



# Board of Public Works and Safety

## Agenda Item

## Cover Sheet

---

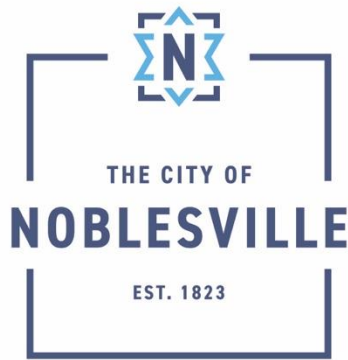
**MEETING DATE:** May 28, 2024

- Consent Agenda Item
- New Item for Discussion
- Previously Discussed Item
- Miscellaneous

**ITEM #:** 3

**INITIATED BY:** Chuck Haberman

- Information Attached
- Bring Paperwork from Previous Meeting
- Verbal
- No Paperwork at Time of Packets



**TO:** NOBLESVILLE BOARD OF PUBLIC WORKS  
**FROM:** CHUCK HABERMAN, ASST. DIRECTOR, ECONOMIC DEVELOPMENT  
**CC:** ANDREW MURRAY, SARAH REED, MAYOR JENSEN  
**SUBJECT:** PROJECT AGREEMENT FOR REMOTE WORKER INCENTIVE PROGRAM  
**DATE:** May 15, 2024

---

The City has been working in partnership with Make My Move (MMM), a full-service marketplace that enables communities to recruit move-ready talent, to build a program to attract remote worker to live in Noblesville which would be eligible for a matching grant from the Indiana Economic Development Corporation.

The program thus far has produced the following:

- 45 new households, 133 new residents
- 15 single people, 74 married, 44 kids
- 16 homebuyers with average purchase price of \$473,033
- 29 renters with an average lease of \$1,638
- The press coverage has reached 291 million viewers, valued at \$2.6M

In this third program year we will move 45 remote workers, the City will commit \$346,225 and the Indiana Economic Development Corporation will match \$346,225, for a total program budget of \$692,450.

# MEMORANDUM OF UNDERSTANDING

Between

**Noblesville Chamber of Commerce**

And

**Noblesville Economic Development Department**

This Memorandum of Understanding (MoU) is entered into on May 28, 2024, between the Noblesville Chamber of Commerce, located at 1 Library Plaza, Noblesville, IN 46060, hereinafter referred to as "Chamber," and the Noblesville Economic Development Department, located at 16 S 10th St, Noblesville, IN 46060, hereinafter referred to as "EDD."

## **Purpose**

The purpose of this MoU is to establish a framework for collaboration and cooperation between the Chamber and the EDD in support of the Make My Move Remote Worker Attraction Program.

## **Scope of Work**

**1. Administrative Support:** The Chamber agrees to provide a consistent level of service in the administrative support to the EDD in the implementation and management of the Make My Move Remote Worker Attraction Program. This support includes, but is not limited to:

- Managing program inquiries and communications.
- Coordinating, scheduling, and conducting candidate interviews.
- Assisting with the development and distribution of incentive package items.
- Providing logistical support for program activities.

**2. Promotion and Outreach:** The Chamber and the EDD will collaborate on promotional and outreach activities to support the efforts of Make My Move. This may include joint marketing campaigns, social media promotion, and participation in relevant community events.

**3. Data Sharing:** Both parties agree to share relevant data and information necessary for the successful implementation and evaluation of the program, ensuring compliance with applicable privacy regulations.

## **Performance**

The success of the Remote Worker Attraction Program is based upon expectations set forth by Make My Move regarding level of service and response time expectations. The Make My Move software platform, used for program management, allows representatives from Make My Move to monitor response times and task management. The Chamber of Commerce agrees to provide a consistent level of service based upon the trends tracked for the City of Noblesville program.

## **Term**

This MoU shall become effective on [Day], [Date], 2024, and shall remain in force throughout the duration of the program, as long as it is offered and funded by the City of Noblesville, unless terminated earlier by mutual agreement of both parties.

## **Compensation**

The Remote Worker Attraction Program is funded through a matching grant from the Indiana Economic Development Corporation (IEDC). For 2024 the IEDC has recognized and acknowledged the time and effort required for successful administration of the program by the local community. The City of Noblesville has agreed to pay the amount of Fifty-Three Thousand and No/100Dollars (\$53,000.00) (approximately \$4,416.66 per month) for administrative support to the Chamber for their participation in the program as described in this MOU.

## **Termination**

Either party may terminate this MoU with thirty (30) days' written notice to the other party. Termination of this MoU shall not relieve either party of any obligations accrued prior to the effective date of termination. However, the City shall receive a pro-rata share reimbursement of its \$53,000.00 based upon actual months of service provided at the time of the effective date of the termination. For example, if the MoU's termination is effective in the third month, the Chamber would be owed Thirteen Thousand Two Hundred Forty Nine 98/100 Dollars (\$13,249.98).

## **Amendments**

Any amendments to this MoU must be made in writing and signed by authorized representatives of both parties.

## **Indemnification**

The Chamber agrees to indemnify, defend, and hold harmless City and its officers, agents, officials, and employees for any and all third party claims, actions, causes of action, judgments and liens to the extent they arise out of any act or omission by Chamber or any of its officers, agents, employees or subcontractors, regardless of whether or not it is caused in part by the negligence of a party indemnified hereunder. Such indemnity shall include attorney's fees and all costs and other expenses arising therefrom or incurred in connection therewith and shall not be limited by reason of the enumeration of any insurance coverage. This provision shall survive any termination of this Agreement.

## **Insurance**

The Chamber shall furnish, or cause to be furnished, City with certification of comprehensive general liability insurance coverage with a minimum limit of Two Million Dollars (\$2,000,000.00) per occurrence. The Chamber shall furnish certificates of insurance provided by the insurer, and the certificates shall provide that such insured is in effect and will not be cancelled during the required period without thirty (30) days prior written notice of such cancellation to City.

## **Governing Law**

This MoU shall be governed by and construed in accordance with the laws of the State of Indiana City of Noblesville, Hamilton County, Indiana, USA

**Signatures**

**Noblesville Chamber of Commerce**

Signature \_\_\_\_\_

Printed Name & Title \_\_\_\_\_ Date \_\_\_\_\_

**Noblesville Economic Development Department**

Signature \_\_\_\_\_

Printed Name & Title \_\_\_\_\_ Date \_\_\_\_\_

All of which is approved by the Board of Public Works and Safety of the City of Noblesville this  
\_\_\_\_\_ day of \_\_\_\_\_ 2024.

\_\_\_\_\_  
JACK MARTIN, PRESIDENT

\_\_\_\_\_  
JOHN DITSLEAR, MEMBER

\_\_\_\_\_  
LAURIE DYER, MEMBER

\_\_\_\_\_  
ROBERT J. ELMER, MEMBER

\_\_\_\_\_  
RICK L. TAYLOR, MEMBER

ATTEST:

\_\_\_\_\_  
EVELYN L. LEES, CLERK  
CITY OF NOBLESVILLE, INDIANA

**E-Verify Affidavit**

Pursuant to Indiana Code 22-5-1.7-11, the Contractor entering into a contract with the City is required to enroll in and verify the work eligibility status of all its newly hired employees through the E-Verify program. The Contractor is not required to verify the work eligibility status of all its newly hired employees through the E-Verify program if the E-Verify program no longer exists.

The undersigned, on behalf of the Contractor, being first duly sworn, deposes and states that the Contractor does not knowingly employ an unauthorized alien. The undersigned further affirms that, prior to entering into its contract with the City, the undersigned Contractor will enroll in and agrees to verify the work eligibility status of all its newly hired employees through the E-Verify program.

(Contractor): Noblesville Chamber of Commerce  
By (Written Signature): [Signature]  
(Printed Name): Robert E DuBois  
(Title): President / CEO

**Important - Notary Signature and Seal Required in the Space Below**

STATE OF Indiana SS:  
COUNTY OF Hamilton

Subscribed and sworn to before me this 13<sup>th</sup> day of May,  
2024.

My commission expires: 4/30/2031 (Signed) Margret Falastin

a. Residing in Hamilton County, State of Indiana



Margret Falastin, Notary Public  
Hamilton County, State of Indiana  
Commission No: NP0748615  
My Commission Expires 04/30/2031



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/10/2024

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Selective Insurance Company of America P.O. Box 13325  Richmond VA 23225-0325			<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (877) 744-3125		FAX (A/C, No): (877) 378-3033		
			E-MAIL ADDRESS: clientservicecenter@selective.com			<b>INSURER(S) AFFORDING COVERAGE</b>	
			INSURER A : Selective Insurance Co of SC		NAIC # 19259		
<b>INSURED</b>  NOBLESVILLE AREA CHAMBER OF COMMERCE PO BOX 2015  NOBLESVILLE IN 46061-2015			INSURER B :				
			INSURER C :				
			INSURER D :				
			INSURER E :				
INSURER F :							

**COVERAGES                                              CERTIFICATE NUMBER:                                              REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

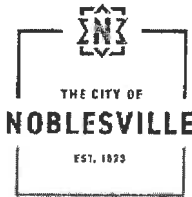
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners			S 2458953	09/11/2023	09/11/2024	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Hired/Non-Owned Auto \$ Included
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER                                              CANCELLATION**

City of Noblesville Economic Development 16 S. 10th Street  Noblesville                                              IN 46060	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
----------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------





FINANCE & ACCOUNTING  
Funding Verification/Encumbrance Request Form

Date to be submitted to BoW/Park Board: 5/28/2024 (put N/A if not submitting to BoW/Park Board)

Vendor name: Noblesville Chamber of Commerce

Vendor Address: 201 1 Library Plaza, Noblesville, IN 46060

Brief description of purchase: Remote Worker Attraction Program Administration

Source of Funding:

- Current Year Operational Budget
- Subsequent Year Operational Budget<sup>1</sup>
- Funding not yet finalized (attach explanation)<sup>2</sup>
- Loan or debt proceeds
- Non-Appropriated Fund<sup>3</sup>

Fund #	101
Department #	016
Project # (NA if no project #)	n/a
Expense Object #	Amount
#1	319.100 \$ 53,000.00
#2	
#3	

- 1) This option may only be selected AFTER the adoption of the subsequent year budget. OFA will create a PO after the start of the next year. If contract details change in between form submission and the start of the year, contact OFA Staff.
- 2) This option may only be selected in unusual circumstances. An additional FVF will need to be submitted to OFA once funding source has been determined. OFA will not create a PO until this follow-up form has been submitted.
- 3) These funds are not appropriated through the annual budget process. They include but are not limited to grant funds and impact fee funds.

Are you requesting that a Purchase Order (PO) be created for this expenditure?

- Yes Select for all purchases/contracts that will not be paid immediately
- No Select ONLY if department plans to initiate payment immediately

The Department certifies that sufficient appropriation authority exists in the stated fund and expense series to obligate the expense for future payment.

Department Director:

[Signature]  
(Signature)

Andrew Murray  
(Printed Name)

5/16/24  
(Date)

Please email completed form to OFA budget @ noblesville.in.us

**FOR OFFICE OF FINANCE AND ACCOUNTING USE ONLY**

OFA Action Taken

- Purchase Order Created
- Reviewed Availability of funds (Contract/Purchase of over \$50k or paid with debt proceeds only)
- No Action Taken (Department should still include this form in purchase/contract approval submission)

PO # (if applicable): 240206

OFA Signature [Signature]

Comments:

Initials: HT

Date: 5/16/24

**PURCHASE ORDER  
CITY OF NOBLESVILLE  
16 SOUTH 10TH STREET STE 270**

**INDIANA RETAIL TAX EXEMPT  
CERTIFICATE NO. 0031216070010**

**FEDERAL EXCISE TAX EXEMPT  
356001141**

**NOBLESVILLE IN 46060  
PHONE: 317-776-6328  
FAX: 317-776-6369**

**PURCHASE ORDER NO. 240206**

**THIS NUMBER MUST APPEAR ON INVOICES, A/P  
VOUCHER, DELIVERY MEMO, PACKING SLIPS,  
SHIPPING LABELS AND ANY CORRESPONDENCE.**

**SHIP TO:**

**TO**  
**VENDOR # 281  
 NOBLESVILLE CHAMBER OF COMMERCE  
 PO BOX 2015  
 NOBLESVILLE IN 46061**

**ATTN:**

<b>DATE</b> 05/16/2024		<b>DEPARTMENT</b> ECONOMIC			<b>SHIP TO ARRIVE BY</b>		
<b>APPROPRIATION NUMBER</b>	<b>QUANTITY</b>	<b>UNIT</b>	<b>DESCRIPTION</b>	<b>PROJECT #</b>	<b>UNIT PRICE</b>	<b>AMOUNT</b>	
101016319.100	1.0		REMOTE WORKER ATTACTION PROGRAM		53000.00	53000.00	

<b>SHIP VIA</b>	<b>TOTAL</b> 53000.00
-----------------	--------------------------

**SHIPPING INSTRUCTIONS**  
 \* SHIP PREPAID  
 \* C.O.D. SHIPMENTS CANNOT BE ACCEPTED  
 \* PURCHASE ORDER NUMBER MUST APPEAR ON ALL SHIPPING LABELS.  
 \* THIS ORDER ISSUED IN COMPLIANCE WITH CHAPTER 99, ACTS 1945 AND ACTS AMENDATORY THEREOF AND SUPPLEMENTAL THERETO.

**PAYMENT**  
 \* A/P VOUCHER CANNOT BE APPROVED FOR PAYMENT UNLESS THE P.O. NUMBER IS MADE A PART OF THE VOUCHER AND EVERY INVOICE AND VOUCHER HAS THE PROPER SWORN AFFIDAVIT ATTACHED.  
 \* I HEREBY CERTIFY THAT THERE IS AN UNOBLIGATED BALANCE IN THIS APPROPRIATION SUFFICIENT TO PAY FOR THE ABOVE ORDER.

ORDERED BY   
 TITLE \_\_\_\_\_ CONTROLLER \_\_\_\_\_

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the requester. Do not send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Noblesville Chamber of Commerce</b>	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) <b>501c6 Non for Profit</b>	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	(Applies to accounts maintained outside the United States.)
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>PO BOX 2015 (1 Library Plaza)</b>	<b>Requester's name and address (optional)</b>	
	<b>6</b> City, state, and ZIP code <b>Noblesville, IN 46061</b>		
	<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
-		-		-		-		-		-	
<b>OR</b>											
<b>Employer identification number</b>											
3	5	-	1	0	0	4	0	2	5		

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are **not required** to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date <b>5/12/24</b>
------------------	--------------------------	---------------------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they