RESOLUTION NO. 3551

A RESOLUTION APPROVING THE WORK PLAN AND BUDGET FOR FISCAL YEAR 2012-2013 FOR BUSINESS IMPROVEMENT DISTRICT NO. 101.

WHEREAS, the City of Miles City by Ordinance 1202 established Business Improvement District No. 101;

AND WHEREAS §7-12-1132 MCA requires the trustees of such business improvement district to annually submit to the City Council of the City of Miles City, for its approval, a work plan and proposed budget for the ensuing fiscal year;

AND WHEREAS on the 9th of October 2012, the trustees of Business Improvement District No. 101 submitted to the City Council their proposed work plan and budget for FY 2012-2013;

AND WHEREAS, pursuant to §7-12-1132(3), the City Council published, as required by law, public notice that such work plan and proposed budget had been submitted and that a hearing would be held thereon on the 9th of October, 2012;

AND WHEREAS, pursuant to such notice, a hearing was held thereon at a regular Council meeting on the 9th day of October, 2012;

AND WHEREAS, following such hearing the City Council fully considered such work plan and proposed budget;

NOW THEREFORE, IT IS RESOLVED BY THE CITY COUNCIL OF THE CITY OF MILES CITY, MONTANA AS FOLLOWS:

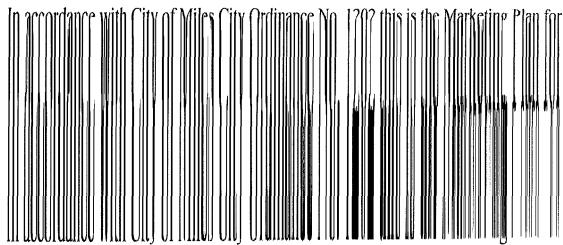
1. Upon hearing and full consideration, the City Council of the City of Miles City hereby approves the work plan and proposed budget of Business Improvement District No. 101 for FY 2012-2013, attached hereto as Exhibit "A" and made a part hereof.

SAID RESOLUTION FINALLY PASSED AND ADOPTED BY A DULY CONSTITUTED QUORUM OF THE CITY COUNCIL OF THE CITY OF MILES CITY, MONTANA, AT A REGULAR MEETING THIS 23RD DAY OF OCTOBER, 2012.

C.A. Grenz, Mayor

ATTEST:

Rebecca Stanton, City Clerk



Fy12/13 using a July1, 2012 through June 30, 2013 fiscal year.

Formulas: By using a conservative number of Rooms within the district (502) and a occupancy rate of (65% annually) it calculated to 119,575. As has been the practice of all previous TBID's formed in Montana a customary fee of \$1.00 per room night is being used for these calculations. This yields a marketing budget of \$119,575.00 for this fiscal year.

Using the last three years of bed tax collections as a basis for dividing the funds into a quarterly budget base it percentages out as follows: 1st Quarter 36%, 2nd Quarter 21%, 3rd Quarter 15%, and 4th Quarter 28%.

1st Quarter: \$43,047.00

2nd Quarter: \$25,111.00

3rd Quarter: \$17,936.00

4th Quarter: \$33,481.00

Total \$119,575.00

Business Enhancement:

Tournament Recruitment-	38,500.00
Convention/Meeting Recruitment-	10,000.00
Fairgrounds Events	15,000.00

Marketing:

Events-	20,000.00
Facilities-	20,000.00

Opportunity:	14,759.00
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Liability Insurance	1,316.00
	2,0.0.0

\$119575.00

Tournament Recruitment-	
4-C Basketball Tournament	6,500.00
Miles City Hockey Association	5,000.00
State Girls Hockey Tournament (12 team)	12,000.00
MCC Basketball/ Cowtown	2,000.00
MCC Baseball	1,000.00
Rocky/Jamestown Football	4,000.00
Badlands Bowl (20 th Year)	5,000.00
MCC Basketball	3,000.00

\$38,500.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/22/2012

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 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).

PRODUCER		NAME: Carol Bartholomew				
W.A. Mitchell Ag	ency	PHONE (A/C, No, Ext): (406) 234-0280 FAX (A/C, No): (406) 234-7107				
602 Pleasant		E-MAIL ADDRESS: carol@wamitchellagency.com				
P O Box 339		PRODUCER CUSTOMER ID #:0000098				
Miles City	MT 59301	INSURER(S) AFFORDING COV	ERAGE NAIC#			
INSURED		INSURER A: Philadelphia Indemnity				
		INSURER B :				
Miles City Area	Chamber of Commerce DBA:	INSURER C:				
Tourism & Business Improvement District #101		INSURER D :				
511 Pleasant Str	eet	INSURER E :				
Miles City	MT 59301	INSURER F:				
COVERAGES CERTIFICATE NUMBER: CL11111101557 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 :	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	2,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X OCCUR	x]	PHPK934385	11/7/2012	11/7/2013	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	4,000,000
	X Employment Practices						GENERAL AGGREGATE	\$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	4,000,000
	X POLICY PRO- JECT LOC						·	\$	
	AUTOMOBILE LIABILITY				,		COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
Ì	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS							\$	
			1					\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	D & O Flexi Plus Five	Х	1	PHSD780471	11/07/2012	11/07/2013	General Aggregate		2,000,000
	Employment Practices						Employment Practices		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is listed as additional insured.

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CANCELLATION

mayormc@milescity-mt.org

City of Miles City P. O. Box 910 Miles City, MT 59301 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

Joe Menyhart/JOE

1en 70/20/2

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