

TOWN COUNCIL MAJORITY OFFICE / MICROSOFT "TEAMS"

TAX POLICY COMMITTEE

JUNE 29, 2022

TO: Councillors Don Bell and Travis Simpson

FROM: Angie Parkinson, Chair

RE: Wednesday June 29, 2022 @ 6:00pm

Pursuant to Governor Lamont's Executive Order No. 7B, this meeting will be accessible through "Microsoft Teams" 1-929-235-8441 Conference ID 764 527 15# or you may click on the following link. [Click here to join the meeting](#)

AGENDA

1. CALL TO ORDER
2. APPROVAL OF MINUTES
 - A. May 11, 2022
3. OPPORTUNITY FOR RESIDENTS TO SPEAK
4. OLD BUSINESS
5. NEW BUSINESS
 - A. Review of ARPA Small Business Assistance Applications
6. ADJOURNMENT

c: Town Council
Mayor Walsh
Eileen Buckheit, Development Director
Rich Gentile, Asst. Corporation Counsel

MICROSOFT "TEAMS"

TAX POLICY COMMITTEE

MAY 11, 2022

PRESENT Angie Parkinson, Temporary Chair, Councillors Don Bell and Travis Simpson

ALSO Melissa McCaw, Finance Director
PRESENT

CALL TO ORDER

Temporary Chair Parkinson called the meeting to order at 6:03 pm

NOMINATION OF OFFICERS

Chair

MOTION By Don Bell
seconded by Travis Simpson
to **appoint** Angie Parkinson as **Chair**
of the Tax Policy Committee.
Motion carried 3/0.

Secretary

MOTION By Travis Simpson
seconded by Angie Parkinson
to **appoint** Don Bell as **Secretary**
of the Tax Policy Committee.
Motion carried 3/0.

ADOPTION OF RULES GOVERNING MEETINGS

MOTION By Travis Simpson
seconded by Don Bell
to **adopt** Robert's Rules of Order as the rules that shall govern
parliamentary procedure at all subcommittee meetings, with the exception
that (1) the Chair shall not be required to restate the motion of any
Council member unless requested by another Councillor, or when in the
discretion of the Chair, such restatement is necessary to avoid any
confusion as to the motion; and (2) where such rules are in conflict with
the provisions of the State Statutes, the Town Charter, or Town
Ordinances.
Motion carried 3/0.

ESTABLISHMENT OF MEETING DATES

MOTION By Don Bell
seconded by Travis Simpson
to **hold** meetings at the **call** of the Chair.
Motion carried 3/0.

STORAGE OF RECORDS

MOTION By Don Bell
seconded by Travis Simpson
to **store** records in the Town Council office.
Motion carried 3/0.

APPROVAL OF MINUTES

May 5, 2021

MOTION By Don Bell
seconded by Angie Parkinson
to **approve** the minutes of the May 5, 2021 meeting.
Motion carried 3/0.

OPPORTUNITY FOR RESIDENTS TO SPEAK

None

NEW BUSINESS

Tax Lien Sales

MOTION By Don Bell
seconded by Travis Simpson

to **authorize** the administration to conduct a tax lien sale by way of a request for proposal (RFP) and to seek and receive sealed bids pursuant to an invitation to bid on a number of tax liens held by the town on specific real property, totaling \$1,436,857.95, as stated on lists produced by Finance Director Melissa McCaw and attached to a memorandum dated April 13, 2022 from Mayor Michael P. Walsh to Town Council Chair Richard Kehoe, subject to the following four conditions:

1. The Collector of Revenue shall notify the record owner of each property subject to a lien that is to be included in the tax lien sale, by certified mail, that the lien is being included in the request for proposal and invitation to bid, and that the owner should contact the Town immediately to pay the taxes or seek a payment plan if they wish to keep the Town's tax liens on their property from being sold;

2. In order to qualify for a payment plan, the property owner must meet the following three criteria:
 - They must remit 25% of the outstanding amount due
 - They cannot have defaulted on a prior payment arrangement
 - Their property must not have active property code violations;
3. The letters from the Collector of Revenue to each property owner shall notify the property owner that the purchaser of the tax lien on their property shall have the right to foreclose on that property; and
4. The Administration shall return to the Town Council with the results of the request for proposal and that the proposal for each tax lien must be approved by the Town Council before it is sold.

Motion carried 3/0.

Melissa McCaw, Finance Director, provided background on the annual procedure for Tax Lien sales. In April the Finance Department provided a list of recommended properties. There are 84 properties totaling \$1.436 million. The criteria for identifying properties are those that have fallen into delinquency for 3 or more years; or a delinquency in excess of \$10,000. The request is for approval to move to RFP. The Tax Collector's office will make further efforts to collect revenues after the installment is legally published making tax payers aware of when payments are due. Tax bills are mailed, followed by two rounds of delinquency letters as needed. Typically, once the RFP is executed a number of tax payers will bring their accounts current so the amount owed should decrease significantly. Residents are provided the opportunity to settle any outstanding taxes due with the town through August.

ADJOURNMENT

MOTION By Travis Simpson
 seconded by Don Bell
 to **adjourn** (6:12 p.m.)
 Motion carried 3/0.

cc: Town Council
 Mayor Walsh
 Melissa McCaw, Finance Director

ARPA COVID-19 Small Business Assistance Program
Application Checklist

Applicant: _____

Address: _____

Census Tract: _____ Check if Qualified Census Tract:

Use(s) of Funds

- Hiring of new employees (Amount: _____)
- Physical Plant Infrastructure expansion
- New equipment purchase
- Façade renovations

Contact

Primary Contact Name: _____
Phone Number: _____
Email: _____

Basic Description of Proposal

Amount Requested: \$ _____

Amount Approved: \$ _____

Requirements

- Application Complete
- Located in East Hartford
- Connecticut Department of Revenue Services Letter of Good Standing
- Explanation of impact on the business from COVID-19
- Explanation of impact the assistance will have on the business
- In compliance with all applicable State and Federal employment regulations
- Tax returns for 2019 and 2020 (or 2021 if not applicable) – case by case basis
- Building Department: No life safety issues or permit issues requiring immediate attention
- Tax Office: No outstanding taxes overdue to the Town of East Hartford

Priority Categories

- Minority-owned business
- Women-owned business
- Veteran-owned business
- Certified small business

Purchasing

- Equipment purchased via Purchasing Cooperative, if available
- Three quotes received for items or services
- Signed and approved justification for exemption from competitive pricing

Award

Total Amount Awarded: \$ _____

Approved by _____

Signature

Date

Following Award

- Invoices/receipts received or on file
- Work confirmed as completed (attach photographs) by: _____
- Certified payroll for two months received for hired employees

Notes

**East Hartford American Rescue Plan
COVID-19 Small Business Assistance Program**

Application

Applicant Information

Business/Organization Name: United Steel, Inc.		
Owners/Members: Kenneth Corneau and Kenneth F. Corneau Irrevocable Trust 2015		
Business Street Address: 164 School Street		
City: East Hartford	State: CT	Zip Code: 06108
Contact Phone: 860-610-4040	Website URL: www.unitedsteel.com	
Contact Email Address: LCaouette@unitedsteel.com		
Federal Employer Identification Number (EIN): 06-0997399		
Month and year business/organization was incorporated/registered? Month:		Year:
03		1979
Years in East Hartford: 26	Years at current location: 26	
Does your business own or rent its current location? Rents from a related party		
Business structure (sole proprietorship, LLC, partnership, etc.) S Corporation		
Describe your business. What products or services does your business offer? Structural Steel and Miscellaneous Metals Fabrication and Erection		
How many employees did your business have on January 1, 2019? 221		
Full-time: 219	Part-time: 2	
How many employees does your business currently have on payroll? 174		

Does your business hold a State certification as a MBE, WMBE, DBE?

If yes, please attach a copy of the certification(s)

No

Is your business currently in "Good Standing" with the CT Department of Revenue Services (DRS)?

If yes, please attach the DRS Status Letter

Yes, see attached.

Underwriting

What was your 2019 Gross revenue \$

\$87,403,506

2020 Gross revenue \$

\$66,959,442

Is your business current on all tax obligations to the Internal Revenue Services, the State of Connecticut and the Town of East Hartford?

Yes

Does your business have any outstanding liens or judgements?

No

Is your business compliant with the Connecticut Department of Labor Office of Unemployment Assistance and all applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, and child labor?

Yes

Have you applied for any funding from federal programs such as the Payroll Protection Program (PPP) for SBA Economic Injury Disaster Grant/Loan Program related to the current pandemic and disaster declaration?

Yes

If yes, please provide details and amount awarded.

PPP Draw 1 for \$3,788,000 in April 2020; PPP Draw 2 for \$2,000,000 in February 2021.

Please describe your proposal in detail. Please indicate if you have already begun planning or work on your project and if you are working with an architect, contractor, or other professional. Please provide photographs to depict current conditions, if applicable. Attach additional pages, if necessary.

Our proposal is to purchase a new plate machine. This machine will allow us to be competitive with foreign competitors and grow our production capacity, with an overall goal of doubling our current revenue in three years. We have started planning this project by obtaining a proposal for the equipment from Peddinghaus Corporation. The proposal is attached for your review.

Please describe how your business was negatively impacted by the COVID-19 pandemic, how your intended use of funding will help your business combat or counteract these negative impacts, and how it will assist your business and the East Hartford community in recovering from the pandemic. Examples would be loss of revenue, staff layoffs, etc.

Our business was significantly impacted by COVID-19. Our revenue from 2019 to 2020 fell by 23% and additionally our headcount fell by 19%. The revenue continued to decline in 2021 by an additional 15% and our headcount by another 3%. Our revenue goal is not only to return to our pre-pandemic levels, but to grow beyond that. The grant funding will allow us to purchase a vital piece of equipment. Though not part of this grant application, our goal is also to hire 10% more employees. Both the equipment and the employees are needed to grow this business. This will assist our business and the East Hartford community to recover from the pandemic.

Please provide an itemized budget for the assistance you are requesting and a total estimated cost of your overall project. The budget may include, but not be limited to: items to be purchased and their costs; activities proposed and their associated costs; number, type and rate of personnel to be compensated; cost estimates or quotes. For the employment incentive, include \$5,000 if hiring 1-5 employees, or a total of \$10,000 if hiring 6 or more employees. You may attach a separate budget sheet.

Budget for Plate Machine: \$520,000
Quotation Attached.

Applicant Certification

I hereby certify that the information contained herein is complete, true and accurate to the best of my knowledge and agree that the Town of East Hartford does not assume any responsibility for the success or failure of the Applicant's existing business.

I understand the information in this application is provided for the purpose of applying for the East Hartford American Rescue Plan COVID-19 Small Business Assistance Program. I authorize the Town of East Hartford to make inquiries as necessary to verify the information contained in this application.

I agree that all funds provided pursuant to this application will be utilized exclusively for the purpose(s) set forth in this application, as may be amended. Upon utilization of the funds, I shall provide a final report to the Town of East Hartford detailing all funding utilization and costs. I further agree to return all unused funds to the Town of East Hartford.

I understand that any willful misrepresentation on this application could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001, and shall entitle the Town of East Hartford to receive a return of any funding provided hereunder, in addition to any other remedies it may have against me at law or in equity.

I further understand that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this State.

Applicant Signature:



Name:

Lynn M. Caouette

Date:

4/29/22

ARPA COVID-19 Small Business Assistance Program
Application Checklist

Applicant: _____

Address: _____

Census Tract: _____ Check if Qualified Census Tract:

Use(s) of Funds

- Hiring of new employees (Amount: _____)
- Physical Plant Infrastructure expansion
- New equipment purchase
- Façade renovations

Contact

Primary Contact Name: _____
Phone Number: _____
Email: _____

Basic Description of Proposal

Amount Requested: \$ _____

Amount Approved: \$ _____

Requirements

- Application Complete
- Located in East Hartford
- Connecticut Department of Revenue Services Letter of Good Standing
- Explanation of impact on the business from COVID-19
- Explanation of impact the assistance will have on the business
- In compliance with all applicable State and Federal employment regulations
- Tax returns for 2019 and 2020 (or 2021 if not applicable) – case by case basis
- Building Department: No life safety issues or permit issues requiring immediate attention
- Tax Office: No outstanding taxes overdue to the Town of East Hartford

Priority Categories

- Minority-owned business
- Women-owned business
- Veteran-owned business
- Certified small business

Purchasing

- Equipment purchased via Purchasing Cooperative, if available
- Three quotes received for items or services
- Signed and approved justification for exemption from competitive pricing

Award

Total Amount Awarded: \$ _____

Approved by _____

Signature

Date

Following Award

- Invoices/receipts received or on file
- Work confirmed as completed (attach photographs) by: _____
- Certified payroll for two months received for hired employees

Notes

**East Hartford American Rescue Plan
COVID-19 Small Business Assistance Program**

Application

Applicant Information

Business/Organization Name: FRUITFUL MIXOLOGY LLC		
Owners/Members: SHYAM KULKARNI JOSHUA SCAVETTA		
Business Street Address: 239 BURNHAM STREET		
City: EAST HARTFORD	State: CT	Zip Code: 06108
Contact Phone: 860.906.4894	Website URL: www.mixfruitful.com	
Contact Email Address: shyam@mixfruitful.com		
Federal Employer Identification Number (EIN): 85-1624479		
Month and year business/organization was incorporated/registered? Month: June		Year: 2020
Years in East Hartford: 2	Years at current location: 2	
Does your business own or rent its current location? OWN		
Business structure (sole proprietorship, LLC, partnership, etc.) LLC		
Describe your business. What products or services does your business offer? We produce liqueurs made from fresh fruit juices.		
How many employees did your business have on January 1, 2019? 4		
Full-time: 4	Part-time: 4	
How many employees does your business currently have on payroll? 2		

Does your business hold a State certification as a MBE, WMBE, DBE?

If yes, please attach a copy of the certification(s)

No, because I own 50% rather than 51% of the company. (I am Indian American)

Is your business currently in "Good Standing" with the CT Department of Revenue Services (DRS)?

If yes, please attach the DRS Status Letter

Yes - attached

Underwriting

What was your 2019 Gross revenue \$

0

2020 Gross revenue \$

0

Is your business current on all tax obligations to the Internal Revenue Services, the State of Connecticut and the Town of East Hartford?

Absolutely.

Does your business have any outstanding liens or judgements?

No

Is your business compliant with the Connecticut Department of Labor Office of Unemployment Assistance and all applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, and child labor?

Yes

Have you applied for any funding from federal programs such as the Payroll Protection Program (PPP) for SBA Economic Injury Disaster Grant/Loan Program related to the current pandemic and disaster declaration?

No

If yes, please provide details and amount awarded.

How will you use the funds? Please check which of the categories listed under "Eligible Use of Funds" apply for your proposal.

- Hiring of new employees (Provide number of employees: _____)
- Physical Plant Infrastructure expansion
- New equipment purchase
- Façade renovations

Please describe your proposal in detail. Please indicate if you have already begun planning or work on your project and if you are working with an architect, contractor, or other professional. Please provide photographs to depict current conditions, if applicable. Attach additional pages, if necessary.

ALL DOCUMENTS ATTACHED.

Please describe how your business was negatively impacted by the COVID-19 pandemic, how your intended use of funding will help your business combat or counteract these negative impacts, and how it will assist your business and the East Hartford community in recovering from the pandemic. Examples would be loss of revenue, staff layoffs, etc.

Please provide an itemized budget for the assistance you are requesting and a total estimated cost of your overall project. The budget may include, but not be limited to: items to be purchased and their costs; activates proposed and their associated costs; number, type and rate of personnel to be compensated; cost estimates or quotes. For the employment incentive, include \$5,000 if hiring 1-5 employees, or a total of \$10,000 if hiring 6 or more employees. You may attach a separate budget sheet.

Applicant Certification

I hereby certify that the information contained herein is complete, true and accurate to the best of my knowledge and agree that the Town of East Hartford does not assume any responsibility for the success or failure of the Applicant's existing business.

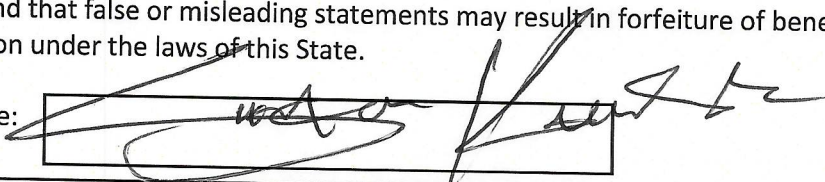
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I understand that any willful misrepresentation on this application could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001, and shall entitle the Town of East Hartford to receive a return of any funding provided hereunder, in addition to any other remedies it may have against me at law or in equity.

I further understand that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this State.

Applicant Signature:



Name:

Shyam Kulkarni

Date:

5/11/2022

Click button to send application electronically to Jay@crvchamber.org.
This function will not work in preview mode. Please download the form to fill it out.

ARPA COVID-19 Small Business Assistance Program
Application Checklist

Applicant: _____

Address: _____

Census Tract: _____ Check if Qualified Census Tract:

Use(s) of Funds

- Hiring of new employees (Amount: _____)
- Physical Plant Infrastructure expansion
- New equipment purchase
- Façade renovations

Contact

Primary Contact Name: _____
Phone Number: _____
Email: _____

Basic Description of Proposal

Amount Requested: \$ _____

Amount Approved: \$ _____

Requirements

- Application Complete
- Located in East Hartford
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- Veteran-owned business
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- Equipment purchased via Purchasing Cooperative, if available
- Three quotes received for items or services
- Signed and approved justification for exemption from competitive pricing

Award

Total Amount Awarded: \$ _____

Approved by _____

Signature

Date

Following Award

- Invoices/receipts received or on file
- Work confirmed as completed (attach photographs) by: _____
- Certified payroll for two months received for hired employees

Notes

**East Hartford American Rescue Plan
COVID-19 Small Business Assistance Program**

Application

Applicant Information

Business/Organization Name: Loop Services LLC		
Owners/Members: Joshua Scavetta		
Business Street Address: 239 Burnham St		
City: East Hartford	State: CT	Zip Code: 06108
Contact Phone: 860-559-5943	Website URL: WWW.SafeRoofCleaningllc.com	
Contact Email Address: Josh@saferoofcleaningllc.com		
Federal Employer Identification Number (EIN): 81-1212342		
Month and year business/organization was incorporated/registered? Month: 1-19		Year: 2016
Years in East Hartford: 2	Years at current location: 2	
Does your business own or rent its current location? Own		
Business structure (sole proprietorship, LLC, partnership, etc.) LLC		
Describe your business. What products or services does your business offer? Exterior Cleaning		
How many employees did your business have on January 1, 2019? 12		
Full-time: 12	Part-time: 0	
How many employees does your business currently have on payroll? 16		

Does your business hold a State certification as a MBE, WMBE, DBE?

If yes, please attach a copy of the certification(s)

No

Is your business currently in "Good Standing" with the CT Department of Revenue Services (DRS)?
If yes, please attach the DRS Status Letter

Yes. ~~I don't have a letter. It takes 30 days to come in. I can apply for it now if needed.~~
Attached

Underwriting

What was your 2019 Gross revenue \$

\$972,166

2020 Gross revenue \$

\$720,177

Is your business current on all tax obligations to the Internal Revenue Services, the State of Connecticut and the Town of East Hartford?

Yes

Does your business have any outstanding liens or judgements?

No

Is your business compliant with the Connecticut Department of Labor Office of Unemployment Assistance and all applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, and child labor?

Yes

Have you applied for any funding from federal programs such as the Payroll Protection Program (PPP) for SBA Economic Injury Disaster Grant/Loan Program related to the current pandemic and disaster declaration?

Yes

If yes, please provide details and amount awarded.

PPP \$70,000
PPP \$78,737
EIDL \$380,000

How will you use the funds? Please check which of the categories listed under "Eligible Use of Funds" apply for your proposal.

- Hiring of new employees (Provide number of employees: _____)
- Physical Plant Infrastructure expansion
- New equipment purchase
- Façade renovations

Please describe your proposal in detail. Please indicate if you have already begun planning or work on your project and if you are working with an architect, contractor, or other professional. Please provide photographs to depict current conditions, if applicable. Attach additional pages, if necessary.

My company Loop Services LLC is in dire need of new service trucks. Because of covid 19 there are very little to no used service vehicles available. I would have to buy brand new. I have found two new trucks that would be a perfect addition to my fleet. Please see vehicles documents attached. Both vehicles are new and available.

Please describe how your business was negatively impacted by the COVID-19 pandemic, how your intended use of funding will help your business combat or counteract these negative impacts, and how it will assist your business and the East Hartford community in recovering from the pandemic. Examples would be loss of revenue, staff layoffs, etc.

Before covid 19 my company has shown growth year over year. We were planning on updating our service vehicles in 2020 but then the pandemic hit, and we didn't know what to expect. We had large losses in profit and sales in 2020 and 2021 because of covid. We DIDN'T FIRE ANY EMPLOYEES or lay any of them off. We didn't want to lose the trained talented employees we had. Now our services trucks are in and out of the repair shop consistently and we can afford new. Having new vehicles will allow us to continue our growth and recover from this pandemic.

Please provide an itemized budget for the assistance you are requesting and a total estimated cost of your overall project. The budget may include, but not be limited to: items to be purchased and their costs; activities proposed and their associated costs; number, type and rate of personnel to be compensated; cost estimates or quotes. For the employment incentive, include \$5,000 if hiring 1-5 employees, or a total of \$10,000 if hiring 6 or more employees. You may attach a separate budget sheet.

I have called the local Ford Dealer (Gengras) in East Hartford, and they can sell me the trucks I need. They are 2022 Ford E-450 4x2 Unicell Classicube Cutaway Van's

They cost 58,000 new each

Total cost would be \$116,000 for both.

I can cover any other expenses.

Applicant Certification

I hereby certify that the information contained herein is complete, true and accurate to the best of my knowledge and agree that the Town of East Hartford does not assume any responsibility for the success or failure of the Applicant's existing business.

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I understand that any willful misrepresentation on this application could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001, and shall entitle the Town of East Hartford to receive a return of any funding provided hereunder, in addition to any other remedies it may have against me at law or in equity.

I further understand that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this State.

Applicant Signature:



Name:

Joshua Scavetta

Date:

5-8-22