**ACT 381 BROWNFIELD PLAN**

# 

**PROJECT NAME**

**PROJECT ADDRESS**

**County, City, Township**

**Brownfield Redevelopment Authority**

## Date

## Prepared by

**Approved by the Brownfield Redevelopment Authority on [enter date approved] Approved by the governing body of the local jurisdiction on [enter date approved]**

**TABLE OF CONTENTS**

1. **INTRODUCTION**
   1. Proposed Redevelopment and Future Use for Each Eligible Property
   2. Eligible Property Information
2. **INFORMATION REQUIRED BY SECTION 13(2) OF THE STATUTE**
   1. Description of Costs to Be Paid for With Tax Increment Revenues
   2. Summary of Eligible Activities
   3. Estimate of Captured Taxable Value and Tax Increment Revenues
   4. Method of Financing and Description of Advances Made by the Municipality
   5. Maximum Amount of Note or Bonded Indebtedness
   6. Duration of Brownfield Plan
   7. Estimated Impact of Tax Increment Financing on Revenues of Taxing Jurisdictions
   8. Legal Description, Property Map, Statement of Qualifying Characteristics and Personal Property
   9. Estimates of Residents and Displacement of Individuals/Families
   10. Plan for Relocation of Displaced Persons
   11. Provisions for Relocation Costs
   12. Strategy for Compliance with Michigan’s Relocation Assistance Law
   13. Other Material that the Authority or Governing Body Considers Pertinent
3. **INFORMATION REQUIRED BY SECTION 15 (12(M)) OF THE STATUTE**
   1. Alignment with the Statewide Housing Plan
   2. The Capacity and Duration of the Entity or Agency Monitoring Price and Income
   3. How Project Will Support Housing at Price Points Aligning with Local Workforce
   4. Deed Restrictions to Regulate Short-term Rentals or Long-term Local Housing Needs

**EXHIBITS**

**FIGURES**

Figure 1 Legal Description and Map of the Eligible Property

Figure 2 Description of Personal Property that is part of the Eligible Property

**TABLE**

Table 1 TIF Table (Tax Capture/Reimbursement Schedule)

Table 2 Potential Rent Loss/Potential Development Loss

**ATTACHMENTS**

Attachment A Brownfield Plan Resolution(s)

Attachment B Development and/or Reimbursement Agreement

Attachment C Interlocal or Other Agreements, if applicable

Attachment D Declaration of Dangerous Building, if applicable

Attachment E Declaration/Resolution of Blighted Condition, if applicable

Attachment F Signed Affidavit for Functional Obsolescence, if applicable

Attachment G Documentation of Historic Resource, if applicable

Attachment H BEA Acknowledgement Letter, if applicable

**ACT 381 BROWNFIELD PLAN**

## INTRODUCTION

## 

### Proposed Redevelopment and Future Use for Each Eligible Property

### In this section, give a general overview of the proposed redevelopment project and the overall benefits to the community.

### Describe the proposed redevelopment project including the number, types, and square feet of the structures, for what purposes they will be used, the number of units (if residential condos/apartments), the square footage of revitalized publicly owned/maintained space (please approximate square footage if improvements are measured in linear feet), the anticipated number of new full-time equivalent (FTE) jobs created (with single average FTE wage) not including temporary construction jobs, the amount of private investment, the total cost of the project, the anticipated eligible activities completion date and anticipated redevelopment project completion date. Indicate whether the project is located in a qualified local governmental unit (QLGU).

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### Eligible Property Information

Indicate how each property qualifies as a facility/site/property, historic resource, functionally obsolete, blighted, or tax reverted property owned or under the control of a Land Bank Fast Track Authority. Indicate whether the eligible property includes adjacent or contiguous parcels. Properties adjacent or contiguous to the eligible property but located outside of the Brownfield Plan’s eligible property boundary are not eligible properties. If there are multiple parcels involved, it is helpful to summarize them in table format with an address, parcel number, and how the individual parcel qualified as eligible.

Include street address, city or township, county, parcel number(s) and legal descriptions for each eligible property, (including adjacent or contiguous properties that are part of the eligible property) and parcel size or total acreage. Provide a Scaled Property Location Map and an Eligible Property Map as Figure 1. Adjacent or contiguous parcels should be identified as such on the maps. The Eligible Property Map provided should match that presented in the adopted Brownfield Plan.

### Information Required by Section 13(2) of the Statute

* 1. **Description of Costs to Be Paid for With Tax Increment Revenues**

Describe the costs of the eligible activities to be paid for with tax increment revenues, including costs incurred by the developer, contingency costs, financing costs, and administrative costs to be incurred by the Authority. Indicate the type of tax increment revenues to be captured and used (i.e., local, school, both). Identify costs incurred or to be incurred prior to Brownfield Plan approval that will be reimbursed with local tax increment revenues.

* 1. **Summary of Eligible Activities**

Include a list and summary of the eligible activities (i.e., developing, preparing, or implementation of a Brownfield Plan/Work Plan; pre-demolition and building hazardous material surveys, asbestos, mold, and lead surveys, site investigation and baseline environmental assessment; other department specific activities [i.e., due care; response activities; environmental insurance]; housing development activities; demolition; lead, asbestos or mold abatement; site preparation; infrastructure improvements; interest, etc.)that are proposed for each eligible property or, for a plan for eligible properties qualified on the basis that the property is owned or under the control of a land bank fast track authority, a brief summary of eligible activities conducted for 1 or more of the eligible properties subject to the plan.

* 1. **Estimate of Captured Taxable Value and Tax Increment Revenues**

The estimated captured taxable value for this redevelopment by year and in aggregate should be depicted in Table 1. Identify whether all or a portion (a percentage) of the captured taxable value will be used. The initial taxable value and estimated current taxable value, by year and in aggregate, for each taxing jurisdiction should be depicted in Table 1. The estimated amount of deposits of excess tax increment revenues into the Authority’s Local Brownfield Revolving Fund, by year and in aggregate, should be depicted in Table 1 and separately from the local tax increment revenues.

* 1. **Method of Financing and Description of Advances Made by the Municipality**

Describe how the eligible activities will be financed. Indicate the type of tax increment revenues to be captured and used (i.e., local, school, both). Indicate whether interest costs will be reimbursed and, if so, include interest rate and interest amount. If state Work Plan support is being sought, please refer to the Act 381 Guidance document for interest policy. Identify costs incurred or to be incurred prior to Brownfield Plan approval that will be reimbursed with local tax increment revenues. A method and agreement for reimbursement to the developer by the Authority should be included (Attachment B).

* 1. **Maximum Amount of Note or Bonded Indebtedness**

Identify the maximum amount of a note or bonded indebtedness for eligible activities on the eligible property.

* 1. **Duration of Brownfield Plan**

If tax increment financing is to be used to reimburse for eligible activities, identify the estimated plan length based on the estimated costs of the eligible activities, estimated tax increment revenues captured, and deposit to the Authority’s Local Brownfield Revolving Fund, if applicable. Identify the beginning date (year) of capture, which cannot be later than 5 years following Brownfield Plan approval by resolution. Plan length cannot exceed 35 years from the date of the approval of the Brownfield Plan. Capture of tax increment revenues must begin within 5 years of Brownfield Plan approval and cannot extend beyond 30 years from the beginning date of capture.

* 1. **Estimated Impact of Tax Increment Financing on Revenues of Taxing Jurisdictions**

Provide an estimate of the impact of tax increment financing on the revenues of all taxing jurisdictions in which the eligible property is located. This should be illustrated in detail within Table 1.

* 1. **Legal Description, Property Map, Statement of Qualifying Characteristics and Personal Property**

Include a legal description of the property or properties, with associated parcel identification numbers, property size (acres), a scaled map showing eligible property dimensions, a statement of the Brownfield conditions that qualify the property as eligible (i.e., environmental contamination that makes the property a facility, how it meets the blighted criteria, how it qualifies as a historic resource, or what makes it functionally obsolete as determined by a level 3 or level 4 assessor), identify adjacent or contiguous property included in the plan), and whether or not there is any personal property included as part of the eligible property.

* 1. **Estimates of Residents and Displacement of Individuals/Families**

List the estimates of the number of persons residing on each eligible property to which this plan applies, the number of families to be displaced and a demographic survey and information regarding housing in the community. Indicate if there are none and not applicable.

* 1. **Plan for Relocation of Displaced Persons**

Include a plan for relocation of displaced persons or indicate if not applicable.

* 1. **Provisions for Relocation Costs**

Describe provisions for the costs of relocating persons displaced by the implementation of the plan or indicate if not applicable.

* 1. **Strategy for Compliance with Michigan’s Relocation Assistance Law**

A strategy for compliance with 1972 PA 227, MCL 213.321 to 213.332.

* 1. **Other Material that the Authority or Governing Body Considers Pertinent**

Include any other material required by the Authority or Governing Body to be included in this plan or indicate that none is required.

1. **INFORMATION REQUIRED BY SECTION 15 OF THE STATUTE**
   1. Alignment with the Statewide Housing Plan
   2. The Capacity and Duration of the Entity or Agency Monitoring Price and Income
   3. How Project Will Support Housing at Price Points Aligning with Local Workforce
   4. Deed Restrictions to Regulate Short-term Rentals or Long-term Local Housing Needs

|  |  |  |
| --- | --- | --- |
| **EGLE Eligible Activities Costs and Schedule** | | |
| **EGLE Eligible Activities** | **Cost** | **Completion**  **Season/Year** |
| **Department Specific Activities** |  |  |
| *Itemize Site Assessment and BEA Activities* |  |  |
| *Itemize Pre-Demo, Hazardous Material, Lead, Mold,*  *and Asbestos Surveys* |  |  |
| *Itemize Due Care* |  |  |
| *Itemize Response Activities* |  |  |
| *Itemize Environmental Insurance* |  |  |
|  |  |  |
| **EGLE Eligible Activities Sub-Total** |  |  |
| **Contingency (Indicate %)** |  |  |
| **Interest (Indicate %)** |  |  |
| **Brownfield Plan and/or Work Plan Preparation** |  |  |
| **Brownfield Plan and/or Work Plan Implementation** |  |  |
| **EGLE Eligible Activities Total Costs** |  |  |

|  |  |  |
| --- | --- | --- |
| **MSF Eligible Activities Costs and Schedule** | | |
| **MSF Eligible Activities** | **Cost** | **Completion**  **Season/Year** |
| **Demolition Sub-Total** |  |  |
| *Itemize Demolition Activities* |  |  |
|  |  |  |
| **Lead**, **Asbestos, Mold** **Abatement Sub-Total** |  |  |
| *Itemize Abatement Activities* |  |  |
|  |  |  |
| **Infrastructure Improvements Sub-Total** |  |  |
| *Itemize Infrastructure Improvement Activities* |  |  |
|  |  |  |
| **Site Preparation Sub-Total** |  |  |
| *Itemize Site Preparation Activities* |  |  |
|  |  |  |
| **MSF Eligible Activities Sub-Total** |  |  |
| **Contingency (Indicate %)** |  |  |
| **Interest (Indicate %)** |  |  |
| **Brownfield Plan and/or Work Plan Preparation** |  |  |
| **Brownfield Plan and/or Work Plan Implementation** |  |  |
| **MSF Eligible Activities Total Costs** |  |  |

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| --- | --- | --- |
| **MHSDA Eligible Activities Costs and Schedule** | | |
| **MSHDA Eligible Activities** | **Cost** | **Completion**  **Season/Year** |
| **Qualified Rehabilitation Sub-Total** |  |  |
| *Itemize Qualified Rehabilitation**Activities* |  |  |
|  |  |  |
| **Housing Infrastructure Sub-Total** |  |  |
| *Itemize Infrastructure Activities* |  |  |
|  |  |  |
| **Housing Demolition/Renovation/Site Prep Sub-Total** |  |  |
| *Itemize Demolition/Renovation/Site Prep**Activities* |  |  |
|  |  |  |
| **Temporary Relocation Sub-Total** |  |  |
| *Itemize Temporary Relocation Activities* |  |  |
|  |  |  |
| **Qualified Acquisition Sub-Total** |  |  |
| *Itemize Qualified Acquisition Activities* |  |  |
|  |  |  |
| **Qualified Financial Gap Sub-Total** |  |  |
| *Itemize Financial Gap Activities* |  |  |
|  |  |  |
| **MHSDA Eligible Activities Sub-Total** |  |  |
| **Contingency (Indicate %)** |  |  |
| **Interest (Indicate %)** |  |  |
| **Brownfield Plan and/or Work Plan Preparation** |  |  |
| **Brownfield Plan and/or Work Plan Implementation** |  |  |
| **MHSDA Eligible Activities Total Costs** |  |  |

|  |  |  |
| --- | --- | --- |
| **Local–only Eligible Activities Costs and Schedule** | | |
| **Eligible Activities** | **Cost** | **Completion**  **Season/Year** |
| **Environmental Sub-Total** |  |  |
| *Itemize Environmental Activities* |  |  |
|  |  |  |
| **Non-Environmental Sub-Total** |  |  |
| *Itemize Non-Environmental Activities* |  |  |
|  |  |  |
| **Eligible Activities Sub-Total** |  |  |
| **Contingency (Indicate %)** |  |  |
| **Interest (Indicate %)** |  |  |
| **Brownfield Plan and/or Work Plan Preparation** |  |  |
| **Brownfield Plan and/or Work Plan Implementation** |  |  |
| **Eligible Activities Total Costs** |  |  |

Figure 1

Legal Description and Map of the Eligible Property

Figure 2

Description of Personal Property that is part of the Eligible Property

Table 1

TIF Table (Tax Capture/Reimbursement Schedule)

Attachment A

Brownfield Plan Resolution(s)

Attachment B

Development and/or Reimbursement Agreement

Attachment C

Interlocal or Other Agreements

Attachment D

Declaration of Dangerous Building

Attachment E

Declaration/Resolution of Blighted Condition

Attachment F

Signed Affadavit for Functional Obsolescence

Attachment G

Documentation of Historic Resource

Attachment H

BEA Acknowledgement Letter