

Open for Businessi

1213 Purchase Street 2nd Floor New Bedford, **MA** 02740 www.nbedc.org

December 13, 2016

| New B 133 W | M. Morad, President edford City Council illiam Street edford, MA 02740 | CITY | 2016 DEC 1 | CITY CLEI NEW BED |
|----------------|---|-------|----------------|----------------------|
| RE: | New Bedford Tax Increment Financing Program Proposed STA Agreements | CLERK | 3 A I | FORD, |
| Council | l President Morad, | | 10: 5 0 | FICE |

The Tax Increment Financing Board has approved the proposed STA applications at their 12.8.16 meeting. These projects represent \$1.75 million of new investment in the City and will be responsible for the retention of 38 existing jobs while creating at least 27 new jobs over the next 12-60 months.

The following proposed projects are now ready for submission to City Council:

- Proposed STA for Quality Custom Packing Inc., 25 Wright Street 5 year agreement
- Proposed STA for Freedom Restoration and Cleaning, 1440 Purchase Street 5 year agreement

On behalf of the TIF Board and the project applicants, we are requesting that this item be placed on the City Council agenda for referral to the Finance Committee.

Attached are 12 copies of the project overview, hypothetical calculation, and City Council Resolution for the above-mentioned projects for the City Council's review. Should any City Councillor request to visit the sites we would be pleased to arrange the details with the company representatives.

Thank you and please do not hesitate to call with any questions.

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Executive Director

Cc: New Bedford City Council Mayor Mitchell's Office



CITY OF NEW BEDFORD

TAX INCREMENT FINANCING BOARD

1213 Purchase Street New Bedford, MA 02740 Tel. (508) 991-3122 Fax (508) 991-7372

Jonathan F. Mitchell, Mayor

TIF/STA PROJECT OVERVIEW

Project:Contact Information:STA - proposed 5-year agreementRandy Santerre, Manager
newportfreedom@gmail.comFreedom Restoration & Cleaning104 Shove Street1440 Purchase Street104 Shove StreetNew Bedford, MA 02740Tiverton, RI 02878

Company Background

Freedom Restoration was founded in 1992 in Tiverton, RI and provided emergency restoration services such as water removal, mold remediation and crime scene clean-up. In 2005, the company expanded into providing a fine area rug cleaning service and has since built a client base of over 2,500 satisfied customers.

The company's gross sales for fiscal year end 2015 were \$715,000. Sales have improved in 2016 and the company projects ending the year with up 15%-20% over 2015.

Current Employment

Freedom Restoration currently employs 6 full-time employees and has a total annual payroll of \$300,500 with a non-managerial payroll of approximately \$170,000. The average hourly wage for non-managerial employees is \$16.00 per hour.

Proposed Project

Freedom Restoration has out grown its existing location and finds its customers have been inquiring about purchasing products, such as area rug pads, to accompany the cleaning services provided by Freedom Restoration. The company realizes pad sales are an easy and lucrative profit center. While searching for a larger location, Randy Santerre discovered 1440 Purchase Street and the Morency Flooring building, which had been in business for 50 years was for sale. Mr. and Mrs. Morency who are at retirement and had been winding the business down for years.

Mr. Santerre views the purchase of 1440 Purchase Street and the Morency Flooring business as the perfect opportunity to move into a larger location, expand into an larger geographic area, and increase the company's product offerings.

Proposed Investment

This proposal requires the purchase of and expansion into 1440 Purchase Street, a 7,884 ft² retail and warehouse style building on .129 acres of land. Acquisition, building improvements and renovations, equipment, other capital investments total approximately \$750,000. The building purchase price is \$440,000 and renovations, equipment, and other expenses are budgeted at \$310,000.

The property has a current total assessed value of \$363,200 (FY16).



Economic Development Incentive Program (EDIP)

PRELIMINARY APPLICATION

The following information is required by the Massachusetts Office of Business Development (MOBD) and the Economic Assistance Coordinating Council (EACC) to make a preliminary determination on the eligibility of a project under the Economic Development Incentive Program. This application must be returned in electronic form to your MOBD Regional Director and a hardcopy with original signature(s) mailed to: EDIP Manager, MOBD, 10 Park Plaza, Suite 3730, Boston, MA 02116. Please refer to the EDIP Guidelines, www.mass.gov.hed.edip and your MOBD Regional Director for assistance with this application.

| PART I. COMPANY OVERV | IEW | | | | |
|---|--|-----------|--|---|-----------------------------------|
| 1. COMPANY INFORMATIC | DN | | | | |
| Company Name: | Freed | om Resto | ration & Cleaning LLC | | |
| Project Location Address: | Street | Address: | 1440 Purchase st | | |
| Troject Location Audress. | City. | New Bo | edford | MA | Zip Code: 02740 |
| Company Headquarters Location: | City | Tiverto | n | State | RI |
| FEIN (Federal Employer Identification Number): | 27-15 | 89852 | | | |
| DUA # (Dept. of Unemployment Assistance #): | | | | | |
| Type of Organization: | (a) Ty | pe of Or | ganization: Limited L | .iability (| Company |
| Company's Taxable Year End: | 4/15/1 | | | | |
| NAICS Code: | | | | | |
| Is the applicant classified as a MA Department of Revenue Manufacturer? | Yes |] No | | | |
| Company's outside of Massachusetts sales as a percentage of total sales: (a) currently (b) projected upon completion of proposed project: | (b) Pr | ojected (| utside of MA sales as o Dutside of MA sales up rmation (if necessary): | | lt6 95% letion of project: 40% |
| 2. COMPANY CONTACT | internet and a second | | | | |
| Executive Officer/ Company Designee: | Full Na | me | Randy J.Santerre | Title | president |
| Contact (if different from above): | Full Na | me | | Title | |
| Contact Address. | Street A | ddress. | 104 Shove st | с. «Антенники колдоналиски алан. <u>—</u> | |
| evinate (RAN 200). | City | Tiverton | State. | RI | Zip Code 02878 |

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Economic Development Incentive Program Preliminary Application

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| Telephone Number: | | | |
|--|---|---|--|
| * | 401-846-4319 | | |
| Email Address: | newportfreedom@gr | mail.com | |
| 3. COMPANY DESCRIP | TION & HISTORY | | |
| Please provide a brief desc | ription and history of the | company. | |
| Freedom is an emergency cleasince 1992. We are expanding utilizing our current client date | g into the floor covering busir | | |
| | | | |
| PART II. ECONOMIC D | EVELOPMENT PROJE | CT | |
| 1. PROPOSED BUSINES | S EXPANSION PROJEC | T | |
| (a) Please provide a descri | ption of the proposed expa | ansion project. | |
| purchase 1440 purchase st bu | | | v Bedford MA |
| | | | |
| (b) Does the current public infrastructure meet the p | reprosed Yes 🛛 👌 | No | |
| | i i i i i i i i i i i i i i i i i i i | | |
| • | P If no | <i></i> | |
| certified project's needs' please explain. | | explain: | |
| certified project's needs? | If no, If no, please | explain: | |
| certified project's needs' please explain. | Y If no, If no, please a (b) Date the | explain: (c) Date the applicant expects to complete the project: | (d) Date the applicant expects to open the facility: |
| certified project's needs' please explain. 2. PROJECT TIMELINE (a) Please indicate the date Letter of Intent was sent to the municipality and cc: MOBD Regional | If no, please a (b) Date the applicant expects to begin the | (c) Date the applicant expects to complete the | expects to open the |
| certified project's needs' please explain. 2. PROJECT TIMELINE (a) Please indicate the date Letter of Intent was sent to the municipality and cc: MOBD Regional Director: | If no, please a (b) Date the applicant expects to begin the project: 10/4/2016 | (c) Date the applicant expects to complete the project: 12/1/2016 | expects to open the facility: |
| certified project's needs' please explain. 2. PROJECT TIMELINE (a) Please indicate the date Letter of Intent was sent to the municipality and cc: MOBD Regional Director: Select mm/dd/yyyy Additional Information (if the second | P If no, a (b) Date the applicant expects to begin the project: 10/4/2016 necessary) on Project Timeli | (c) Date the applicant expects to complete the project: 12/1/2016 | expects to open the facility: |
| certified project's needs' please explain. 2. PROJECT TIMELINE (a) Please indicate the date Letter of Intent was sent to the municipality and cc: MOBD Regional Director: Select mmddbyyyy Additional Information (if a 3. INVESTMENT BREAD) | a (b) Date the applicant expects to begin the project: 10/4/2016 necessary) on Project Timeli KDOWN | (c) Date the applicant expects to complete the project: 12/1/2016 ine: | expects to open the facility: 10/4/2016 |
| certified project's needs' please explain. 2. PROJECT TIMELINE (a) Please indicate the date Letter of Intent was sent to the municipality and cc: MOBD Regional Director: Select mm/dd/yyyy Additional Information (if in 3. INVESTMENT BREA | a (b) Date the applicant expects to begin the project: 10/4/2016 necessary) on Project Timeli KDOWN n of the expected investme | (c) Date the applicant expects to complete the project: 12/1/2016 ine: | expects to open the facility: 10/4/2016 |
| certified project's needs' please explain. 2. PROJECT TIMELINE (a) Please indicate the date Letter of Intent was sent to the municipality and cc: MOBD Regional Director: Select mundbyyyyy Additional Information (if in 3. INVESTMENT BREA Please provide a breakdow Land: | P If no, If no, please (b) Date the applicant expects to begin the project: 10/4/2016 necessary) on Project Timeli KDOWN n of the expected investme \$440000 | (c) Date the applicant expects to complete the project: 12/1/2016 ine: | expects to open the facility: 10/4/2016 |
| certified project's needs' please explain. 2. PROJECT TIMELINE (a) Please indicate the date Letter of Intent was sent to the municipality and cc: MOBD Regional Director: Select mm/dd/yyyy Additional Information (if in 3. INVESTMENT BREA | If no, please a (b) Date the applicant expects to begin the project: 10/4/2016 heccessary) on Project Timeli KDOWN n of the expected investme \$440000 \$125000 | (c) Date the applicant expects to complete the project: 12/1/2016 ine: | expects to open the facility: 10/4/2016 |
| certified project's needs' please explain. 2. PROJECT TIMELINE (a) Please indicate the date Letter of Intent was sent to the municipality and cc: MOBD Regional Director: Select mm.ddgyyyy Additional Information (if a second s | If no, please a (b) Date the applicant expects to begin the project: 10/4/2016 heccessary) on Project Timeli KDOWN n of the expected investme \$440000 \$125000 | (c) Date the applicant expects to complete the project: 12/1/2016 ine: | expects to open the facility: 10/4/2016 |
| certified project's needs' please explain. 2. PROJECT TIMELINE (a) Please indicate the date Letter of Intent was sent to the municipality and cc: MOBD Regional Director: Select mundubyyyy Additional Information (if a 3. INVESTMENT BREA Please provide a breakdow Land: Construction: Machinery & Equipment: | If no, please a (b) Date the applicant expects to begin the project: 10/4/2016 hecessary) on Project Timeli KDOWN n of the expected investme \$440000 \$125000 \$170000 | (c) Date the applicant expects to complete the project: 12/1/2016 ine: | expects to open the facility: 10/4/2016 |

| (a) | Is the applicant new to Massachusetts? | Yes 🔀 | No 🗌 | | | |
|-----|---|-------|------|-------------|---|------|
| | (i) If no, where are the existing Massachusetts facilities? | | | ` `` | Ē | |

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| (ii) If no, what is t full-time, perm employment in (total of all MA) | anent Massachusetts | | me permanent MA employ is of 10/4/2016 | /ees |
|--|--|-----------------------------------|--|---|
| (b) Will the proposed development project trigger the closing of any Massachuse elimination of any currently in Massac please give location explain. | ct require and/or or consolidation tts facilities or the other jobs chusetts? If yes, | Yes □ If yes, p | No ⊠ olease explain: | |
| 5. PROJECT LOCA | TION EMPLOY | MENT | | |
| Please indicate the nu (a) Full-Time Permanent Jobs to be Created (net new to facility and Massachusetts): | mber of: (b) Full-Time Permanent Employment Retained (nu employees cur at the Project Location, if ar | mber of rently | (c) Full-time Permanent Employees to be transferred from other Massachusetts Locations to Project Location (if any): | (d) Total Full-Time Permanent Existing Jobs to be Retained at Project Location (Sum of questions 5b. and 5c.): |
| 5 | 4 | | | 9 |
| Additional Informatio | n (if necessary) on I | Project L | ocation Employment: | |
| municipality and/or E We are working with the | conomic Target A Greater New Bedfe alt in significant s | area? ord Career spin off e | employees from among re Center and the EDC of New conomic benefit and suppo | Bedford |
| | flaan what sale die | wibutow a | re based in Mass | |
| yes our carpet and stone 6. FACILITY | noor wholesale disi | indutors a | re baseu in Miass | |
| (a) Will the applicant o the facility where th expansion/relocatio | e business | Lease |] Own 🛛 | |
| (i) If leasing/rentindeveloper/landlord will be the taxpayer purpose of paying leases? | ng, identify the and state who of record for ocal real estate | | | × \ ⊠ |
| (ii) If owning, will fully occupy the spa | | Yes 🖂 | No 📃 | |

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| (iii) If the applicant will not fully occupy the space, does it intend to lease/rent the remaining space? If yes, to whom (if known)? | Yes No 🖂 If yes, to whom? | | × |
|--|---|-----------|---------|
| (b) Is the site of the facility a 43D Preferred Development Site? If yes, name site. | Yes No 🖂 If yes, name site: | | NAC |
| (c) Does the proposed expansion project involve the renovation and reuse of an abandoned building? | Yes 🖾 No 🗌 | | |
| (i) If yes or unsure, how long has the building been vacant or unused (if known, state date) | 24 months Vacant since: 12/1/2014 | | |
| (ii) If yes, during the period of time that the building has been vacant or unused, what percentage of the building was vacant and unused? If the percentage varied during this time period, provide information for each change in the percent of vacant space and the applicable time period. | 75 % vacant Details: The owners of the building only used showroom to conduct business. The whare ho basement has been unused for some time | | N(A) [] |
| 7. INCENTIVES & FINANCING | | 1 | |
| (a) Please indicate which incentives the | State Investment Tax Credit | Yes 🖂 | No 🗌 |
| applicant is seeking in relation to the expansion project. | Local Real Estate Tax Incentive | Yes 🖂 | No 🗌 |
| | State Abandoned Building Renovation Deduction | Yes 🖂 | No 🗌 |
| (b) Is the applicant seeking tax incentives from the Massachusetts Life Science Center? If yes, please explain as this may affect the potential EDIP benefits. | Yes No No If, yes please explain: | | |
| (c) Please provide detailed information on any other sources of public or quasi-public funding that has been received or will be sought to contribute towards the financing of | We have received a small loan of \$50,000 fro Economic Development center | m the New | Bedtord |
| the proposed expansion. | | | |

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| | (i) Project Name: | |
|--|---|------------------------|
| If yes, what is the Project (i) name; (ii) municipality; (iii) approval date? | (ii) Project Municipality | $\mathbf{N}\mathbf{X}$ |
| | (iii) Project Approval Date: Select mm/dd/may | |
| (e) Please indicate whether the applicant has utilized other sources | Select Funding Source | NA 🛛 |
| of public or quasi-public funding in the past. | Select Funding Source | |
| If applicable, please explain specific uses of funding and amount. | Select Funding Source | |
| If other, please give details on the funding source. | If applicable or other, please explain: | NA 🗌 |

PART III. LABOR AFFIRMATION

1. CERTIFICATION OF STATE & FEDERAL EMPLOYMENT LAWS

- As an applicant requesting Certified Project approval, <u>Freedomllc</u>, affirms (check box) that this business will not unlawfully misclassify workers as self-employed or as independent contractors, and certifies compliance with applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended.
- As an applicant requesting Certified Project approval, <u>Freedomllc</u>, affirms (check box) that this business will not knowingly employ developers, subcontractors, or other third parties that unlawfully misclassify workers as self-employed or as independent contractors, or that fail to comply with applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended.

2. COMPANY DISCLOSURE

Within the past five years, has the applicant or any of its officers, directors, employees, agents, or subcontractors of which the applicant has knowledge, been the subject of (if yes, please provide details):

| (a) an indictment, judgment, conviction, or grant of immunity, including pending actions, for any business-related conduct constituting a crime under state or federal law; | Yes 🗌 No 🖂 Details: |
|--|------------------------|
| (b) a government suspension or debarment, rejection of any bid or disapproval of any proposed contract subcontract, including pending actions, for lack of responsibility, denial or revocation of prequalification or a voluntary exclusion agreement; or | Yes 📄 No 🔀 Details: |

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| IV. AUTHORIZATION & CERTIFICATIONS | | |
|--|----------|------|
| regulation or any OSHA violation? | Details: | |
| (c) any governmental determination of a violation of any public works law or regulation, or labor law or | Yes 🗌 | No 🖂 |

| 1. CERTIFICATE OF GOOD STANDING | |
|---|---|
| Provide proof of good tax standing in the Commonwealth of Massachusetts via a <u>Massachusetts Department of Revenue</u> Certificate of Good Standing for <u>each of the businesses</u> intending to take advantage of the state tax | Attached 🗌 |
| incentives. * Applications will not advance to the supplemental round until a Certificate of Good Standing is received. The certificate must be dated within 6 months of the anticipated EACC meeting that the project is coming forth for review. | Date of DOR Application for Certificate of Good Standing: Select mm/dd/ytys |
| To obtain a Certificate of Good Standing visit: https://wib.dor.state.ma.us/webfile/Certificate/Public/WebForms/Welcome.aspx | Notes: |
| 2. CERTIFICATE OF COMPLIANCE | |
| Provide proof of good standing with the <u>Massachusetts Department of</u> <u>Unemployment Assistance</u> by obtaining a Certificate of Compliance for <u>each</u> <u>of the businesses</u> intending to take advantage of the state tax incentives. *Applications will not advance to the supplemental round until a Certificate of Compliance is received | Attached Date of DUA Application for |
| To obtain a Certificate of Compliance visit: http://www.mass.gov/lwd/unemployment-insur/employers/ | Certificate of Compliance: Select mmeddeveve |
| From here, log into your DUA account and click on "Payment Information" and then you will see a link for "Request Employer Certificate of Compliance." | Notes: |

3. COMPLIANCE WITH MASSACHUSETTS OBLIGATIONS

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The following section will be sent to The Commonwealth of Massachusetts' Joint Task Force on the Underground Economy and Employee Misclassification which will certify that the applicant is in compliance with its obligations to the state of Massachusetts. The Joint Task Force will contact the applicant directly if there is an outstanding issue.

| Legal Business Name: | Freedom Restoration LLC | | | | | |
|--|-------------------------|-----------------|--------|----------|----------|-------|
| Doing Business As: | Freedom | Cleaning | | | 998 | |
| Primary Business Address: | Address: | 531 Main Rd | | | | |
| | City: | Tiverton | State. | RI | Zip Code | 02878 |
| FEIN (Federal Employer Identification Number): | 27-15895 | 52 | | L | | .1. |
| DUA # (Dept. of Unemployment Assistance #): | n/a | | | | | |
| Type of Organization: | Limited | Liability Compa | ny | | | |
| Total Number of MA Employees: | 0 | | | <u> </u> | | |
| List Address(es) of other Business Locations in MA: | n∕a | | | | | |

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4. APPLICATION AUTHORIZATION, CERTIFICATION & ACKNOWLEDGEMENT

I/We, <u>Randy Santerre</u> (names and tilles) of the applicant business applying for "Certified Project" status from the Commonwealth of Massachusetts. Economic Assistance Coordinating Council hereby certify that I we have been authorized to file this application and to provide the information within and accompanying this application and that the information provided herein is true and complete and that it reflects the applicant's intentions for investment, job creation and sales to the best of my/our knowledge after having conducted reasonable inquiry. *I/We understand that the information provided with this application will be relied upon by the Commonwealth in deciding whether to approve "Certified Project" status and that the Commonwealth reserves the right to take action against the applicant or any other beneficiary of the Certified Project is the Commonwealth discovers that the applicant intentionally provided misleading, inaccurate, or false information. <i>I/We make this certification under the pains and penalties of perjury*.

The signatories also hereby acknowledge that, under the Public Records law of the Commonwealth of Massachusetts, this application and all documents submitted in support thereof are public records under the provisions of Massachusetts G. L., Ch. 4, sec. 7 (26).

| | | Select mm/dubyyyy |
|------|-----------|-------------------|
| • | | |
| Name | Title | Date |
| | President | October 4, 2016 |

Hypothetical STA Calculation: 1440 Purchase Street

| Proposed Term | | Current Tax Structure with New Investment | | | | | | | Proposed STA Structure | | |
|---------------|------|---|----------------------------|------------------------------|---------------------|----------------------|-----------------------------------|---------------------------------|------------------------|-------------|----------------|
| Fiscal Year | Year | Base Value | New Investment Value | New Assessment (BV+NI) | Current Tax Rate | Tax on Base Value | Tax on New Investment Value | Total Tax Paid w/o Incentive | Tax % Paid | Tax Benefit | Total Tax Paid |
| 2017 | Base | \$363,200 | | | \$35.83 | \$13,013 | \$0 | \$13,013 | | | |
| 2018 | 1 | \$363,200 | \$0 | \$363,200 | \$35.83 | \$13,013 | \$0 | \$13,013 | 0% | \$13,013 | \$0 |
| 2019 | 2 | \$363,200 | \$0 | \$363,200 | \$35.83 | \$13,013 | \$0 | \$13,013 | 25% | \$9,760 | \$3,253 |
| 2020 | 3 | \$363,200 | \$0 | \$363,200 | \$35.83 | \$13,013 | \$0 | \$13,013 | 50% | \$6,507 | \$6,507 |
| 2021 | 4 | \$363,200 | \$0 | \$363,200 | \$35.83 | \$13,013 | \$0 | \$13,013 | 75% | \$3,253 | \$9,760 |
| 2022 | 5 | \$363,200 | \$0 | \$363,200 | \$35.83 | \$13,013 | \$0 | \$13,013 | 100% | \$0 | \$13,013 |
| Totals | | | | | | \$78,081 | \$0 | \$78,081 | | \$32,534 | \$32,534 |

Notes:

1 Base Value is current assessed value for F' 2016

Current Commercial Tax Rate \$ 35.83

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2 The Acquistion of the property for approximately \$440,000 and approximate property improvement and equipment investment of \$342,000 are the program qualifying investment. 3 Per converstaion with the Assessor's Office, the property improvement investment will have negligible effect on the assessed value.

Resolution Approving Certified Project Application and Special Tax Assessment Agreement with Freedom Restoration, LLC, and 1440 Purchase Street Realty Trust

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Whereas, Freedom Restoration, LLC, and 1440 Purchase Street Realty Trust have applied for designation as a Certified Project under the Massachusetts Economic Development Incentive Program created by Chapter 23A of Massachusetts General Laws; within an Economic Opportunity Area ("EOA") within the New Bedford Economic Target Area ("ETA") for a period of 5 years ending June 30, 2022 pursuant to the authority grandy by and meeting the requirements of 402 C.M.R. 2.10(3).

Whereas, Freedom Restoration, LLC, and 1440 Purchase Street Realty Trust meet the minimum standards and is consistent with the Economic Development Incentive Program and the local economic development goals and criteria established as part of the documents creating the Greater New Bedford Economic Target Areas shall be expected to benefit significantly from inclusion in said ETA:

Whereas, the proposed Certified Project is located at Parcel 72 239 on 1440 Purchase Street New Bedford, MA and shown on the City of New Bedford's real property assessment database on June 1, 2016;

Whereas, the project, together with all other projects previously certified and located in the same expansion project EOA will not overburden the City's infrastructure and utilities servicing he EOA;

Whereas, the City of New Bedford has agreed to offer Freedom Restoration, LLC, and 1440 Purchase Street Realty Trust a Special Tax Assessment Agreement, for the project described in the application proposal that will have a reasonable chance of increasing employment opportunities for residents of the expansion project area, ETA. Said Agreement is hereby approved by the City Council and the STA Plan is incorporated by reference herein;

Whereas, Freedom Restoration, LLC, and 1440 Purchase Street Realty Trust is going to invest at least \$750,000 in the acquisition of the facility, renovations, and other capital expeditures, and will retain 6 permanent full time jobs and create 6 new permanent full time jobs over a period of three years;

Now Therefore be it Resolved that the City Council of the City of New Bedford approves the Certified Project application of Freedom Restoration, LLC, and 1440 Purchase Street Realty Trust and forward said application for certification to the Massachusetts Economic Assistance Coordinating Council for its approval and endorsement.

Further, the City Council of the City of New Bedford authorizes the Mayor to enter into a Special Tax Assessment Agreement between the City of New Bedford and Freedom Restoration, LLC, and 1440 Purchase Street Realty Trust. Said Agreement will provide for an exemption on property taxes on the full assessed valuation of the property at 100% for year one, 75% for year two, 50% for year three, 25% for year four, 0% for year five of a five-year Agreement according to the requirements and regulations established which govern the implementation of such Special Tax Assessment Agreements. The Agreement will be in effect as of FY2018 through FY2023.