

**FINANCE COMMITTEE AGENDA**  
**June 9, 2025**

**Finance Committee (6:00 p.m.)**

1. Assignment of Requests for Council Action
2. 25-126-6/9 – Budget Amendments
  - a. #2025-023 – Police
  - b. #2025-024 – Police Donation Check
3. 25-127-6/9 – Advance Request – OPWC Loan
4. 25-128-6/9 – Advance Request – Bond Anticipation Notes
5. 25-129-6/9 – Transfer Request – Cable TV Fund
6. 25-130-6/9 – Partnership Agreement – PY2025 CHIP Program
7. 25-131-6/9 – Expenditure / New Vendor – Harold E. Schueler – Law Dept.
8. 25-132-6/9 – Expenditure, Central Square – Police Dept.
9. 25-133-6/9 – Authorize Mayor to Endorse Insurance Check – CHIP Grant
10. 25-134-6/9 – Purchase 2025 Sanitation Truck
11. 25-135-6/9 – 2026 Tax Budget
12. Executive Session: (contract negotiations)

## **REQUESTS FOR COUNCIL ACTION/DISCUSSION**

### **Finance Committee**

- 25-126-6/9 – Budget Amendments
- 25-127-6/9 – Advance Request
- 25-128-6/9 – Advance Request
- 25-129-6/9 – Transfer Request – Cable TV Fund
- 25-130-6/9 – Partnership Agreement – PY25 CHIP Program
- 25-131-6/9 – Expenditure / New Vendor – Harold E. Schueler – Law Dept.
- 25-132-6/9 – Expenditure – Central Square – Police Dept.
- 25-133-6/9 – Authorize Mayor to Endorse Insurance Check – Grants
- 25-134-6/9 – Purchase 2025 Freightliner Sanitation Truck
- 25-135-6/9 – 2026 Tax Budget

6/9/25





**REQUEST FOR COUNCIL ACTION**

No. RCA 25-127-6/9  
Committee: Finance Council

FROM: Keith Dirham, Finance Director  
Lori Bowers, Deputy Finance Director  
DATE: June 2, 2025  
SUBJECT: Advance Request

**SUMMARY AND BACKGROUND:**

The Finance Department respectfully requests Council to authorize the Finance Director to make the following fund advances:

Advance From:	Advance To:	Amount	Purpose
General Fund (#001)	Project Fund (#380)	\$510,000	OPWC Loan for Water line improvement project #1140

These advances (loans) are necessary to cover expenditures until the City receives reimbursement from the grantor agency.

Estimated Cost: \$510,000 from the General Fund. General Fund to be reimbursed once loan funds are received.

Suggested Funding: See above.

Sufficient funds in Account No.:

Transfer needed: From Account No.:  
To Account No.:

NEW APPROPRIATION needed in Account No.: \$510,000 increase to account 001-0707-56615  
Refer to Appropriation Adjustment #2025-022

Emergency Clause Requested: No

Reason:

COUNCIL USE ONLY:  
Committee Action/Recommendation:

Council Action Taken:

Ord./Res. Drd 111-25  
Date: 6-9-25

**REQUEST FOR COUNCIL ACTION**

No. RCA 25-128-6/9  
Committee: Finance/Council

FROM: Keith Dirham, Finance Director  
Lori Bowers, Deputy Finance Director  
DATE: June 2, 2025  
SUBJECT: Advance Request

**SUMMARY AND BACKGROUND:**

The Finance Department respectfully requests Council to authorize the Finance Director to make the following fund advances:

Advance From:	Advance To:	Amount	Purpose
General Fund (#001)	General Purpose Capital (#301)	\$3,000,000	Bond Anticipation Notes – Courthouse Project
Police Special Fund (#106)	Court Special Project (#169)	\$5,000,000	Bond Anticipation Notes – Courthouse Project

These advances (loans) are necessary to cover expenditures.

Estimated Cost: \$3,000,000 from the General Fund.  
\$5,000,000 from the Police Special Fund  
Both funds will be reimbursed when either Bonds are issued for the BANs or BANs are retired.

Suggested Funding: See above.

Sufficient funds in Account No.:

Transfer needed: From Account No.:  
To Account No.:

NEW APPROPRIATION needed in Account No.: \$3,000,000 increase to account 001-0707-56615  
\$5,000,000 increase to account 106-0101-56615  
Refer to Appropriation Adjustment #2025-022

Emergency Clause Requested: No

Reason:

COUNCIL USE ONLY:  
Committee Action/Recommendation:

Council Action Taken:

Ord./Res.  
Date:

*Ord 111-25  
6-9-25*

**REQUEST FOR COUNCIL ACTION**

No. RCA 25-129-6/9  
Committee: Finance/Council

FROM: Keith Dirham, Finance Director  
Lori Bowers, Deputy Finance Director  
DATE: June 2, 2025  
SUBJECT: Transfer Request – Cable TV Fund

**SUMMARY AND BACKGROUND:**

The Finance Department respectfully requests Council to authorize the Finance Director to transfer \$288,884 from the General Fund (#001) to the Cable TV Fund (#144).

Per the discussion at the Cable Fund budget hearing in 2023, the amount of the RITA Retainer refund less the 20% that is allocated to the Stormwater/Street Fund (#108) is to be transferred to the Cable fund.

The Retainer Refund was received on 05/30/25 and allocated per ORD 211-24.

The amount of the transfer request is \$288,884. (This amount is the Retainer refund of \$361,105 less \$72,221, which is the 20% allocated to the Stormwater/Street Fund.)

Estimated Cost: \$288,884.

Suggested Funding: General Fund #001

Sufficient funds in Account No.:

Transfer needed: From Account No.:  
To Account No.:

NEW APPROPRIATION needed in Account No.: 001-0707-56611  
(Ap adj: 2025-022)

Emergency Clause Requested: No

Reason:

COUNCIL USE ONLY:  
Committee Action/Recommendation:

Council Action Taken:

Ord./Res.  
Date: Ord 112-25  
6-9-25

# REQUEST FOR COUNCIL ACTION

No. RCA 25-130-6/9  
Committee Finance/Council

FROM: Andrew Dutton

DATE: 5/29/25

SUBJECT: PY25 Community Housing Impact and Preservation Program (CHIP) Final Partnership Agreement

## SUMMARY AND BACKGROUND:

This is a request to authorize and direct the Mayor to enter into the attached final Partnership Agreement with Medina County, Brunswick, and Wadsworth for a PY25 CHIP application. A copy of the agreement is attached.

In the past, the cities of Medina and Brunswick have partnered on CHIP applications with Medina serving as the responsible Grantee. On March 10, 2025, City Council approved Resolution 49-25 authorizing an initial agreement for the City of Medina to partner with Medina County, Brunswick, and Wadsworth for a PY25 CHIP application. The expanded partnership has the following benefits:

- Medina County will serve as the Grantee responsible for administration, record keeping, finances, and coordination. This arrangement saves considerable City of Medina staff time in the Community Development, Finance, and Law Departments.
- Medina County has been successful in obtaining CHIP funding in recent years and currently works with the same consultant as the City of Medina.
- A single county format is preferred by the Ohio Department of Development, which increases the chance that the application will be funded and is easier for a CHIP consultant to administer.
- Residents have been unsure of which government agency to contact to apply for CHIP funds. A countywide CHIP will be more straightforward for residents.

The agreement allocates \$254,516 for Private Owner Rehabilitation and \$116,000 for Home Repair-Owner funds to the City of Medina. The allocation includes \$44,216.89 the city has accumulated from CHIP Program Income funds. The funding is commensurate with the funds the City of Medina would request if the city only partnered with Brunswick.

Estimated Cost: \$0

Suggested Funding:

- sufficient funds in Account No.
- transfer needed from Account No. \_\_\_\_\_ to Account No. \_\_\_\_\_
- NEW APPROPRIATION needed in Account No. \_\_\_\_\_

Emergency Clause Requested: Yes - Finance and Council the same meeting

Reason: The PY25 CHIP application is due on 6/25 and the consultant needs to collect numerous approvals and documents from four different jurisdictions.

COUNCIL USE ONLY:

Committee Action/Recommendation:

Council Action Taken:

Ord./Res. Ord 114-25  
Date: 6-9-25

**State of Ohio**  
**PY2025 Community Housing Impact and Preservation (CHIP) Program**  
**Partnership Agreement**  
**Between**  
**Medina County, Ohio and the Cities of Brunswick,**  
**Medina, and Wadsworth, Ohio;**

**WHEREAS**, Medina County (Grantee) will be submitting a PY2025 CHIP Grant Application to the Ohio Department of Development (ODOD) due June 25, 2025; and

**WHEREAS**, ODOD has determined that the Cities of Brunswick, Medina, and Wadsworth are eligible CHIP Program “Partner” participants within Medina County for the PY2025 funding round (Medina County, \$400,000; Brunswick, \$300,000; Medina, \$400,000; and Wadsworth, \$350,000); enabling Medina County to apply for a maximum total grant of \$1,450,000 for housing assistance to income eligible households; and

**WHEREAS**, without this partnership agreement, Medina County would have been eligible for only \$400,000 of CHIP Grant Funds; and

**WHEREAS**, Medina County and Cities of Brunswick, Medina, and Wadsworth support forming this partnership arrangement between Medina County and said cities for the PY2025 CHIP Grant Application;

**WHEREAS**, Medina County and the Cities of Brunswick, Medina, and Wadsworth reviewed and approved the PY2025 CHIP Partnership arrangement; and

**WHEREAS**, Medina County and the Cities of Brunswick, Medina, and Wadsworth agree to form a partnership for the purpose of applying for a PY2025 CHIP Grant Application; and

**WHEREAS**, Medina County has agreed to be the Grantee and Fiscal Agent for the entire PY2025 CHIP Grant and be responsible for the preparation of the PY2025 CHIP Application and for the administration of the grant in accordance with the CHIP rules and regulations as required by ODOD; and with the Cities of Brunswick, Medina, and Wadsworth as its Partners;

**NOW, THEREFORE**, Medina County and the Cities of Brunswick, Medina, and Wadsworth do hereby agree to the following terms of this PY2025 CHIP Partnership Agreement:

1. That Medina County will be responsible for the preparation of the PY2025 CHIP Grant Application due June 25, 2025, that will include the partnership arrangement between the County and the Cities of Brunswick, Medina, and Wadsworth as stipulated herein.

2. That Medina County will be the Grantee (recipient of the PY2025 CHIP Grant) with responsibility for and authority over the entire CHIP Program grant award including overall administration and implementation of the grant and solely responsible for regulatory compliance with terms of the grant agreement.
3. That this agreement will be in full force and effect for the duration of the PY2025 CHIP Grant Period which will be from December 1, 2025, until April 30, 2028, unless a grant extension is requested and approved, which will automatically extend this agreement.
4. That this agreement cannot be withdrawn or terminated by any parties while it remains in effect.
5. That Medina County and Cities of Brunswick, Medina, and Wadsworth agree that Medina County is the Grantee and may not transfer its liability. Subrecipient agreements are prohibited.
6. That through this partnership agreement, Medina County is eligible to apply for \$1,450,000 of CHIP Grant Funds that may include Federal Community Development Block Grant (CDBG), HOME Investment Partnership Program Funds (HOME), and State of Ohio Housing Trust Fund (OHTF) monies to fund CHIP activities, including private owner rehabilitation loans and home repair grants (see Partnership Agreement Budget Distribution, pg. 4; final numbers to be determined by ODOD based on available funding).
7. That for the PY2025 CHIP Grant, the Medina County CHIP Program Policies and Procedures Manual will be utilized for the administration of the grant.
8. As required by ODOD, Medina County and the Cities of Brunswick, Medina, and Wadsworth will use respective CHIP Program Income as leverage and in conjunction with the PY2025 Medina County CHIP Grant Application and Program, if funded. "Program Income" consists of loan proceeds (HOME and/or CDBG) repaid from previous CHIP Grant recipients.
9. That Medina County and the Cities of Brunswick, Medina, and Wadsworth agree and will endeavor to use each partners' CHIP Program Income within the respective jurisdictions; however, available CHIP Program Income may be expended outside each partners' jurisdictions if/as required to meet applicable ODOD grant requirements (program income is required to be expended prior to ODOD allowing CHIP Grant funds to be drawn);
10. That Medina County agrees to retain and track the use of CHIP Program Income deriving from said PY2025 CHIP Grant and use it to fund CHIP eligible housing activities in the Cities of Brunswick, Medina, and Wadsworth and throughout the Medina County CHIP Service Area.

11. That Medina County will provide copies of the ODOD CHIP status reports to the Cities of Brunswick, Medina, and Wadsworth and provide updates on program status throughout the grant period.
12. That Medina County will be the repository of all applicable PY2025 CHIP program records for monitoring purposes and agrees to retain all applicable records for the required time period from the date of grant completion, currently three years from the date of the ODOD Final Grant Closeout Letter.
13. That Medina County and the Cities of Brunswick, Medina, and Wadsworth agree to take actions necessary to assure compliance with the certifications required by Section 104(b) of Title I of the Housing and Community Development Act of 1974, as amended, including Title VI of the Civil Rights of 1964, the Fair Housing Act, Section 109 of the Housing and Community Development Act of 1974 and other applicable laws.
14. That Medina County and the Cities of Brunswick, Medina, and Wadsworth agree that CHIP funds are prohibited for activities that do not affirmatively further fair housing within their own jurisdictions or that impede the Grantee's actions to comply with its fair housing certification. Noncompliance can, in turn, provide cause for funding sanctions or other remedial actions by the State of Ohio or U.S. Department of Housing and Urban Development (HUD).
15. That Medina County and the Cities of Brunswick, Medina, and Wadsworth do designate Kleinfelder, Inc. and its CHIP staff to be Representatives of the Local Public Agency (LPA) and that staff may be responsible for executing certain necessary CHIP contract documentation used for Private Rehabilitation and Home Repair; including, but not limited to, the HOME Written Agreement.

**THE UNDERSIGNED REPRESENTATIVES OF THIS PY2025 CHIP PARTNERSHIP AGREEMENT HEREBY AGREE TO THE ABOVE STATED TERMS AND CONDITIONS ON RESPECTIVE DATES SET FORTH ON SIGNATORY PAGES.**

**SEE SIGNATORY PAGES.**

**PY2025  
COMMUNITY HOUSING IMPACT AND PRESERVATION (CHIP) PROGRAM  
MEDINA COUNTY AND CITIES OF BRUNSWICK, MEDINA, AND WADSWORTH  
CHIP PARTNERSHIP AGREEMENT BUDGET DISTRIBUTION**

Medina County and the cities of Brunswick, Medina, and Wadsworth have partnered to provide citizens the opportunity to participate in the Community Housing Impact and Preservation (CHIP) Program. Detailed below is an outline of the partnership structure.

**CHIP Grant Funds Planned Activities and Partnership Distribution:**

The CHIP grant funds will be budgeted between the four (4) partners for use in each respective jurisdiction's CHIP service areas. The Cities' CHIP service areas extend to the respective corporation limits. Medina County's CHIP service area includes the entire County, to its limits.

The budget amounts shown in the Table below will be in effect for an initial period of nine (9) months (through September 2026), unless other arrangements are approved by the County and partnering cities, after which any remaining unspent grant funds will be available and expended throughout the partnering jurisdictions CHIP Program Service Area regardless of the original planned program budget.

**PY2025 CHIP Activities Budget  
(includes \$84,843.02 HOME Program Income)**

<b>Partnering Jurisdiction</b>	<b>Activity</b>	<b>Activity Budget</b>	<b>Outcomes</b>
Medina County	Private Owner Rehabilitation	\$332,033	4
	Home Repair – Owner	\$145,000	5
Brunswick	Private Owner Rehabilitation	\$169,678	2
	Home Repair – Owner	\$87,000	3
Medina	Private Owner Rehabilitation	\$254,516	3
	Home Repair - Owner	\$116,000	4
Wadsworth	Private Owner Rehabilitation	\$169,616	2
	Home Repair - Owner	\$87,000	3
<b>Total</b>		<b>\$1,360,843</b> <i>(\$1,276,000 CHIP &amp; \$84,843 PI)</i>	<b>26 Units</b>

**HOME Program Income from the following partners: Medina County \$24,731.85; City of Brunswick \$4,478.28; City of Medina \$44,216.89; and City of Wadsworth \$11,416**

**SIGNATORY: PY2025 CHIP PARTNERSHIP AGREEMENT  
MEDINA COUNTY BOARD OF COMMISSIONERS  
MEDINA COUNTY, OHIO**

\_\_\_\_\_  
**Aaron M. Harrison**  
**President, Medina County**  
**Board of Commissioners**

\_\_\_\_\_  
**Witness**

**Date:** \_\_\_\_\_

**Legal Form and Sufficiency**

This PY2025 CHIP Partnership Agreement has been reviewed by the legal counsel of Medina County. The terms and provisions of said Agreement are fully authorized under State of Ohio and local law. This Agreement provides full legal authority for Medina County, as the PY2025 CHIP Grantee, through the Medina County Board of Commissioners, its governing body.

**Approved as to Form and Sufficiency:** \_\_\_\_\_  
**Medina County Prosecutor**

**Date:** \_\_\_\_\_

**SIGNATORY: PY2025 CHIP PARTNERSHIP AGREEMENT  
CITY OF BRUNSWICK, OHIO**

\_\_\_\_\_  
**Carl DeForest**  
**City Manager, City of Brunswick**

\_\_\_\_\_  
**Witness**

**Date:** \_\_\_\_\_

**Legal Form and Sufficiency**

This PY2025 CHIP Partnership Agreement has been reviewed by the legal counsel of the City of Brunswick. The terms and provisions of said Agreement are fully authorized under State of Ohio and local law.

**Approved as to Form and Sufficiency:** \_\_\_\_\_  
**City Law Director**

**Date:** \_\_\_\_\_

**SIGNATORY: PY2025 CHIP PARTNERSHIP AGREEMENT  
CITY OF MEDINA, OHIO**

\_\_\_\_\_  
**Dennis Hanwell  
Mayor, City of Medina**

\_\_\_\_\_  
**Witness**

Date: \_\_\_\_\_

**Legal Form and Sufficiency**

This PY2025 CHIP Partnership Agreement has been reviewed by the legal counsel of the City of Medina. The terms and provisions of said Agreement are fully authorized under State of Ohio and local law.

**Approved as to Form and Sufficiency:** \_\_\_\_\_  
**City Law Director**

Date: \_\_\_\_\_

**SIGNATORY: PY2025 CHIP PARTNERSHIP AGREEMENT  
CITY OF WADSWORTH, OHIO**

\_\_\_\_\_  
**Robin L. Laubaugh  
Mayor, City of Wadsworth**

\_\_\_\_\_  
**Witness**

**Date:** \_\_\_\_\_

**Legal Form and Sufficiency**

This PY2025 CHIP Partnership Agreement has been reviewed by the legal counsel of the City of Wadsworth. The terms and provisions of said Agreement are fully authorized under State of Ohio and local law.

**Approved as to Form and Sufficiency:** \_\_\_\_\_  
**City Law Director**

**Date:** \_\_\_\_\_

RCA 25-131-6/9

Finance Only

**City of Medina**  
**Board of Control/Finance Committee Approval**  
**Administrative Code: 141**

- Department Heads can authorize expenditures up to \$2,000.00 (requisition)
- Board of Control authorizes expenditures from \$2,000.01 to \$20,000.00 (BOC form).
- Finance Committee authorizes expenditures from \$20,000.01 to \$35,000.00 (BOC form).
- Council authorizes expenditures/bids over \$35,000.01 (RCA form). Board of Control awards all bids, unless otherwise specified in authorizing ordinance. (Ord. 77-23)

Date: 5/23/2025

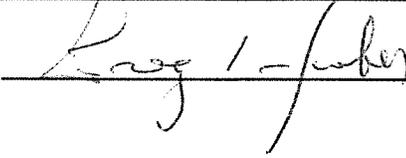
Department: LAW

Amount: \$35,000.00

B.O.C. Approval Date: \_\_\_\_\_  
(Finance Use Only)

Account Number: 001-0704-52226

Vendor: Harold E. Schueler, Ph.D

Department Head/Authorized Signature: 

Item/Description:

Set up new vendor. Expert review, report and testimony at trial for OVI case. Trial expected in July

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FINANCE COMMITTEE APPROVAL: (expenditures from \$20,000.01 to \$35,000.00)

Date Approved/Denied by Finance Committee: \_\_\_\_\_

\_\_\_\_\_  
Clerk of council Date to Finance: \_\_\_\_\_

- Please have all BOC items for the agenda to the Mayor's Office before 5 p.m. on Friday before the scheduled BOC meeting.
- Please have all Finance Committee items for the agenda to the Clerk of Council's Office before 5 p.m. on Tuesday before the scheduled Finance Committee meeting.  
Thank you.

Revised: 4/25/2023

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Harold E. Schueler**

2 Business name/disregarded entity name, if different from above  
**Harold E. Schueler, Ph.D**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**620 Autumn Drive Unit B**

6 City, state, and ZIP code  
**Ada, Ohio 45810**

Requester's name and address (optional)  
**City of Medina  
132 North Elmwood Avenue  
Medina, Ohio 44256**

7 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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
2	7	6	-	4	8	-	8	0	8	7

or

Employer identification number										
			-							

**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.

Sign Here      Signature of U.S. person ▶ *Harold E. Schueler*      Date ▶ **05/21/2025**

**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).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



# NON-MEMBER ACKNOWLEDGMENT

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

Employer Services: 1-888-400-0965  
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS.

**Employer: Please complete Step 2. The form must be completed and returned to the retirement system no later than 30 days after the individual begins providing personal services to the public employer. You may fax the completed form to 614-857-1152 or email to [employeroutreach@opers.org](mailto:employeroutreach@opers.org).**

**If the individual providing this service is receiving a benefit from OPERS, you must submit the Notice of Re-employment or Contract Services of an OPERS Benefit Recipient, form SR-6, in addition to the Non-Member Acknowledgement, form PEDACKN, for the service listed below. Failure to submit the SR-6 form timely may result in an overpayment of pension billed to the employer.**

## STEP 1: Personal Information

First Name MI Last Name  
 H A R O L D E S C H U E L E R

Date of Birth: Month Day Year  
 0 7 / 2 2 / 1 9 6 1

## STEP 2: Public Employer Information (To be completed by the Public Employer)

Name of Public Employer for which individual is providing personal services

Employer Contact

First Name MI Last Name  
 M I C H E L E S L O A N

Employer Code

3 2 1 4 - 0 0

Employer Contact Phone Number

3 3 0 — 7 2 2 — 9 0 5 7

Service Provided to Public Employer

Start Date of Service

Month Day Year  
 / /

End Date of Service

Month Day Year  
 / /





**REQUEST FOR COUNCIL ACTION**

*OK  
D. Hanney  
6-2-25*

No. RCA 25-132-6/9

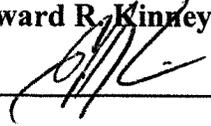
**From: POLICE DEPARTMENT  
Chief Edward R. Kinney**

Mayor's Initials:

Committee

*Finance*

(Signature)



Guidelines: See information on back of form

**Date:** 6/2/25

**Subject:** Central Square CAD, RMS & LST Field Ops Renewal

**Summary and Background:** The Medina Police Department respectfully requests approval to create a purchase order for payment to Central Square for the computer aided dispatch, records management system and field ops renewal subscription for 2025. Service dates run from 8/13/2025 to 8/12/2026. Line 1 of the PO will be for the CAD & RMS systems at \$48,363.30. Line 2 will be for field ops subscription used by LST in the amount of \$277.86, which will be reimbursed through the quarterly dispatching services billing.

**Suggested Funding:** N/A

**Sufficient Funds in Account:** 106-0102-52215

*Total P.O. \$48,641.16*

**Transfer Needed From:** n/a      **To:**

**New Appropriation Needed:** No

**Account No:**

**Emergency Clause Requested:**

**No    Yes    If yes, reason:**

**Council Use Only:**

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**Committee Recommendation:**

**Council Action Taken:**

**Ord./Res.No:**

**Date:**



# Invoice

<b>Invoice No</b> 439052	<b>Date</b> 5/29/2025	<b>Page</b> 1 of 6
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Tritech Software Systems, a CentralSquare Company  
 1000 Business Center Drive  
 Lake Mary, FL 32746

Billing Inquiries: Accounts.Receivable@centralsquare.com

**Bill To**  
 Medina Police, OH  
 Natalie Santivasci  
 150 W. Friendship Street  
 Medina OH 44256  
 United States

**Ship To**  
 Medina Police, OH  
 Natalie Santivasci  
 150 W. Friendship Street  
 Medina OH 44256  
 United States

Customer No	Customer Name	Customer PO #	Currency	Due Date
15031	Medina Police, OH		USD	8/12/2025

Invoice Sequence Number 1 of 1

Description	Units	Rate	Extended
Quote No. Q-217182			
1 Field Ops Subscription (for Zuercher Mobile users) Annual Su - Annual Subscription Fee Field Ops Subscription (for Zuercher Mobile users) Annual Subscription Fee Maintenance: Start:8/13/2025, End: 8/12/2026	7	153.15	1,072.05
2 CAD PS Pro - ESO Solutions Interface (Export) Annual Mainten - Annual Maintenance Fee CAD PS Pro - ESO Solutions Interface (Export) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	1,002.97	1,002.97
3 Mobile AVL Annual Maintenance Fee - Annual Maintenance Fee Mobile AVL Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	15	38.29	574.34
4 Mobile Core Annual Maintenance Fee - Annual Maintenance Fee Mobile Core Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	957.21	957.21
5 Mobile AVL Annual Maintenance Fee - Annual Maintenance Fee Mobile AVL Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	6	38.29	229.73
6 Mobile CAD Annual Maintenance Fee - Annual Maintenance Fee Mobile CAD Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	15	86.15	1,292.25
7 Mobile CAD Annual Maintenance Fee - Annual Maintenance Fee Mobile CAD Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	5	86.15	430.76
8 Mobile CAD Annual Maintenance Fee - Annual Maintenance Fee Mobile CAD Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	6	86.14	516.86
9 Mobile eCitations Annual Maintenance Fee - Annual Maintenance Fee Mobile eCitations Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	15	67.00	1,005.07



# Invoice

<b>Invoice No</b> 439052	<b>Date</b> 5/29/2025	<b>Page</b> 2 of 6
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Customer No	Customer Name	Customer PO #	Currency	Due Date
15031	Medina Police, OH		USD	8/12/2025

Invoice Sequence Number 1 of 1

	Description	Units	Rate	Extended
10	Mobile Mapping Annual Maintenance Fee - Annual Maintenance Fee Mobile Mapping Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	15	210.59	3,158.80
11	Mobile Mapping Annual Maintenance Fee - Annual Maintenance Fee Mobile Mapping Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	5	210.59	1,052.93
12	Mobile Mapping Annual Maintenance Fee - Annual Maintenance Fee Mobile Mapping Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	6	210.59	1,263.52
13	Mobile Records Annual Maintenance Fee - Annual Maintenance Fee Mobile Records Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	15	181.87	2,728.06
14	Mobile NCIC Annual Maintenance Fee - Annual Maintenance Fee Mobile NCIC Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	15	0.00	0.00
15	Mapping AVL (Agency Site License): Full-Time CAD Workstation - Annual Maintenance Fee Mapping AVL (Agency Site License): Full-Time CAD Workstations Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	1,435.82	1,435.82
16	Mapping Core (Agency Site License) for Full-Time CAD Worksta - Annual Maintenance Fee Mapping Core (Agency Site License) for Full-Time CAD Workstations Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	1,722.99	1,722.99
17	Mapping Core Annual Maintenance Fee - Annual Maintenance Fee Mapping Core Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	2,297.32	2,297.32



# Invoice

Invoice No	Date	Page
439052	5/29/2025	3 of 6

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Customer No	Customer Name	Customer PO #	Currency	Due Date
15031	Medina Police, OH		USD	8/12/2025

Invoice Sequence Number 1 of 1

	Description	Units	Rate	Extended
18	Esri Server License (Esri ArcGIS for Server Workgroup Standard) Annual Maintenance Fee Esri Server License (Esri ArcGIS for Server Workgroup Standard) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	1,595.36	1,595.36
19	Records - OH Crime Reporting (OIBRS) Interface Annual Maintenance Fee Records - OH Crime Reporting (OIBRS) Interface Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	0.00	0.00
20	Records Accident Reporting State-Specific Form Annual Maintenance Fee Records Accident Reporting State-Specific Form Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	1,435.82	1,435.82
21	Records Advanced (Agency Site License) Annual Maintenance Fee - Annual Maintenance Fee Records Advanced (Agency Site License) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	976.35	976.35
22	Records Core (Agency Site License) Annual Maintenance Fee - Annual Maintenance Fee Records Core (Agency Site License) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	2,929.07	2,929.07
23	Records eCitations Annual Maintenance Fee - Annual Maintenance Fee Records eCitations Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	1,435.82	1,435.82
24	Records eCitations State-Specific Form Annual Maintenance Fee - Annual Maintenance Fee Records eCitations State-Specific Form Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	1,435.82	1,435.82



# Invoice

Invoice No	Date	Page
439052	5/29/2025	4 of 6

Tritech Software Systems, a CentralSquare Company  
 1000 Business Center Drive  
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 United States

Customer No	Customer Name	Customer PO #	Currency	Due Date
15031	Medina Police, OH		USD	8/12/2025

Invoice Sequence Number 1 of 1

	Description	Units	Rate	Extended
25	Records - N-DEx Adapter (IA IEPD) Annual Maintenance Fee - Annual Maintenance Fee Records - N-DEx Adapter (IA IEPD) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	0.00	0.00
26	Records - Custom Interface Placeholder Annual Maintenance Fee - Annual Maintenance Fee Records - Custom Interface Placeholder Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	2,297.32	2,297.32
27	Administration Core (Agency Site License) Annual Maintenance - Annual Maintenance Fee Administration Core (Agency Site License) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	341.73	341.73
28	ZSuite - Additional Agency IL LEADS/NCIC Interface Annual Maintenance Fee - Annual Maintenance Fee ZSuite - Additional Agency IL LEADS/NCIC Interface Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	558.38	558.38
29	Reporting Core Annual Maintenance Fee - Annual Maintenance Fee Reporting Core Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	0.00	0.00
30	Reporting Universal Interface Engine Annual Maintenance Fee - Annual Maintenance Fee Reporting Universal Interface Engine Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	0.00	0.00
31	ZSuite Warm Standby GIS Server - Annual Maintenance Fee ZSuite Warm Standby GIS Server Maintenance: Start:8/13/2025, End: 8/12/2026	1	0.00	0.00
32	ZSuite Warm Standby NCIC Server - Annual Maintenance Fee ZSuite Warm Standby NCIC Server Maintenance: Start:8/13/2025, End: 8/12/2026	1	0.00	0.00



# Invoice

<b>Invoice No</b>	<b>Date</b>	<b>Page</b>
439052	5/29/2025	5 of 6

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Customer No	Customer Name	Customer PO #	Currency	Due Date
15031	Medina Police, OH		USD	8/12/2025

Invoice Sequence Number 1 of 1

	Description	Units	Rate	Extended
33	ZSuite Warm Standby Server - Annual Maintenance Fee ZSuite Warm Standby Server Maintenance: Start:8/13/2025, End: 8/12/2026	1	6,274.19	6,274.19
34	Personnel Advanced (Agency Site License) Annual Maintenance - Annual Maintenance Fee Personnel Advanced (Agency Site License) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	431.32	431.32
35	Personnel Core (Agency Site License) Annual Maintenance Fee - Annual Maintenance Fee Personnel Core (Agency Site License) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	0.00	0.00
36	Personnel Core (Agency Site License) Annual Maintenance Fee - Annual Maintenance Fee Personnel Core (Agency Site License) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	0.00	0.00
37	Personnel Core (Agency Site License) Annual Maintenance Fee - Annual Maintenance Fee Personnel Core (Agency Site License) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	0.00	0.00
38	Records-eCitations (ZU) Interface (Export) Annual Maintenanc - Annual Maintenance Fee Records-eCitations (ZU) Interface (Export) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	1,244.38	1,244.38
39	CAD Advanced (Agency Site License) Annual Maintenance Fee - Annual Maintenance Fee CAD Advanced (Agency Site License) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	1,076.87	1,076.87
40	CAD Core (Agency Site License) Annual Maintenance Fee - Annual Maintenance Fee CAD Core (Agency Site License) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	3,230.59	3,230.59



# Invoice

Invoice No	Date	Page
439052	5/29/2025	6 of 6

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Customer No	Customer Name	Customer PO #	Currency	Due Date
15031	Medina Police, OH		USD	8/12/2025

Invoice Sequence Number 1 of 1

	Description	Units	Rate	Extended
41	CAD - emsCharts Interface (Export) Annual Maintenance Fee - Annual Maintenance Fee CAD - emsCharts Interface (Export) Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	1,052.93	1,052.93
42	Portal - Remote CFS View Pack Annual Maintenance Fee - Annual Maintenance Fee Portal - Remote CFS View Pack Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	1	1,115.22	1,115.22
43	Mobile AVL Annual Maintenance Fee - Annual Maintenance Fee Mobile AVL Annual Maintenance Fee Maintenance: Start:8/13/2025, End: 8/12/2026	5	38.29	191.45

Please include invoice number(s) on your remittance advice.

**ACH:**  
 Routing Number 121000358  
 Account Number 1416612641  
 E-mail payment details to: Accounts.Receivable@CentralSquare.com

**Check:**  
 12709 Collection Center Drive  
 Chicago, IL 60693

<b>Subtotal</b>	48,363.30
<b>Tax</b>	0.00
<b>Invoice Total</b>	48,363.30
<b>Payments Applied</b>	0.00
<b>Balance Due</b>	<b>USD 48,363.30</b>



# Invoice

<b>Invoice No</b>	<b>Date</b>	<b>Page</b>
439046	5/29/2025	1 of 1

Tritech Software Systems, a CentralSquare Company  
 1000 Business Center Drive  
 Lake Mary, FL 32746

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 Medina Police, OH  
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 Medina OH 44256  
 United States

**Ship To**  
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 150 W. Friendship Street  
 Medina OH 44256  
 United States

<b>Customer No</b>	<b>Customer Name</b>	<b>Customer PO #</b>	<b>Currency</b>	<b>Due Date</b>
15031	Medina Police, OH		USD	8/12/2025

Invoice Sequence Number 1 of 1

	<b>Description</b>	<b>Units</b>	<b>Rate</b>	<b>Extended</b>
Quote No. Q-217183				
1	Field Ops Subscription (for Zuercher Mobile users) Annual Su - Annual Subscription Fee Field Ops Subscription (for Pro Mobile users) - Life Support Team Maintenance: Start:8/13/2025, End: 8/12/2026	2	138.93	277.86

Please include invoice number(s) on your remittance advice.

**ACH:**  
 Routing Number 121000358  
 Account Number 1416612641  
 E-mail payment details to: [Accounts.Receivable@CentralSquare.com](mailto:Accounts.Receivable@CentralSquare.com)

**Check:**  
 12709 Collection Center Drive  
 Chicago, IL 60693

<b>Subtotal</b>	277.86
<b>Tax</b>	0.00
<b>Invoice Total</b>	277.86
<b>Payments Applied</b>	0.00
<b>Balance Due</b>	<b>USD 277.86</b>

# REQUEST FOR COUNCIL ACTION

RCA  
No. 25-133-4/9

**FROM:** Planning/Grants

**Committee:** Finance Committee

**DATE:** June 3, 2025

**SUBJECT:** Permission to Endorse Fire Damage Insurance Check

*Only*

## SUMMARY AND BACKGROUND:

The City of Medina holds a CHIP lien on a PY-2018 CHIP Rehab Project at 749 North Huntington Street. The homeowners had fire damage and State Farm Insurance will be issuing a check to the homeowners to cover the cost of repairs that will need to be endorsed by the homeowners and the City of Medina, as holder of the lien. Finance Committee is requested to approve the Mayor's endorsement of the check for an amount not to exceed \$40,000.

**Estimated Cost:** N/A

**Suggested Funding:** N/A

- sufficient funds in Account No.
- transfer needed from Account No. to Account No.
- NEW APPROPRIATION needed in Account No.

**Emergency Clause Requested:**

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## COUNCIL USE ONLY:

**Committee Action/Recommendation:**

**Council Action Taken:**

**Ord./Res.**

**Date:**





**CONTRACT PRICING WORKSHEET**  
For Standard Equipment Purchases

Contract No.:

RH04-25

Date Prepared:

5/21/2025

**This Worksheet is prepared by Contractor and given to End User. If a PO is issued, both documents MUST be faxed to H-GAC @ 713-993-4548. Therefore please type or print legibly.**

Buying Agency:	City of Medina, OH	Contractor:	Hol-Mac Corporation
Contact Person:	John Lengacher	Prepared By:	Pac-Mac
Phone:	330-722-9039	Phone:	601-764-4121
Fax:	N/A	Fax:	N/A
Email:	jlengacher@medinaoh.org	Email:	moss.joe@hol-mac.com

Product Code:	RH0425B159	Description:	PAC-MAC RLX-25: 25-CY, High Compaction Rear Loader
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**A. Product Item Base Unit Price Per Contractor's H-GAC Contract:** 103026

**B. Published Options - Itemize below - Attach additional sheet if necessary - Include Option Code in description if applicable**  
(Note: Published Options are options which were submitted and priced in Contractor's bid.)

Description	Cost	Description	Cost
LED Hopper Work Lights	644		
Dual Tippers - Cascade	14660		
7" Rear View Camera	2678		
Shovel and Broom Holder	450		
Reeving Cylinder	8512		
Dual Amber Oval Strobes - Front	378		
PSM - Alternating Strobe Package	994		
		Subtotal From Additional Sheet(s):	
		Subtotal B:	28316

**C. Unpublished Options - Itemize below - Attach additional sheet if necessary**  
(Note: Unpublished options are items which were not submitted and priced in Contractor's bid.)

Description	Cost	Description	Cost
		Subtotal From Additional Sheet(s):	
		Subtotal C:	0

**Check:** Total cost of Unpublished Options (C) cannot exceed 25% of the total of the Base Unit Price plus Published Options (A+B). For this transaction the percentage is: 0%

**D. Total Cost before any other applicable Charges, Trade-Ins, Allowances, Discounts, Etc. (A+B+C)**

Quantity Ordered:	1	X Subtotal of A + B + C:	131342	=	Subtotal D:	131342
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**E. Trade-Ins / Special Discounts / Other Allowances / Freight / Installation / Miscellaneous Charges**

Description	Cost	Description	Cost
2025 Freightliner M2 106	119272		
Freight From Bay Springs, MS to Medina, OH	3500		
Municipal Equipment PDI	1000		
		Subtotal E:	123772

<b>Delivery Date:</b>		<b>F. Total Purchase Price (D+E):</b>	255114
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## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

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

Print or type. See Specific instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Municipal Equipment, Inc.</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input checked="" type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Apply to accounts maintained outside the U.S.)</small></p> <p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>6305 Shepherdsville Rd.</b></p> <p><b>6</b> City, state, and ZIP code <b>Louisville, KY 40228</b></p> <p><b>7</b> List account number(s) here (optional)</p> <p style="text-align: right;">Requester's name and address (optional)</p>
--	---

**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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
6	1	-	0	7	1	4	7	4	8

**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 ▶ <i>Nicholas Lionetti</i>	Date ▶ <i>1/30/2025</i>
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### 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).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



133 North Elmwood Ave  
P.O. Box 708  
Medina, Ohio 44256-0708  
Phone: 330-725-9861  
Fax: 330-722-9843  
www.medinaoh.org

Non-Member Acknowledgement (PEDACKN)

**EXEMPTION FORM**

Municipal Equipment, Inc.  
(Entity Name)

is exempt from the requirement to submit the Ohio Public Employees Retirement System (OPERS) Non-Member Acknowledgement Form because one of the following criteria is met. Please check those that apply.

This entity is a "business entity" in accordance with ORC 145.037(A) with five or more employees.

This entity has not and will not provide personal services to the City of Medina and will solely supply goods.

[Signature]  
Signature

6/27/25  
Date

**REQUEST FOR COUNCIL ACTION**

No. RCA 25-135-6/9

**FROM:** Keith H. Dirham  
**DATE:** Wednesday, June 4, 2025  
**SUBJECT:** 2026 Tax Budget

**Committee:** Finance

**SUMMARY AND BACKGROUND:**

Details will follow. I will update the revenue estimate after the City receives the June distribution of Income Tax Revenue from RITA then send the forms along.

**Estimated Cost:**

**Suggested Funding:**

- sufficient funds in Account No.
- transfer needed from Account No.  
to Account No.
- **NEW APPROPRIATION** needed in Account No.

**Emergency Clause Requested:** Yes

**Reason:** Tax budget submission deadline in July

**COUNCIL USE ONLY:**

**Committee Action/Recommendation:**

**Council Action Taken:**

**Ord./Res.**  
**Date:**