determination that the district meets the requirements set forth in Section 3(1) of PA 146 of 2000; and

Written notice was given by mail to all owners of real property located within the proposed district and to the public by newspaper advertisement in the Flint Journal and by public posting of the hearing on the establishment of the proposed district; and

On October 13, 2025, a public hearing was held and all residents and taxpayers of the City of Flint were afforded an opportunity to be heard thereon; and

The Flint City Council deems it to be in the public interest of the City of Flint to establish the Obsolete Property Rehabilitation District as proposed.

**IT IS RESOLVED**, that the parcel(s) of land known as 703 S. Grand Traverse Street, Flint, and legally described in Attachment A and situated in the City of Flint, County of Genesee, State of Michigan, be and is hereby established as an Obsolete Property Rehabilitation District pursuant to the provisions of Public Act 146 of 2000, to be known as the 703 S. Grand Traverse Street Obsolete Property Rehabilitation District.

**APPROVED AS TO FORM:**

**FOR THE CITY OF FLINT:**

\_\_\_\_\_  
JoAnne Gurley, City Attorney

\_\_\_\_\_  
Clyde Edwards, City Administrator

**FOR THE CITY COUNCIL:**

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**RESOLUTION APPROVING THE ESTABLISHMENT OF AN  
OBSOLETE PROPERTY REHABILITATION DISTRICT  
(PA 146 of 2000, 703 S. Grand Traverse Street, Flint)**

**ATTACHMENT A:**

**LEGAL DESCRIPTION  
703 S. Grand Traverse Street, Flint**

STOCKTONS WEST ADDITION LOT 1 AND PART OF LOTS 2, 3, AND 4 DESC AS  
FOLLS: BEG AT NWLY CORNER OF SD LOT 1; THENCE N 60 DEG 12 MIN E ALG  
SLY LINE OF THIRD ST, 165 FT TO A POINT 33 FEET ELY FROM NWLY COR OF SD  
LOT 2; THENCE S 30 DEG 00 MIN E, 116.9 FT; THENCE 60 DEG 12 MIN. W, 165 FT TO  
ELY LIN OF GRAND TRAVERSE ST; THENCE N 30 DEG 00 MIN W, 116.9 FEET TO  
POINT OF BEGING, BLK M.

RESOLUTION NO.:

250383-T

PRESENTED: November 10, 2025

ADOPTED: \_\_\_\_\_

**RESOLUTION SETTING A HEARING DATE TO CONSIDER AN OBSOLETE  
PROPERTY REHABILITATION EXEMPTION CERTIFICATE APPLICATION  
(PA 146 of 2000, 703 S. Grand Traverse Street, Flint)**

**BY THE CITY ADMINISTRATOR:**

On the 10<sup>th</sup> of November, 2025, an Obsolete Property Rehabilitation District was established on the property legally described in Attachment A and comprised of real property located at 703 S. Grand Traverse Street, Flint; and

Feuersteyn Enterprises LLC, the owners of the property, have filed an application for an Obsolete Property Rehabilitation Exemption with the Flint City Clerk's Office for rehabilitated facilities located within the previously established and legally described Obsolete Property Rehabilitation District; and

Before acting upon said application, the Flint City Council is required by State statute to hold a public hearing on the approval of the Obsolete Property Rehabilitation Exemption Certificate Application, at which time the property owners and other interested parties may appear and be heard.

**IT IS RESOLVED**, that a public hearing to consider an Obsolete Property Rehabilitation Exemption Certificate Application for the Feuersteyn Enterprises LLC property located at 703 S. Grand Traverse Street, Flint, will be held 5:30 PM on the \_\_\_\_\_ day of \_\_\_\_\_, 2025, in the City Council Chambers, 3<sup>rd</sup> Floor, Flint City Hall, Flint, Michigan.

**IT IS FURTHER RESOLVED**, that the City Clerk shall publish a notice of the hearing in an official newspaper of general circulation not less than ten (10) days prior to said hearing.

**APPROVED AS TO FORM:**

**FOR THE CITY OF FLINT:**

\_\_\_\_\_  
JoAnne Gurley, City Attorney

\_\_\_\_\_  
Clyde Edwards, City Administrator

**FOR THE CITY COUNCIL:**

\_\_\_\_\_

**RESOLUTION SETTING A HEARING DATE TO CONSIDER AN OBSOLETE  
PROPERTY REHABILITATION EXEMPTION CERTIFICATE APPLICATION  
(PA 146 of 2000, 703 S. Grand Traverse Street, Flint)**

**ATTACHMENT A:**

**LEGAL DESCRIPTION  
703 S. Grand Traverse Street, Flint**

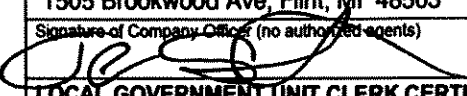
STOCKTONS WEST ADDITION LOT 1 AND PART OF LOTS 2, 3, AND 4 DESC AS  
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SLY LINE OF THIRD ST, 165 FT TO A POINT 33 FEET ELY FROM NWLY COR OF SD  
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ELY LIN OF GRAND TRAVERSE ST; THENCE N 30 DEG 00 MIN W, 116.9 FEET TO  
POINT OF BEGING, BLK M.

## Application for Obsolete Property Rehabilitation Exemption Certificate

Issued under authority of Public Act 146 of 2000, as amended.

This application should be filed after the district is established. This project will not receive tax benefits until approved by the State Tax Commission. Applications received after October 31 may not be acted upon in the current year. This application is subject to audit by the State Tax Commission.

**INSTRUCTIONS:** File the completed application and the required attachments with the clerk of the local government unit. (The State Tax Commission requires two copies of the Application and attachments. The original is retained by the clerk.) See State Tax Commission Bulletin 9 of 2000 for more information about the Obsolete Property Rehabilitation Exemption. The following must be provided to the local government unit as attachments to this application: (a) General description of the obsolete facility (year built, original use, most recent use, number of stories, square footage); (b) General description of the proposed use of the rehabilitated facility; (c) Description of the general nature and extent of the rehabilitation to be undertaken; (d) A descriptive list of the fixed building equipment that will be a part of the rehabilitated facility; (e) A time schedule for undertaking and completing the rehabilitation of the facility; (f) A statement of the economic advantages expected from the exemption. A statement from the assessor of the local unit of government, describing the required obsolescence has been met for this building, is required with each application. Rehabilitation may commence after establishment of district.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Applicant (Company) Name (applicant must be the OWNER of the facility)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                                                                                          |
| Feuersteyn Enterprises LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                                                                                                          |
| Company Mailing Address (Number and Street, P.O. Box, City, State, ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                                                                                          |
| 1505 Brookwood Ave, Flint, MI 48503                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                                                                          |
| Location of obsolete facility (Number and Street, City, State, ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |                                                                                                          |
| 703 S. Grand Traverse, Flint, MI 48502                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                                                                                          |
| City, Township, Village (indicate which)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           | County                                                                                                   |
| City of Flint                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           | Genesee                                                                                                  |
| Date of Commencement of Rehabilitation (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                | Planned date of Completion of Rehabilitation (mm/dd/yyyy) | School District where facility is located (include school code)                                          |
| TBD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TBD                                                       |                                                                                                          |
| Estimated Cost of Rehabilitation                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | Number of years exemption requested                                                                      |
| \$650,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           | 10                                                                                                       |
| Attach legal description of obsolete property on separate sheet.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                          |
| Expected Project Outcomes (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                          |
| <input checked="" type="checkbox"/> Increase commercial activity                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Retain employment                | <input checked="" type="checkbox"/> Revitalize urban areas                                               |
| <input checked="" type="checkbox"/> Create employment                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Prevent a loss of employment     | <input type="checkbox"/> Increase number of residents in the community in which the facility is situated |
| Indicate the number of jobs to be retained or created as a result of rehabilitating the facility, including expected construction employment. <u>10</u>                                                                                                                                                                                                                                                                                                                                            |                                                           |                                                                                                          |
| <input checked="" type="checkbox"/> Each year, the State Treasurer may approve 25 additional reductions of half the school operating and state education taxes for a period not to exceed six years. Check the box at left if you wish to be considered for this exclusion.                                                                                                                                                                                                                        |                                                           |                                                                                                          |
| <b>APPLICANT CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                                                                                          |
| The undersigned, authorized officer of the company making this application certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way and that all of the information is truly descriptive of the property for which this application is being submitted. Further, the undersigned is aware that, if any statement or information provided is untrue, the exemption provided by Public Act 146 of 2000 may be in jeopardy. |                                                           |                                                                                                          |
| The applicant certifies that this application relates to a rehabilitation program that, when completed, constitutes a rehabilitated facility, as defined by Public Act 146 of 2000, as amended, and that the rehabilitation of the facility would not be undertaken without the applicant's receipt of the exemption certificate.                                                                                                                                                                  |                                                           |                                                                                                          |
| It is further certified that the undersigned is familiar with the provisions of Public Act 146 of 2000, as amended, of the Michigan Compiled Laws; and to the best of his/her knowledge and belief, (s)he has complied or will be able to comply with all of the requirements thereof which are prerequisite to the approval of the application by the local unit of government and the issuance of an Obsolete Property Rehabilitation Exemption Certificate by the State Tax Commission.         |                                                           |                                                                                                          |
| Name of Company Officer (No authorized agents)                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone Number                                          | Fax Number                                                                                               |
| Theodore Van Steyn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (916) 834-6163                                            |                                                                                                          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E-mail Address                                            |                                                                                                          |
| 1505 Brookwood Ave, Flint, MI 48503                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tvansteyn@gmail.com                                       |                                                                                                          |
| Signature of Company Officer (no authorized agents)                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title                                                     |                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | member                                                    |                                                                                                          |
| <b>LOCAL GOVERNMENT UNIT CLERK CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                          |
| The Clerk must also complete Parts 1, 2 and 4 on page 2. Part 3 is to be completed by the Assessor.                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                                                                          |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date Application Received                                 |                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                                                                                          |
| <b>FOR STATE TAX COMMISSION USE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                                                                          |
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date Received                                             | LUCI Code                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                                                                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------|
| <b>LOCAL GOVERNMENT ACTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                         |
| This section is to be completed by the clerk of the local governing unit before submitting the application to the State Tax Commission. Include a copy of the resolution which approves the application and instruction items (a) through (f) on page 1, and a separate statement of obsolescence from the assessor of record with the State Assessor's Board. All sections must be completed in order to process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                         |
| <b>PART 1: ACTION TAKEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                         |
| Action Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                         |
| <input type="checkbox"/> Exemption Approved for _____ Years, ending December 30, _____ (not to exceed 12 years)<br><input type="checkbox"/> Denied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                         |
| Date District Established _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LUCI Code _____                  | School Code _____                       |
| <b>PART 2: RESOLUTIONS (the following statements must be included in resolutions approving)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                         |
| <p>A statement that the local unit is a Qualified Local Governmental Unit.</p> <p>A statement that the Obsolete Property Rehabilitation District was legally established including the date established and the date of hearing as provided by section 3 of Public Act 146 of 2000.</p> <p>A statement indicating whether the taxable value of the property proposed to be exempt plus the aggregate taxable value of property already exempt under Public Act 146 of 2000 and under Public Act 198 of 1974 (IFT's) exceeds 5% of the total taxable value of the unit.</p> <p>A statement of the factors, criteria and objectives, if any, necessary for extending the exemption, when the certificate is for less than 12 years.</p> <p>A statement that a public hearing was held on the application as provided by section 4(2) of Public Act 146 of 2000 including the date of the hearing.</p> <p>A statement that the applicant is not delinquent in any taxes related to the facility.</p> <p>If it exceeds 5% (see above), a statement that exceeding 5% will not have the effect of substantially impeding the operation of the Qualified Local Governmental Unit or of impairing the financial soundness of an affected taxing unit.</p> <p>A statement that all of the items described under "Instructions" (a) through (f) of the Application for Obsolete Property Rehabilitation Exemption Certificate have been provided to the Qualified Local Governmental Unit by the applicant.</p>                                |                                  |                                         |
| <p>A statement that the application is for obsolete property as defined in section 2(h) of Public Act 146 of 2000.</p> <p>A statement that the commencement of the rehabilitation of the facility did not occur before the establishment of the Obsolete Property Rehabilitation District.</p> <p>A statement that the application relates to a rehabilitation program that when completed constitutes a rehabilitated facility within the meaning of Public Act 146 of 2000 and that is situated within an Obsolete Property Rehabilitation District established in a Qualified Local Governmental Unit eligible under Public Act 146 of 2000 to establish such a district.</p> <p>A statement that completion of the rehabilitated facility is calculated to, and will at the time of issuance of the certificate, have the reasonable likelihood to, increase commercial activity, create employment, retain employment, prevent a loss of employment, revitalize urban areas, or increase the number of residents in the community in which the facility is situated. The statement should indicate which of these the rehabilitation is likely to result in.</p> <p>A statement that the rehabilitation includes improvements aggregating 10% or more of the true cash value of the property at commencement of the rehabilitation as provided by section 2(i) of Public Act 146 of 2000.</p> <p>A statement of the period of time authorized by the Qualified Local Governmental Unit for completion of the rehabilitation.</p> |                                  |                                         |
| <b>PART 3: ASSESSOR RECOMMENDATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                         |
| Provide the Taxable Value and State Equalized Value of the Obsolete Property, as provided in Public Act 146 of 2000, as amended, for the tax year immediately preceding the effective date of the certificate (December 31 of the year approved by the STC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                         |
| Building Taxable Value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | Building State Equalized Value          |
| \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  | \$ _____                                |
| Name of Government Unit _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date of Action Application _____ | Date of Statement of Obsolescence _____ |
| <b>PART 4: CLERK CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                         |
| The undersigned clerk certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way. Further, the undersigned is aware that if any information provided is untrue, the exemption provided by Public Act of 2000 may be in jeopardy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                         |
| Name of Clerk _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Telephone Number _____           |                                         |
| Clerk Mailing Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                         |
| Mailing Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                         |
| Telephone Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fax Number _____                 | E-mail Address _____                    |
| Clerk Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | Date _____                              |

For faster service, email completed application and attachments to [PTE@michigan.gov](mailto:PTE@michigan.gov). An additional submission option is to mail the completed application and attachments to Michigan Department of Treasury, State Tax Commission, PO Box 30471, Lansing, MI 48909. If you have any questions, call 517-335-7491.



# City of Flint

## Assessment Office

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**Stacey Kaake**

**Sheldon A. Neeley**  
Mayor

July 31, 2024

Feursteyn Enterprises LLC  
1505 Brookwood Ave  
Flint MI 48503

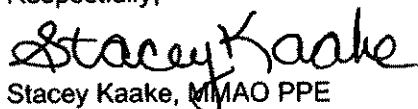
RE: 703 S Grand Traverse

To Whom It May Concern,

On July 31, 2024 I inspected the buildings located at 703 S Grand Traverse with the purpose of determining where the building qualifies as functionally obsolescent. Based on this inspection, I do believe it qualifies for the following reasons:

1. The property was originally built as a home. At some point it was converted for offices space. Now the current owner will be using it for a restaurant.
2. A commercial grade kitchen with a venting system will need to be added to the first floor of the property.
3. The second floor will need to be reinforced for the use of the 2<sup>nd</sup> story for restaurant guests.
4. Additional restrooms will need to be added to accommodate customers, as well as the commercial use of the kitchen
5. The electrical system will require a complete overhaul to meet current building code.
6. The property will need insulation, an HVAC system, and lighting that will need to meet current code.

Respectfully,



Stacey Kaake, MMAO PPE  
Assessor

RESOLUTION NO.: 250384-T

PRESENTED: 11-10-2025

ADOPTED: \_\_\_\_\_

**RESOLUTION TO REALLOCATE \$25,000.00 OF ARPA FUNDING TO  
ASBURY UNITED METHODIST CHURCH FOR FOOD ACCESS  
AND FOOD SYSTEM SUPPORT**

**BY THE CITY COUNCIL:**

**WHEREAS**, The City of Flint received funds pursuant to the American Rescue Plan Act of 2021 (ARPA), which could be utilized by the City for defined purposes. In 2023, the City of Flint obligated all of ARPA funding received, of which approximately \$40 million was obligated as "revenue replacement"; and

**WHEREAS**, City Council recommends reallocating \$25,000.00 in ARPA funding, previously obligated for revenue replacement, to provide funding to Asbury United Methodist Church to be utilized for Food Access and Food System Support for the residents of Flint.

**IT IS RESOLVED**, that the appropriate City Officials are hereby authorized to do all things necessary, including executing any necessary agreements, to appropriate \$25,000.00 in funding to Asbury United Methodist Church for Food Access and Food System Support. Before the funds are spent, the City of Flint's ARPA administration, compliance, and implementation firm shall review and ensure compliance with the latest US Department of Treasury final rules.

**APPROVED AS TO FORM:**

**APPROVED BY CITY COUNCIL:**

\_\_\_\_\_  
JoAnne Gurley, Chief Legal Officer

\_\_\_\_\_