

# CITY COUNCIL STUDY SESSION

**TO:** Mayor and City Council  
**FROM:** Mari E. Macomber, City Manager <sup>MSM</sup>  
**SESSION DATE:** February 1, 2010  
**TIME:** 5:00 p.m.  
**PLACE:** Second Floor Conference Room

We will need to adjourn just prior to 6:00 pm to be in the Council Chambers on time for the City Council Meeting at 6:00pm.

## **AGENDA:**

- **PRESENTATION ON AREA COMMUNITY HEALTH INITIATIVE**
- **PROPOSED CITY WELLNESS PROGRAM**
- **TIF UPDATE**
- **NEWSLETTER – January 29, 2010**

## **PRESENTATION ON AREA COMMUNITY HEALTH INITIATIVE**

A health initiative began several years ago that was originally looking at the benefits of working together for the purpose of providing insurance coverage in an insurance pool. This initiative was then revised to begin looking at the health data of the community and has morphed into an organization called the Kirksville Area Community Health Initiative (KACHI) KACHI is a collaboration of major employers, healthcare providers, healthcare networks, and others interested in its purposes drawn from the Kirksville area. The mission of the Corporation shall include but not be limited to working with existing organizations and creating new mechanisms to improve the health status and health literacy of everyone living in the greater Kirksville community, including employee groups, the uninsured, and the underinsured. A basic premise of the Corporation is that the stabilization of healthcare costs, improved employee productivity, and enhanced economic growth can only be achieved by improving the health status of everyone.

This group consists of the following partners: Kirksville RIII School District, A.T. Still University of Health Sciences, Northeast Missouri Health Council, Northeast Regional Medical Center, Kirksville Area Chamber of Commerce, Northeast Missouri Rural Health Network and Heartland Physicians Corporation. KACHI has been evaluating the need for this focus and the importance of it on the success of our community. KACHI has concluded that their efforts need to move forward, the next step for the organization is to formalize its existence through the incorporation process. KACHI proposes to operate as a 501 C 3 Not for Profit. They are seeking participation from the partners listed above to solidify their support to this effort through participation on a Board of Directors and a financial commitment of approximately \$500 each year to cover ancillary costs of the Corporation.

Mayor Rowe and I have attended meetings with this group throughout its inception. Over the past year, Pat Meredith, Human Resources Director has been serving as the City's representative. She has prepared a Memorandum that explains this initiative in more detail. As noted in Mrs. Meredith's Memorandum, KACHI has applied for two funding opportunities. The second opportunity is through the Missouri Foundation for Health, and one that would require the City to take an active role in the implementation of the grant objectives. At of today, a Concept Paper outlining the program has been submitted. If the Foundation is interested in this proposal, we will be asked to submit an application.

KACHI representatives Michael McManis, A. T. Still University and Andy Grim, Northeast Missouri Health Council will be at the Study Session to explain the KACHI concept to the City Council, answer questions that you may have, and solicit the City's support in participating in this initiative.

Recommended Action: It is interesting that the issues that this group wishes to address are ones that we are currently facing with our claims experience and health insurance costs. This is an innovative approach to addressing health issues. The City should take a leadership role in helping to advance a healthy community.

## **PROPOSED CITY WELLNESS PROGRAM**

During the budget process, we spent some time reviewing our health insurance services and costs. The City's health insurance budget for the 2010 budget year was increased by \$345,211. Health insurance expenses make up five percent (5%) of the entire City budget. This is an increase of one percent (1%) over last year's budget. It is time for the City to take a proactive approach to this issue, as it is one area where we can do a better job of controlling our costs.

We have taken a few baby steps over the years by offering a few health screening opportunities through our risk management program. We expanded this last year by offering a biometrics screening for employees with about 60% participation. This screening provided a wake-up call to some individuals that they needed to reduce their cholesterol, quite smoking, loss weight. There were also a few incidents of early detection.

The City currently requires a majority of our workforce to pass a physical examination as a result of their physical job requirements, and requirements of outside agencies such as the U. S. Department of Transportation for commercial driver's licenses. Again, there have been a few instances where individuals have been tagged who have required additional screenings and follow-up to insure their abilities to complete the job and meet the required standards.

As we worked on the health insurance renewal, we requested a proposal from our claims broker. There were three proposals submitted the first proposal with a focus on education using flyers, handouts, website, etc. The second proposal included the education component, established a wellness committee to identify wellness programs

like smoking cessation, and fitness programs that would include some incentives. The third proposal would include the first and second, along with the biometric screening.

A biometric screening is a general health check that can identify any significant cardiovascular or nervous system problems. This health check provides several biometric measures including: cholesterol levels for full lipid panel and glucose; blood pressure; blood glucose levels and also includes a measurement of height, weight and body mass index (BMI). Results are typically available within a few days after the screening, and are kept confidential.

The biometric screening can be one of several components of a complete health and wellness check. Most doctors and clinics perform a biometric screening as part of a wellness program that includes the completion of a health risk assessment (HRA) questionnaire, and a consultation. Results of the biometric screening can help to identify various diseases or health problems, and allow the patient to work with their physician to lower their health risks.

Needless to say, the third option would be more costly than the first option.

The wellness proposal was presented to the department managers who spent some time thinking about the options and potential impact. There were varying comments and degree of support for the different options, as well as ideas for additional consideration. We spent some time discussing the pros and cons of requiring people to take part in a wellness program, versus the overall fiscal impact poor health has on both the City and employees' budgets.

## **Wellness Concept**

### Four Components

- Physical Examination

  - Annually

- Participation in Two or More Wellness Programs/Activities

  - At least one physical wellness program

  - Programs could include smoking cessation, weight watchers, etc.

- Health Screens

  - Biometrics

  - Health Department Screens

  - Health Insurance Provider Screens

- Health Education

  - Programs

  - Website

  - Flyers, brochures, etc.

Components would be developed by a Wellness Committee, who will be responsible for developing a comprehensive wellness approach, which would include the components above. The Committee would also explore options for physical fitness that would evaluate existing fitness facilities, available city space for minimal equipment, etc.

When we met with our Broker, he explained that it is not uncommon for plans to have a carrot and a stick system in place that would reward those individuals who take an active part in the wellness program. The reward in most instances is a reduction in the premium. Our plan is affected by the well being of all of our members.

We are proposing to implement a wellness program in 2010 that would orientate individuals to the requirements and expectations over the course of this fiscal year. This would be the carrot part of the program. We do what we can to begin the wellness process. During the second year, we would implement the stick concept, if you participate in the wellness program you pay one premium, if you do not, then your premium is higher.

Recommended Action: According to the biometric screens conducted last year, 47% of those individuals who participated were overweight, 57% had high cholesterol. We need to take a proactive approach to reduce these numbers and in turn reduce the costs of this employee benefit on the City. We have a responsibility to the citizens to do what we can. It is estimated that for every \$1 spent on wellness, there is a return of at least \$4 in investment. We need to establish a Committee and report the summary to the Council in early March for implementation April 1.

## **TIF UPDATE**

Each year the governing body of the municipality or its designee, shall prepare a report concerning the status of each redevelopment plan and redevelopment project, and shall submit a copy of such report to the director of the department of economic development. The reports must include the amount and source of revenue; the amount and purpose of expenditures; the original assessed value of the redevelopment project; the assessed valuation added to the redevelopment project; payments made in lieu of taxes (pilots) received and expended; and economic activity taxes (eats) generated within the redevelopment area. There are other items required but those items listed above represent the most important items for our existing TIF.

The reports are submitted to the Missouri Department of Economic Development as required by State Statute 99.865, a copy of which is included in this packet.

The Downtown TIF was established in December 1999. It was based on the premise that there was declining growth in the downtown and that the area qualified as blighted. The Downtown TIF's focus is the redevelopment of an area that includes the Central Business District.

The Downtown TIF has generated \$1,010,352 in payments in lieu of taxes (PILOTS) and \$316,177 in economic activity taxes (EATS) since the inception of the TIF. All funds have been spent on public infrastructure projects, a list of those projects, along with other public and private investments are included with this report. The TIF ended the 2009 fiscal year with a fund balance of \$212,907. This figure includes the estimated funds owed to the TIF by ACAD.

At the end of the first 10 years, the Downtown TIF has captured 44.3% of the estimated PILOTS and only 14% of the estimated EATS.

Included with this packet is a copy of the 2009 TIF Report, as submitted to the Missouri Department of Natural Resources.

**NEWSLETTER – January 29, 2010**

Attachments

- KACHI Staff Report
- Missouri Foundation for Health Initiative
- KACHI Concept Paper for Missouri Foundation for Health
- Wellness Staff Report
- Three Tier Wellness Plan
- Wellness Articles
- State Statute 99.865 Reporting Requirements
- Downtown TIF Projects
- 2009 New Businesses
- 2009 Closed Businesses
- Downtown TIF Annual Report

## **KIRKSVILLE CITY COUNCIL STUDY SESSION ATTACHMENT**

**SUBJECT:** Community Health Initiative

**STUDY SESSION MEETING DATE:** February 1, 2010

**CITY DEPARTMENT:**

**PREPARED BY:** Pat Meredith, Human Resource Director

The Kirksville Area Community Health Initiative (KACHI) is a voluntary alliance of employers, providers, and healthcare networks dedicated to stabilizing healthcare costs, improving employee productivity, and fostering greater economic growth by improving the health status and health literacy of everyone living in the greater Kirksville community, including the uninsured and underinsured population.

The KACHI areas of specific interest include:

1. Identification of appropriate health status benchmarks and desired outcome levels;
2. Prevention care plan designed and incentive structures plus protocols for monitoring and incentivizing on-going patient compliance with chronic illness care;
3. Development and/or identification of common user interfaces and/or portals for all employees and areas of citizens to access age and demographic appropriate information on wellness and chronic disease control;
4. Analysis of member compliance data and progress in attaining improved health status;
5. Development of a strategy for the phased implementation of an affordable, integrated electronic health record (HER) system for all partner plan members and healthcare providers in the community; and
6. Design and implementation of a community based health fair for uninsured and underinsured citizens that will screen for a limited number of high impact conditions and will connect participants with appropriate treatment services.

Proposed partners include: Kirksville R-III School District; A.T. Still University of Health Sciences; Northeast Missouri Health Council; Northeast Regional Medical Center; Kirksville Area Chamber of Commerce; Northeast Missouri Rural Health Network; Heartland Physicians Corporation; and others to be determined.

The KACHI group believes that with the diverse group of partners working together we can improve the quality of life for our citizens. The group has applied for two grants through partner agencies. The first grant was hosted by the Northeast Missouri Health Council, Inc. This grant ranked 20 out of 200 applications. Unfortunately, the grant was awarded to the top twelve applicants. The second grant is being hosted by the City of Kirksville to link hike-bike trails, provide community awareness of fitness opportunities and maps to hike and bike trails. In addition, if accepted this grant could assist in the connection of a city hike-bike trail to DOT funded Forest Lake trails.

The KACHI group would like to incorporate as a not-for-profit (A1C) agency. This would allow the group to apply for grants. The KACHI group believes it is important that the City of Kirksville be a partner in this group and hold a seat on the board. The KACHI group believes in order to have funds to cover some operational costs (e.g., legal fees of incorporation, etc.) that each partner would have to contribute funds to support this not-for-profit corporation; however, fees are not expected to exceed \$500 annually.

Dr. Michael McManis, A.T. Steel University of Health Sciences and Andy Grimm, Northeast Missouri Health Council, Inc. will be available at the February 1 study session to answer Council questions.

## **MISSOURI FOUNDATION FOR HEALTH**

Missouri Foundation for Health (MFH) established the Healthy & Active Communities Initiative (H&AC) in 2005 to respond to increasing obesity rates in the state. Since the program's inception, nearly \$18 million has been distributed to fund 79 projects across Missouri that combat obesity using innovative methods including direct programming, built environment, advocacy and policy change. The goals of H&AC are:

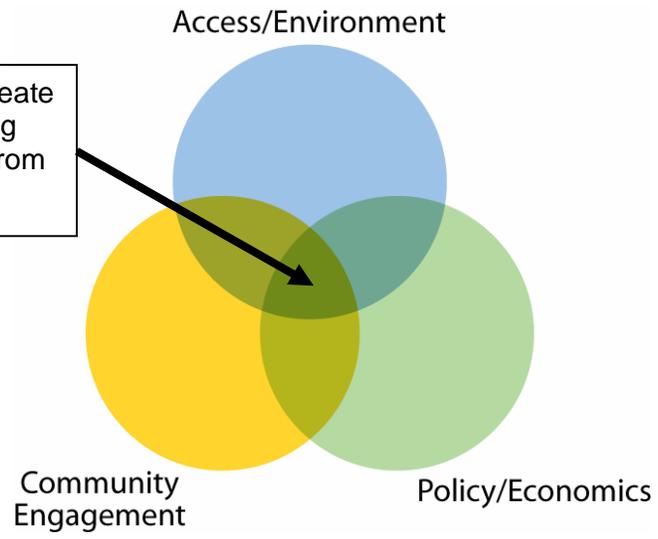
- » To have a sustained impact on healthy eating and active living for communities in Missouri by supporting promising environmental and policy change strategies.
- » To cultivate strong local, regional and state partnerships that support the development and sustainability of healthy and active communities in Missouri.
- » To position Missouri as a leader in building and promoting healthy and active communities.

Missouri currently has the 13<sup>th</sup> highest rate of adult obesity and the 23<sup>rd</sup> highest rate of overweight and obese youth in the United States.<sup>1</sup> There are disproportionate obesity rates in certain target populations, with women, children, minority racial and ethnic groups and low-income individuals and families identified as being at higher risk for obesity. H&AC focuses on programs, policies and environmental changes that address the barriers and factors associated with increased obesity rates.

Promising strategies have been categorized into three specific domains:

- » *Access/Environment:* Creating a healthy physical environment so people can make healthier choices.
- » *Community Engagement:* Developing outreach and communication strategies that get people to think about positive change and that make the healthy choice the easy choice.
- » *Policy/Economics:* Advocating for healthy policies so people are encouraged to make the healthy choice.

Successful applicants will create an integrated project using complementary strategies from all three domains.



2010 CONCEPT PAPER NARRATIVE  
Building Community Interventions on Promising Strategies

1. **Applicant's Mission:** Through excellence in service, the City of Kirksville provides responsible and ethical local government.
2. **Project's Target Community:** This project targets Kirksville, nearby Forest Lake at Thousand Hills State Park, and the surrounding rural communities. Kirksville, population 17,304, is the county seat for Adair County—which has a total population of 24,642. The 2000 U.S. Census data show the County population by age is 28.1% under 20, 25.1% between 20-24, 34.8% between 25-64, and 12.0% at age 65 and older. All age groups and community sectors stand to benefit from the proposed project.
3. **Project's Goal(s):** The project goal is to **promote healthy and active lifestyles and to measurably reduce obesity rates** in Kirksville and surrounding communities through strategic infrastructure improvements of walking, biking, and recreational trails, both within the Kirksville city limits and linking to nearby Forest Lake. This goal will be reinforced via a comprehensive awareness and educational campaign, as well as via workplace/school wellness policies that promote the utilization of the new and improved interconnected trail systems.
4. **Attachment A Strategies to be Used/Integrated:** The project will strategically expand upon existing yet fragmented public/private trail systems that are currently in place within Kirksville and its surrounding communities (**Access/Environment: Strategy A3**). The City's Community Service Department will expand its work with local schools, universities, hospitals, health centers, businesses, organizations, and the public health department to improve and develop the mapping and linking of local trails for wider public access and use (**Community Engagement: Strategy B4**). Corresponding public awareness/usage campaigns as well as educational programs in safety, healthy eating, and healthy lifestyles will round out our project's health and wellness strategies (**Community Engagement: Strategy B5**). The City's Community Service Department will further collaborate with the existing Forest Lake Area Trail Systems effort and a community-based super coalition of employers, schools, and organizations to develop and promote expanded wellness policies and staff fitness programs across community lines and sectors (**Policy/Economics: Strategy C7**). Additionally, City and project leaders will work toward a City/region-wide Complete Streets policy

2010 CONCEPT PAPER NARRATIVE  
Building Community Interventions on Promising Strategies

that integrates safe walking and biking paths along strategic routes and among critical locales  
(Policy/Economics: Strategy C11).

Key collaborations are well established, and will be expanded upon to achieve the stated goal. In summary, the intent of the proposed project is to decrease obesity rates by promoting more healthy and active lifestyles for community members. This will be accomplished by expanding and linking our region's walking, biking, and recreational trails, increasing public awareness and usage of these trails, and by building and promoting advocacy for related health policies.

5. **Partners/Collaborations, Roles, and Sectors Represented:** The strength of the proposed project lies within its partnerships. The lead agency is the City of Kirksville, working with the Forest Lake Area Trails Systems group and fully backed by a super coalition of diverse community agencies/sectors from the Kirksville (Adair County) region. As shown below, this coalition (established in 2008-09) consists of major employers, healthcare providers, social service entities, a vertical rural healthcare network, a physician's association, public educators, a private health sciences university, public/civic leaders, and other local health advocates-- joining forces to improve health and wellness at the community level. Known as the **Kirksville Area Community Health Initiative (KACHI)**, this super coalition and its members have agreed to serve in an **advisory/partnering capacity** to the City and the proposed project.

**--HEALTHY AND ACTIVE COMMUNITIES PARTNERSHIP/COLLABORATION--**

- Lead Applicant: City of Kirksville
- Adair County Public Health Department (ACHD)
- A.T. Still University (ATSU) and its local medical school, the Kirksville College of Osteopathic Medicine (KCOM): ~3,500 Total Student Body at ATSU, ~680 of whom attend KCOM
- Heartland Physicians Corporation: An Independent Physicians Association (IPA)
- Kirksville Area Chamber of Commerce
- Kirksville R-III School District: ~2,500 K-12 students
- Mark Twain Behavioral Health (MTBH)—A Community Mental Health Organization
- Missouri Area Health Education Center (MAHEC) Program and its seven Regional AHEC Centers
- Northeast Regional Medical Center (NRMC): 109-Bed Licensed Hospital

2010 CONCEPT PAPER NARRATIVE  
Building Community Interventions on Promising Strategies

- Northeast MO Rural Health Network (NMRHN): 30+ Member Vertical Provider Network
- Northeast MO Health Council, Inc. (NMHC): Rural Federally Qualified Health Center System
- Preferred Family Healthcare (PFH)—A Community Mental Health Organization
- Others to be added, such as service clubs and other interested community organizations.

6. **Potential Outcomes:** All local age groups and sectors, including the region's vulnerable populations, stand to benefit from the proposed project, given that the trails, educational outreach efforts, and policies are free and for the public at large. Key measurable outcomes, over both the short- and long-term, include a decrease in obesity rates; a decrease in related chronic diseases such as diabetes, heart disease, depression, etc.; an increase in activity and fitness levels; and a subsequent increase in healthy behaviors—all of which leads to a healthier overall community and a higher quality of life. The proposed project will also help Kirksville and the entire region appear more attractive to external individuals and businesses, which could boost economic development, student recruitment to our local universities/colleges, and even some growth/retention of our general population.

7. **How Project Expands and Collaborates with Current Community Efforts:** This project is a natural and timely expansion of existing infrastructure and efforts within our community. Currently, Kirksville has five pre-existing yet disconnected asphalt trails (each averaging less than or equal to 1 mile in length). The City also offers the following recreational facilities that support public access to physical activities: a state-of-the-art Aquatic Center, a new Skate Park, seven neighborhood parks, and a YMCA aimed at providing community-wide recreational programs for all ages. Unfortunately, most of the aforementioned are not linked to strategic walking/biking trails, meaning that the majority of users must drive (or be driven) to access the aforementioned facilities. In other words, we want to change the fact that Kirksville is not a friendly or safe place in which to bike and walk in general, or to access existing facilities/resources. Moreover, nearby Forest Lake at Thousand Hills State Park has approximately 13 miles of pristine walking/biking paths, however many of these trails are incomplete, and none are linked to the nearby City of Kirksville. Therefore, the City of Kirksville has joined forces with the Forest Lake Area Trails Systems group (consisting of representatives from the City and

2010 CONCEPT PAPER NARRATIVE  
Building Community Interventions on Promising Strategies

various community organizations) and the KACHI super coalition to expand and link existing trails and to offer related educational and policy changes that promote a healthier community. It should also be noted that many organizations within the KACHI super coalition already have in place worksite policies supporting and encouraging flexible work/break time for employees to engage in physical activity. These organizations, serving in an advisory/partnering capacity to the proposed project, will also serve as role models and mentors to spread such policies to other local entities.

**8. Applicant's Experience and Qualifications:** Founded in 1857, Kirksville is the largest city in rural northeast/north central Missouri, and serves as the hub for the region's business, industry, retail, healthcare, education, and recreation. With a strong agricultural heritage, the City is unique in that it has three reputable institutions of higher education within its city limits. The City is managed by a Council-Manager form of government and has 144 employees with approximately \$7 million in total revenues annually. The City of Kirksville is fully qualified to lead this community collaborative effort and is experienced in the management/oversight of federal and state grants (e.g., DHHS, Community Development Block, ARRA, Federal Enhancement, Federal Aviation, Homeland Security, MoDOT, Assistance to Fire Fighters, etc.). The City's Community Services/Recreation Department has a strong history of promoting and implementing wellness-related activities through the Aquatic Center; its new Skate Park; usage and recreational programming for Hazel Creek and Forest Lake; and improving accessibility, equipment, programming for seven community parks. It is important to note that the department is also under City Council directives to develop/expand community partnerships and develop sustainable community-wide recreational programs, such as proposed herein.

**9. Approximate Implementation Costs:** \$300,000 is requested from MFH over three-years, with local in-kind contributions of ~\$150,000, for a total project budget of \$450,000. The bulk of funds (~\$275,000) is budgeted for infrastructure development (construction), while ~\$75,000 is budgeted for educational campaigns, with the remaining \$100,000 on other project costs (part-time staffing, policy development, meetings expenses, etc.). Projected Yr 1 Budget = \$100,000, Yr 2 = \$250,000, Yr 3 = \$100,000.

## **KIRKSVILLE CITY COUNCIL STUDY SESSION ATTACHMENT**

**SUBJECT:** Employee Wellness

**STUDY SESSION MEETING DATE:** February 1, 2010

**CITY DEPARTMENT:**

**PREPARED BY:** Pat Meredith, Human Resource Director

The City is experiencing unaffordable, increasing medical care costs. In 2009, claims in excess of one million dollars exceeded our maximum aggregate projections and our specific reinsurance by approximately \$76,765.

The City offers employees a number of amenities to encourage healthier lifestyles including wellness newsletters on healthier eating, physical exercise, and early detection, annual physical screening of safety sensitive employees, monthly wellness screenings, a free pass to the Aquatic Center, in addition to a \$300 wellness benefit, \$50 eye examination benefit and free dental examinations.

The City contacted with Interactive Health Solutions for a biometric health risk assessment in February 2009. The Health Risk Assessment was completed by 57% of covered employees (86 employees). The results indicate the City's employee population has a high risk of coronary heart disease and stroke based on risk factors measured as part of the Health Risk Assessment.

- High Cholesterol – 57% of participants
- Overweight – 47% of participants
- Sedentary – 74% of participants
- Smokers – 18% of participants
- Diabetes – 8% of participants

Research demonstrates that the cost of poor health, including group health coverage, and certain productivity related costs average \$15,985 per employee. Group health was the largest component of this cost at \$7,465. The median opportunity for cost savings from implementation of a wellness program is estimated at 26% of total related costs, or \$4,156 per employee.

The U.S. Department of Health and Human Services research has found that for every \$1 a company invests in health and wellness services, such as, health screenings, nutritional and exercise programs, smoking cessation, etc... the company should expect to see a \$4 to \$5 return on their investment.

The problem is how do we motivate employees to embrace healthier lifestyles. Over the years, the City has offered gym membership discounts, an on-site fitness coach, monthly health screenings, wellness insurance benefits, disease management, wellness newsletters, annual fitness for duty physicals, and free admission to the Aquatic Center.

However, offering these benefits has not motivated employees to change lifestyle behaviors and provide the reduction in claims and absenteeism. New approaches to wellness have been successful in other companies and it is at this time we ask the City Council to approve a more aggressive wellness program for City employees.

City staff would like to establish a Wellness Committee who would be charged with implementing a Wellness Program for city employees. The program would consist of an organized diet and fitness regiment, as well as physical exams, health education and health screenings. The City would offer a number of screening and wellness opportunities throughout the calendar year designed to target areas of health deficiencies that are driving higher health care costs (see attachment):

- Smoking
- Physical Activity
- High Blood Pressure
- Diabetes
- High Cholesterol
- Obesity
- Overweight (Not Obese)

Some recommended areas of concentration is employee (covered spouse) fitness including team competitions for walking, losing weight or BMI, water consumption, smoking cessation classes, health risk assessments and monthly screenings. To encourage participation our current premium structure could be amended to allow the City to give employee premium discounts to employees participating in the wellness programs. Employees who do not participate would be required to pay a percentage of their health insurance premium (10% recommended), beginning in January 2012 (ATSU and Truman State have similar programs).

The Health Insurance Fund would be expected to support the cost of the health risk assessments and other costs (e.g., pedometers, achievement awards, team t-shirts, water bottles, etc.). Well Dyne our new Prescription Drug Manager will give the City a KIOSK -- employees will be able to use to track progress, and will provide some employee screening programs at no cost. We receive and distribute wellness newsletters from various vendors at no cost to us and based on the projected return on investment a \$20,000 investment in wellness could result in as much as an \$80,000 savings in medical claims.

A wellness program can be tailored any way the Council would like and can begin aggressively or gradually keeping in mind that the goal is getting employees to start doing something to improve their health.

Attachments

**CALENDAR OF EVENTS**

2010	Option 1 Low Cost (2,000 - \$3,000)	Option 2 Medium Cost (\$4,500-\$9,000)	Option 3 High Cost (\$20,000)
<p><b>1st Quarter</b></p> <p>2</p>	<p>Install the WellDnyne kiosk in City Hall location. Educate employees on the features of the kiosk.</p> <p>Implement city wellness website available through Bukaty. Content will change monthly (\$2,000 annual fee) in accordance with calendar topics.</p> <p>Develop monthly schedule of health topics and issue helpful hints via employee payroll stuffers and posters. Determine if city wants to brand the wellness program. Ex: Wellness@Work.</p>	<p>Organize Wellness Committee and discuss employee wellness activities. Bukaty Companies suggests implementing a smoking cessation program, walking program and onsite wellness classes.</p> <p>Present wellness program ideas to city council and management for approval. Obtain council approval for budgetary items.</p> <p>If approved by council, announce to employees city's intention to adopt tiered premium program for meeting health initiatives in 2011. Ex: non-tobacco user, participant in onsite course, regular exercise</p>	<p>Negotiate with Meritain the cost of employee biometric screening. Retail rate is \$175 per participant. Expect 60% participation. Schedule screening for 2nd quarter.</p> <p>Promote screening dates via payroll stuffers and wellness website.</p> <p><i>Spouse 400</i></p>
<p><b>2nd Quarter</b></p>	<p>Distribute wellness information according to monthly schedule.</p>	<p>Launch walking program/issue pedometers. Include program guidelines and incentives on website.</p> <p>Distribute smoking cessation survey to measure # of smokers and readiness to quit. (Paper copies and online survey available)</p>	<p>Arrange for biometric screening of all interested employees in late May/early June of 2010.</p>
<p><b>3rd Quarter</b></p>	<p>Distribute wellness information according to monthly schedule.</p>	<p>Onsite smoking cessation class voluntary participation. Announce how much city is willing to contribute toward employee cost of smoking cessation aids. Remind employees city will implement a healthy lifestyle discount at renewal in 2011. Non-smokers will receive preferred rate.</p>	<p>Share results of aggregate report with employees.</p>
<p><b>4th Quarter</b></p>	<p>Distribute wellness information according to monthly schedule.</p>	<p>Announce rules of the healthy lifestyle discount that will take affect Jan. 2011.</p>	

## **RCSBank gets on a HealthTRACK**

At the age of 73, Senior Vice President Harold Lentz of RCSBank walked over 1 million steps in nine weeks to become one of the most successful HealthTRACK Wellness participants to date. "Harold's determination and enthusiasm inspired others around the office to push themselves and become advocates of the program," stated Jim Behrens, President, RCSBank. "We became involved with the program to help our employees improve their lives and results show its working. Harold's story is truly a success."

Harold struggled with health problems due to being overweight at the age of 37. At 5'5" and 230 pounds, Harold began seeing a doctor because of stomach ulcers. The doctor encouraged him to change his lifestyle to lose weight. Once Harold began a regular exercise routine at the YMCA and began following a strict diet regime, he was able to take a more active role with his family and noticed an impact on his approach to work. Nearly four decades later, his lifestyle remains more active than many at half his age.

Harold's story is just one success at RCSBank since the HealthTRACK wellness program began in March. After attending a wellness briefing hosted by Trust/GDC, President Behrens was convinced that the program could help promote healthier lifestyles at the bank. After becoming a member, the bank was assigned a secret weapon – a wellness coach named Joe Johnson. The wellness coach spends time with each employee individually as well as motivating them as a team.

In seven short months, Joe has taken the company through a hydration program called "Go H2O", the walking program "Walk Across America", and a weight loss challenge called "The Biggest Winner". With near 100% participation, the programs have produced tangible results. In addition to Harold, Tammy Brown topped 1,000,000 steps with Leslie McMillen closely behind at over 930,000. Jim Fox has lowered his blood pressure (via health risk assessment and consultations with Joe), and Sandy Tapley has lost over 15 pounds since beginning the HealthTRACK program.

Coach Joe claims, "Every employee at RCSBank should be proud of the numbers put on the boards while participating in "Walk Across America". By the end of week 5, the 3 locations of RCSBank had taken 6,585,646 steps which is equivalent to 3,292 miles." When asked about his role in the inspiration of others, Joe hopes he has, "inspired and encouraged others to understand what can be accomplished."

When asked what the biggest impact has been on RCSBank employees, Behrens believes, "we spend so much time together at work, creating a team environment to help each other succeed is easy. A little competition always helps, too!" Harold agrees and hopes all employees will continue their lifestyle changes. "People will take the second step if we can help them with the first one."

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## Cost of Certain Lifestyle Behaviors and Diseases

### Smoking

- The annual incremental cost of a smoker is \$3,383 (\$1,623 in medical costs and \$1,760 in lost productivity). (Source: CDC)
- If an employee develops cancer from smoking, the average cost to treat cancer is \$65,000. The average cost to treat Lung Cancer specifically is \$15,000 plus costs for radiation. Each of these costs does not include costs related to productivity losses. (Source: Harvard and UCLA University)

### Physical Inactivity

- Getting an employee to exercise for 20 minutes two or more days per week can lower healthcare costs by \$500 per employee per year. (Source: University of Michigan Health Management Research Center)
- Physical Inactivity amount Michigan's 7.6 million adults cost nearly \$8.9 billion in 2002 and a loss of 162 productive hours (approx. 20 days) per worker for a statewide [Michigan] cost of \$8.6 billion annually. For every 10 cents of every \$1 spent on primary care was due to physical inactivity. If Michigan residents do not increase their physical activity levels, the Michigan economy will suffer increasingly heavy costs as aging adults endure premature and/or recurrent illnesses. (Source: The Economic Cost of Physical Inactivity, Governor's Council Michigan Fitness Foundation)

### High Blood Pressure

- The annual excess health care cost per employee with high blood pressure is \$343. (Source: Journal of Occupational Medicine)
- If an employee has a heart attack, the typical cost of a heart attack is \$150,000. This cost includes hospital charges for critical and intensive care, angioplasty, by-pass surgery, patient rehabilitation, worker replacement and lost productivity. (Source: American Heart Association)

- If an employee is admitted to the hospital for chest pains, the typical cost for an outpatient chest pain work-up is more than \$15,000 including stress test, cardiac catheterization, critical care observation and blood testing.  
(Source: American Heart Association)

#### Diabetes

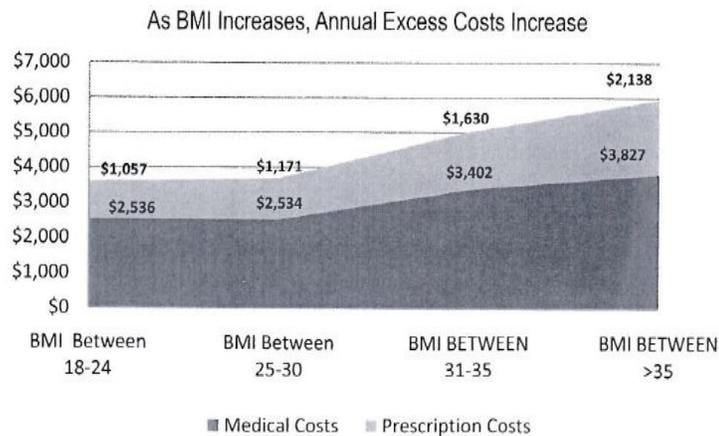
- The per capita annual medical expenditures totaled \$13,243 for people with diabetes and \$2,560 for people without diabetes. Meaning an employee who develops will incur over \$10,000 in additional medical expenses per year.  
(Source: American Diabetes Association)

#### High Cholesterol

- The annual excess health care cost per employee with high cholesterol is \$370.  
(Source: Journal of Occupational Medicine)

#### Obesity

- Improving an individual's Body Mass Index (BMI) score can produce the following medical and drug cost savings.



- 
- Obese adults have twice as many sick days as other employees and incur \$2,500 more in average annual healthcare costs as compared to the non-obese. You are considered obese if you have a BMI of 30 or higher. (Source: Journal of Occupational and Environmental Medicine)

#### Overweight (Not Obese)

- The annual excess health care cost per employee who is overweight is \$401. (Source: Journal of Occupational Medicine)

#### Alcohol Abuse

- The annual excess health care cost per employee with an alcohol abuse problem is \$389. (Source: Journal of Occupational Medicine)
- As alcohol-induced liver disease grows more severe, it becomes much more expensive to treat. For patients with cases of end stage liver disease, the cost for transplantation exceeds \$300,000 and is th only treatment option. Timely alcoholism treatment can reduce the odds liver disease will reach that stage. (Source: University of Wisconsin)

#### Stress

- The average work related stress claim exceeds \$15,000. Stress claims are primarily caused by downsizing, expansion, philosophical business changes, need to acquire new skills, exhaustion, depression, cynicism, irritability, and burn out. (Source: Scottsdale Institute for Health and Medicine)
- Employees who experience depression and stress utilize healthcare at a rate of 250% higher than regular employees. (Source: Milliman and Robertson consulting)

# *Missouri Revised Statutes*

## **Chapter 99 Municipal Housing Section 99.865**

August 28, 2009

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**Report by municipalities, contents, publication--satisfactory progress of project, procedure to determine--reports by department of economic development required, when, contents--rulemaking authority--department to provide manual, contents--penalty for failure to comply.**

99.865. 1. Each year the governing body of the municipality, or its designee, shall prepare a report concerning the status of each redevelopment plan and redevelopment project, and shall submit a copy of such report to the director of the department of economic development. The report shall include the following:

- (1) The amount and source of revenue in the special allocation fund;
- (2) The amount and purpose of expenditures from the special allocation fund;
- (3) The amount of any pledge of revenues, including principal and interest on any outstanding bonded indebtedness;
- (4) The original assessed value of the redevelopment project;
- (5) The assessed valuation added to the redevelopment project;
- (6) Payments made in lieu of taxes received and expended;
- (7) The economic activity taxes generated within the redevelopment area in the calendar year prior to the approval of the redevelopment plan, to include a separate entry for the state sales tax revenue base for the redevelopment area or the state income tax withheld by employers on behalf of existing employees in the redevelopment area prior to the redevelopment plan;
- (8) The economic activity taxes generated within the redevelopment area after the approval of the redevelopment plan, to include a separate entry for the increase in state sales tax revenues for the redevelopment area or the increase in state income tax withheld by employers on behalf of new employees who fill new jobs created in the redevelopment area;

(9) Reports on contracts made incident to the implementation and furtherance of a redevelopment plan or project;

(10) A copy of any redevelopment plan, which shall include the required findings and cost-benefit analysis pursuant to subdivisions (1) to (6) of section 99.810;

(11) The cost of any property acquired, disposed of, rehabilitated, reconstructed, repaired or remodeled;

(12) The number of parcels acquired by or through initiation of eminent domain proceedings; and

(13) Any additional information the municipality deems necessary.

2. Data contained in the report mandated pursuant to the provisions of subsection 1 of this section and any information regarding amounts disbursed to municipalities pursuant to the provisions of section 99.845 shall be deemed a public record, as defined in section 610.010, RSMo. An annual statement showing the payments made in lieu of taxes received and expended in that year, the status of the redevelopment plan and projects therein, amount of outstanding bonded indebtedness and any additional information the municipality deems necessary shall be published in a newspaper of general circulation in the municipality.

3. Five years after the establishment of a redevelopment plan and every five years thereafter the governing body shall hold a public hearing regarding those redevelopment plans and projects created pursuant to sections 99.800 to 99.865. The purpose of the hearing shall be to determine if the redevelopment project is making satisfactory progress under the proposed time schedule contained within the approved plans for completion of such projects. Notice of such public hearing shall be given in a newspaper of general circulation in the area served by the commission once each week for four weeks immediately prior to the hearing.

4. The director of the department of economic development shall submit a report to the state auditor, the speaker of the house of representatives, and the president pro tem of the senate no later than February first of each year. The report shall contain a summary of all information received by the director pursuant to this section.

5. For the purpose of coordinating all tax increment financing projects using new state revenues, the director of the department of economic development may promulgate rules and regulations to ensure compliance with this section. Such rules and regulations may include methods for enumerating all of the municipalities which have established commissions pursuant to section 99.820. No rule or portion of a rule promulgated under the authority of sections 99.800 to 99.865 shall become effective unless it has been promulgated pursuant to the provisions of chapter 536, RSMo. All rulemaking authority delegated prior to June 27, 1997, is of no force and effect and repealed; however, nothing in this section shall be interpreted to repeal or affect the validity of any rule filed or adopted prior to June 27, 1997, if such rule complied with the provisions of chapter 536, RSMo. The provisions of this section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, including the ability to review, to delay the effective date, or to disapprove and annul a rule or portion of a

rule, are subsequently held unconstitutional, then the purported grant of rulemaking authority and any rule so proposed and contained in the order of rulemaking shall be invalid and void.

6. The department of economic development shall provide information and technical assistance, as requested by any municipality, on the requirements of sections 99.800 to 99.865. Such information and technical assistance shall be provided in the form of a manual, written in an easy-to-follow manner, and through consultations with departmental staff.

7. Any municipality which fails to comply with the reporting requirements provided in this section shall be prohibited from implementing any new tax increment finance project for a period of no less than five years from such municipality's failure to comply.

8. Based upon the information provided in the reports required under the provisions of this section, the state auditor shall make available for public inspection on the auditor's web site, a searchable electronic database of such municipal tax increment finance reports. All information contained within such database shall be maintained for a period of no less than ten years from initial posting.

(L. 1982 H.B. 1411 & 1587 § 11, A.L. 1990 H.B. 1564, A.L. 1991 H.B. 502, A.L. 1997 2d Ex. Sess. S.B. 1, A.L. 2009 H.B. 191)

(2000) Proposed city charter amendment requiring two-thirds voter approval on every tax increment financing measure violated section and thus was unconstitutional pursuant to article VI, section 19(a). State ex rel. Hazelwood Yellow Ribbon Committee v. Klos, 35 S.W.3d 457 (Mo.App.E.D.).

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[Missouri General Assembly](#)

## PROJECTS COMPLETED IN THE DOWNTOWN TIF

### PUBLIC PROJECTS

- Main Street Parking Lot
- Theater Parking Lot
- Dover Memorial
- Adair County Sheriff's Office
- Elson Street Parking Lot
- Kirksville Police Department
- Scott Street Improvements
- Adair County Courthouse Project
- Franklin Street Pedestrian Project
- Jefferson Street Reconstruction Project
- Downtown Waterlines
- Marion and McPherson Parking Lot
- Sidewalks along Washington west of Main Street
- Sidewalk along Community Action Agency
- Downtown Corners

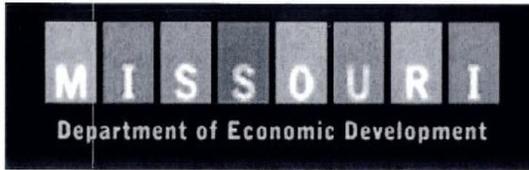
### PRIVATE PROJECTS

- Downtown Cinema 8
- Baxter-Miller Apartments / Retail Shops
- Woody's
- Wooden Nickel Banquet Center
- Dental Clinic
- Traveler's Hotel
- Hidden Treasures
- Degenhardt Building Renovations
- Northeast Regional Expansion
- St. Andrews Senior Living
- Pickler's Famous
- Millnery Building
- Edna Campbell Building
- Cochran Building
- Still National Osteopathic Museum
- Arts Center
- Art Deco Building
- AT Still University Connell Information Technology Center

**2009 Business Licenses obtained from the City of Kirksville  
Downtown TIF**

<u>Name</u>	<u>Address</u>	<u>Open Date</u>
Kirksville Property Management, LLC	106 E. Washington	01/12/2009
Sticks & Stars	307 N. Elson	01/01/2009
P.C. Rentals, Inc., DBA Il Spazio	215 W. Washington	01/10/2009
AFLAC Insurance-Main Street Benefits	111 N. Main, Suite 201	Moved to TIF
Insite Residential Landscapes	302 S. Main St.	Moved to TIF
Kellum Renovations, LLC	202 E. Washington	
The Covert Cupboard	316 S. Franklin, Apt #2	05/02/2009
Financial Planners of Missouri	110 S. Franklin	06/01/2009
Video Marketing USA	111 N. Main St, Suite 201	07/01/2009
In the Blink of an Eye Gift Shop	108 N Franklin	08/15/2009
SOS Editorial Services	113 E. Washington	09/15/2009
Studio 1004 LLC	222 N. Franklin	09/01/2009
DBA Upper East Side	202-204 N. Franklin	08/15/2009
Glam it up!	214 N. Franklin	10/01/2009
My Favorite Memories	115 W. Washington	07/01/2009
Earth Angel Healing Arts	109 S. Elson	09/01/2009
Bonzai Steak, Teriyaki, & Sushi House	112 W. Harrison	10/20/2009
Computer Corrections Facility	111 N. Main, Suite 203	May-09
Greek Corner Gyros, LLC	301 S. Franklin	Dec-09
Warehouse Outlet & Things	107 S. Franklin	12/09/2010
Steve's Garden Deli	117 W. Washington	10/31/2009
Kimmel & O'Toole Construction	116 E. Jefferson, Apt 3	11/04/2009





FILE COPY

# Tax Increment Financing Annual Report

**Deadline for Submission: Monday, November 16 2009**  
 (Note: The reporting period can be any 12 month period prior to September 30.)

This report includes the requirements of Section 99.865, RSMo. Additional information is requested to accurately determine the impact of TIF in the State. The results of this report will be posted on DED's web site, and distributed to the Missouri General Assembly and the media. There are two Sections to this report, Section 1, Description of the Plan and Project and Section 2, Tax Increment Financing Revenues. An Instruction Sheet accompanies this form. If you have any questions, please contact: Ann Perry, 573-522-8004.

## Section 1 Description of the Plan and Project

1. Name of City and/or County (entity that approved the TIF Plan or Project): City of Kirksville
2. Name of Plan or Project: Kirksville Downtown Improvement TIF Plan
3. Report Period: From July, 20 08; to June, 20 09
4. Name of the person who prepared this Annual Report Sarah Halstead
5. Contact Information
  - a) City or County Contact Agency City of Kirksville
  - b) Person Cherie Bryant
  - c) Phone (660) 627-1224
  - d) Fax (660) 627-1026
  - e) E-mail Address cbryant@kirksvillecity.com
  - f) Private Sector Developer N/A
  - g) Person N/A
  - h) Phone \_\_\_\_\_
  - i) Fax \_\_\_\_\_
  - j) E-mail Address \_\_\_\_\_
6. Original Date Plan/Project Approved 12/27/1999
7. Ordinance Number (if available) 11429
8. Most Recent Plan Amendment (if any) November 6, 2000
9. Ordinance Number (if available) 11475
10. State House District #2
11. State Senate District #18

Form Date  
9/06/2006  
Rev. 3/17/2009

12. School District Kirksville R-III

13. General Location of Area or Project Area (please attach copy of Redevelopment Area Boundary Map from Plan)  
Located in the Central Business District. It is described as follows: Illinois St. on the North from  
Marion to the alley East of Franklin; Buchanan to First St; First St. to Washington; Washington to  
Missouri St. Extended; Missouri St. to City limits; City Limits to Normal; Normal to Truman  
Campus; Franklin to Pierce; Pierce to Marion; Marion to Illinois.

14. Description of Plan/Project Plan is intended to fund the implementation of the Kirksville Downtown  
Development Plan. Under this plan the area will be redeveloped as one project. The project is a  
mixed-use development. Project components include: construction of new business buildings;  
remodeling of existing buildings; facade improvements; renovation of streets, sidewalks, & other  
public areas. Downtown infrastructure will be improved. Wayfinding signs/pedestrian access  
enhanced. Downtown business/residents & surrounding institutions--TSU, ATSU, & NRMC will  
see increased traffic, student retention, sales taxes & property taxes.

15. Plan/Project Status (Circle one which best describes status):

- a) Starting-Up                      b) Seeking Developer                      c) Under Construction  
d) Fully-Operational                      e) Inactive                      f) District Dissolved

If clarification is needed: \_\_\_\_\_

16. Area Type (Circle All Applicable):

- a) Blight                      b) Conservation                      c) Economic Development

17. How was the "but-for" determination made? (Circle All Applicable):

- a) Project had unusual/extraordinary costs that made the project financial unfeasible in the market place.  
b) Project required significant public infrastructure investment to remedy existing inadequate conditions.  
c) Project required significant public infrastructure investment to construct adequate capacity to support  
the project.  
d) Project required parcel assembly and/or relocation costs.  
e) Other (describe): \_\_\_\_\_

18. Major Development Obstacles to be Overcome: Funding has been the major obstacle to making  
improvements in our downtown. The original plan called for the Downtown Partners  
(City, County, AT Still University, Truman State University) to help fund certain projects.  
However, due to economic hardship, some partners have been unable to contribute as planned.

19. Briefly Describe the Project's Public Benefits The revitalization of the Courthouse property grounds has greatly enhanced the aesthetics in the downtown, as well as improved electrical systems & increased opportunities for holding events. The Franklin Street Pedestrian Sidewalk Project improved pedestrian access & enhanced the beautification of the downtown. Jefferson street was completely reconstructed including new curb & gutter, new storm sewer lines, and sidewalks as well as decorative street lights & revised traffic pavement markings.

20. Description of Agreements with the Developer N/A

21. Description of Any Agreements with the Affected Taxing Districts N/A

22. Number of Relocated Residences During This Report Period: \_\_\_\_\_  
 23. Number of Relocated Businesses During This Report Period: 14  
 24. Number of Parcels Acquired Through Use of Eminent Domain Power During This Report Period: \_\_\_\_\_

25. Identify any businesses that have relocated to the Redevelopment Area during this report period:

Name	Address	Phone Number	Primary Business Line	Relocated from What City/County?
See Attached Sheet				

26. Estimate of New Jobs: *Projected:* 30 *Actual to date:* \_\_\_\_\_

Form Date  
9/06/2006

Rev. 3/17/2009

27. Estimate of Retained Jobs: **Projected:** 90 **Actual to date:** \_\_\_\_\_

**Section 2 Tax Increment Financing Revenues**

28. TIF Revenue Deposits to the Special Allocation Fund as of the Report Date:

a. Payments in Lieu of Taxes (PILOTs):		
Total received since inception: \$	<u>1,010,352</u> ;	Amount on hand: \$ <u>(297,963)</u> (As of Report Date)
b. Economic Activity Taxes (EATs):		
Total received since inception: \$	<u>316,177</u> ;	Amount on hand: \$ <u>234,777</u> (As of Report Date)
<b>Total Revenue on hand in the Special Allocation Fund as of Report Date:</b>		\$ <u>(63,186)</u>

29. Expenditures For Total Project Costs Funded by TIF:	<b>Total Since Inception:</b>	<b>Report Period Only:</b>
a) Public Infrastructure (streets, utilities, etc)	\$ <u>1,308,315</u>	\$ <u>329,332</u>
b) Site Development (grading, dirt moving, etc.)	\$ _____	\$ _____
c) Rehab of existing buildings	\$ _____	\$ _____
d) Acquisition of land or buildings	\$ _____	\$ _____
e) Other (specify): <u>Plan Development</u>	\$ <u>37,139</u>	\$ <u>18,760</u>
f) Other (specify): <u>Design Standards</u>	\$ <u>44,261</u>	\$ <u>0</u>

Amount Paid on Debt Service:

g) Payments of principal and interest on outstanding bonded debt:  
 Since inception: \$ \_\_\_\_\_ N/A This reporting period: \$ \_\_\_\_\_

h) Reimbursement to developer for eligible costs:  
 Since inception: \$ \_\_\_\_\_ This reporting period: \$ \_\_\_\_\_

i) Reimbursement to city/county (or other public entity) for eligible costs:  
 Since inception: \$ \_\_\_\_\_ This reporting period: \$ \_\_\_\_\_

30. Anticipated TIF Reimbursable Costs (Only include hard costs; do not include interest or bond issuance costs.)

Form Date  
9/06/2006

a. Public Infrastructure and Site Development Costs \$ \_\_\_\_\_  
 (Utility Extensions, Road Improvements, Stormwater, Demolition, Grading, etc.)  
 b. Property Acquisition and Relocation Costs \$ \_\_\_\_\_  
 c. Project Implementation Costs (Including Professional Fees) \$ \_\_\_\_\_  
 d. Other (specify, as applicable): \_\_\_\_\_ \$ \_\_\_\_\_  
 e) Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_  
 e) Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Anticipated TIF Reimbursable Project Costs** \$ \_\_\_\_\_

31. Anticipated **Total Project Costs** \$ 15,052,479

*(Please attach a copy of the budgets from the Redevelopment Plan for Anticipated Total Project Costs and Anticipated Reimbursable TIF Costs if any revisions occurring since previous filing.)*

32. TIF Financing Method (circle all that apply):

- a) pay-as-you-go                      b) general obligation bonds                      c) TIF notes                      d) loan
- e) TIF Bond                                      f) Industrial Revenue Bond                      g) other bond                      h) other

Maturity of TIF Obligations (term of the TIF payout)

33. Original Estimate (# of Years to Retirement) \_\_\_\_\_

34. Current Anticipated Estimate (# of Years to Retirement) \_\_\_\_\_

Estimated Increase in Tax Generation

35. Original assessed value of the redevelopment project: \$ \_\_\_\_\_ 7,290,950

36. Assessed valuation added to the redevelopment project (as of the end of the report period): \$ \_\_\_\_\_

37. Anticipated Assessed Value at Time of District Termination: \$ \_\_\_\_\_ 18,640,660

38. Total Amount of **Base Year** EATs \$ \_\_\_\_\_ 0

39. Total Amount of **Base Year** PILOTs \$ \_\_\_\_\_ 61,438

40. Total Annual EATs Anticipated at Time of District Termination \$ \_\_\_\_\_ 2,321,045

41. Total Annual PILOTs Anticipated at Time of District Termination \$ \_\_\_\_\_ 2,280,451

Form Date  
9/06/2006

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42. Percentage of EATs Captured 13.62 %
43. Total Years Anticipated to Capture EATs 23
44. Percentage of PILOTs Captured 44.30 %
45. Total Years Anticipated to Capture PILOTs 23

\*\*\*Please include any before and after color photographs of the Redevelopment Area that are available. If the site has not yet been redeveloped, if possible please include a before picture and a rendering of what the site will look like after redevelopment.

Send Report to: Missouri Department of Economic Development  
Attn: TIF Annual Report  
P.O. Box 118, 301 West High Street  
Jefferson City, Missouri 65102  
Fax: 573/522-9462

Further Information: Ann Perry 573/522-8004

Form Date  
9/06/2006

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Businesses that have relocated TO the redevelopment area

Name	Address	Contact	Phone	Primary Business Line	Relocated from what city/county
Geno's 70's Club	303 W. McPherson	Randy Treasure	660-665-5603	660-665-1970	New
Chad Davis, State Farm Insurance	111 W. Jefferson	Chad Davis	660-665-6688	660-397-2209	Kirksville
Robert E. Day Insurance, Inc.	111 W. Jefferson	Robert Day	660-665-7735	660-397-2209	Kirksville
American HomeCare Management	111 N. Main, Suite 102	Vickie Mackey	660-627-4600	660-627-4600	New
Main Street Bulldog, LLC	120 S. Main	Gawen Lawrence	660-627-4300	660-627-4300	New
HP Industries	215 N. Elson	Steve Hansen	660-627-2000	660-627-2000	New
ETC Computerland	304 S. Franklin, Suite 400	Brad Ray	660-665-6880	660-665-6880	Kirksville
Kirksville Property Management, LLC	106 E. Washington	Jason Porter	660-349-0534	660-665-6380	New
Sticks & Stars	307 N. Elson	Susan Hammons	660-874-4566	660-627-3373	New
AFLAC Insurance-Main Street Benefits	111 N. Main, Suite 201	Mandie Johnson	660-216-6379	660-216-6379	New
Insite Residential Landscapes	302 S. Main St.	Jerry Kellum	801-682-7876	801-682-7876	New
Kellum Renovations, LLC	202 E. Washington	Jeremy Jones	660-665-3401	715-432-8333	New
The Covert Cupboard	316 S. Franklin, Apt #2	Jeff Romine	217-473-0012	217-473-0012	New
Financial Planners of Missouri	110 S. Franklin	Jeff Romine	660-349-8163	660-349-8163	New