

**CODE OF IOWA SECTION 403.19 TAX INCREMENT FINANCING (TIF) INDEBTEDNESS
CERTIFICATION TO COUNTY AUDITOR
Due To County Auditor By December 1 Prior To The Fiscal Year TIF Increment Tax Is Requested
Use One Certification Per Urban Renewal Area**

City: Marshalltown County: Marshall

Urban Renewal Area Name: Marshalltown Retail TIF & Retail Ag TIF #3

Urban Renewal Area Number: 64108 (Use five-digit Area Number Assigned by the County Auditor)

I hereby certify to the County Auditor that for the Urban Renewal Area within the City and County named above the City has outstanding loans, advances, indebtedness, or bonds, none of which have been previously certified, in the collective amount shown below, all of which qualify for repayment from the special fund referred to in paragraph 2 of Section 403.19 of the Code of Iowa.

Urban Renewal Area Indebtedness Not Previously Certified*: \$ 18,928

*There must be attached a supporting itemized listing of the dates that individual loans, advances, indebtedness, or bonds were initially approved by the governing body. (Complete and attach 'CITY TIF FORM 1.1'.)

The County Auditor shall provide the available TIF increment tax in subsequent fiscal years without further certification until the above-stated amount of indebtedness is paid to the City. However, for any fiscal year a City may elect to receive less than the available TIF increment tax by certifying the requested amount to the County Auditor on or before the preceding December 1. (File 'CITY TIF FORM 2' with the County Auditor by the preceding December 1 for each of those fiscal years where all of the TIF increment tax is not requested.)

A City reducing certified TIF indebtedness by any reason other than application of TIF increment tax received from the County Treasurer shall certify such reduced amounts to the County Auditor no later than December 1 of the year of occurrence. (File 'CITY TIF FORM 3' with the County Auditor when TIF indebtedness has been reduced by any reason other than application of TIF increment tax received from the County Treasurer.)

Notes/Additional Information: _____

New ANNUAL APPROPRIATION for McFarland Clinic- Year 1

New City Staff Administrative Time

Continuing Obligations

-2020A GO Bond Interest

-2012A GO Bond Principal and Interest

-Marshalltown Area Chamber of Commerce Economic Development Payment

-Teamwork 1 LLC Rebate

-Marshallgaam Lodging Rebate

Dated this _____ day of _____, _____

Signature of Authorized Official Telephone

TIF INDEBTEDNESS NOT PREVIOUSLY CERTIFIED ELIGIBLE FOR TAX COLLECTIONS NEXT FISCAL YEAR

City: Marshalltown County: Marshall

Urban Renewal Area Name: Marshalltown Retail TIF & Retail Ag TIF #3

Urban Renewal Area Number: 64108 (Use five-digit Area Number Assigned by the County Auditor)

Individual TIF Indebtedness Type/Description/Details:	Date Approved*:	Total Amount:
1. <u>McFarland Clinic Development Agreement</u> <u>Rebate of 50% of incremental taxes over 10 years, not-to-exceed \$2.4 million</u> <u>ANNUAL APPROPRIATION</u>		18,000
<input type="checkbox"/> 'X' this box if a rebate agreement. List administrative details on lines above.		
2. <u>City Staff Administrative Time</u> <u>Finance Director - \$77.27/hour wages, benefits- 12 hours for annual report,</u> <u>certification, payments, accounting</u>	11/28/22	928
<input type="checkbox"/> 'X' this box if a rebate agreement. List administrative details on lines above.		
3. _____ _____ _____ _____		
<input type="checkbox"/> 'X' this box if a rebate agreement. List administrative details on lines above.		
4. _____ _____ _____ _____		
<input type="checkbox"/> 'X' this box if a rebate agreement. List administrative details on lines above.		
5. _____ _____ _____ _____		
<input type="checkbox"/> 'X' this box if a rebate agreement. List administrative details on lines above.		

If more indebtedness entry lines are needed continue to Form 1.1 Page 2.

Total For City TIF Form 1.1 Page 1: 18,928

* "Date Approved" is the date that the local governing body initially approved the TIF indebtedness.

**SPECIFIC DOLLAR REQUEST FOR AVAILABLE TIF INCREMENT TAX FOR NEXT FISCAL YEAR
CERTIFICATION TO COUNTY AUDITOR**

**Due To County Auditor By December 1 Prior To The Fiscal Year
Where Less Than The Legally Available TIF Increment Tax Is Requested
Use One Certification Per Urban Renewal Area**

City: Marshalltown County: Marshall

Urban Renewal Area Name: Marshalltown Retail TIF & Retail Ag TIF #3

Urban Renewal Area Number: 64108 (Use five-digit Area Number Assigned by the County Auditor)

I hereby certify to the County Auditor that for the next fiscal year and for the Urban Renewal Area within the City and County named above, the City requests less than the maximum legally available TIF increment tax as detailed below.

Provide sufficient detail so that the County Auditor will know how to specifically administer your request. For example you may have multiple indebtedness certifications in an Urban Renewal Area, and want the maximum tax for rebate agreement property that the County has segregated into separate taxing districts, but only want a portion of the available increment tax from the remainder of the taxing districts in the Area.

Specific Instructions To County Auditor For Administering The Request That This Urban Renewal Area Generate Less Than The Maximum Available TIF Increment Tax:	Amount Requested:
<u>Marshalltown Area Chamber of Commerce Economic Development Services</u>	<u>50,000</u>
<u>2012A GO Bond - FY24 Principal: 28000, Interest \$1350 = \$29,350</u>	<u>29,350</u>
<u>2020A GO Refunding Bond- FY24 Principal:\$0; Interest: \$630</u>	<u>630</u>
<u>Teamwork-1 LLC Rebate Agreement for Bobcat Academy</u>	<u>8,420</u>
<u>Marshallgaam/Hawkeye Hotels Rebate Agreement for Holiday Inn Express</u>	<u>46,000</u>
<u>McFarland Clinic Rebate Agreement</u>	<u>18,000</u>
<u>City Staff Administrative Time</u>	<u>928</u>
<u>TOTAL</u>	<u>153,328</u>

Dated this _____ day of _____, _____

Signature of Authorized Official Telephone

