



**CITY OF MADISON HEIGHTS  
300 W. 13 MILE ROAD  
MHDDA SPECIAL MEETING AGENDA  
MAY 18, 2021  
8:00 A.M.**

Notice is hereby given that due to precautions being taken to mitigate the spread of the Coronavirus (COVID-19) and protect the public health, a Regular Meeting of the Madison Heights Downtown Development Authority **will be held electronically** from the Executive Conference Room of the Municipal Building at 300 W. 13 Mile Road, Madison Heights, Oakland County, Michigan 48071 on Tuesday, May 18, 2021, at 8:00 a.m.

On Monday, March 22, 2021 the Mayor and City Council of the City of Madison Heights, Michigan in accordance with Section 10 of 1976 PA 390, as amended, being specifically Michigan Compiled Law (MCL) 30.410(1)(b), hereby declare that a "state of emergency" exists in the City from April 1, 2021 through June 30, 2021 in order to allow for virtual meetings to conduct all City business.

Members of the public wishing to participate in the meeting through electronic means will have access to the meeting through the following methods:

**Video Conferencing:**

Directions:

Enter the web address into your browser – <https://us02web.zoom.us/j/81598751388>

1. Tap the JOIN icon
2. Enter the meeting ID: Meeting ID: 815 9875 1388

OR

**Telephone Option:**

Meeting ID: 815 9875 1388

One tap mobile

+13017158592,,81598751388# US (Washington DC)

+13126266799,,81598751388# US (Chicago)

Meeting ID: 815 9875 1388

Find your local number: <https://us02web.zoom.us/u/kee6bjXABd>

**Email Option:**

Send your public comment through email at: [clerks@madison-heights.org](mailto:clerks@madison-heights.org) and your comment will be read at the meeting.

**Rules of Procedure:**

Any member of the public wishing to comment during the *Meeting Open to the Public* or on any Agenda item will be allowed to do so remotely by electronic or telephonic means set forth above. In order to maintain decorum, DDA Chairperson and/or designee will determine the order of speakers and the appropriate time frame for which comments are allowed.

NOTICE: Persons with disabilities needing accommodations for effective participation through electronic means in this meeting should contact the City Clerk at (248) 583-0826 or by email: [clerks@madison-heights.org](mailto:clerks@madison-heights.org) at least two working days in advance of the meeting. An attempt will be made to make reasonable accommodations.

**REGULAR BOARD MEETING**  
**Tuesday, May 18, 2021**  
**Meeting Held Online**  
**via Zoom Video Conference**

**– AGENDA –**

- I. CALL TO ORDER: 8:00 A.M.
- II. ROLL CALL-
- III. MEETING OPEN TO THE PUBLIC
- IV. APPROVAL OF MINUTES – April 13, 2021 Regular Meeting
- V. FINANCIAL REPORT
- VI. OLD BUSINESS
  - a. Giffels Webster Road Diet Study- Follow Up
  - b. DDA Logo
  - c. “Mini Mural” Program
- VII. NEW BUSINESS
  - a. DDA Board Member Applications
  - b. 934 W 11 Mile Rd- Diamond Jim’s Façade Grant Request
- VIII. COMMITTEE REPORTS
  - a. Design Committee
  - b. Economic Vitality Committee
  - c. Promotions Committee
- IX. TRAINING & EVENTS OPPORTUNITIES
- X. ROUND ROBIN
- XI. ADJOURNMENT

## Cheryl Rottmann

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**From:** noreply@civicplus.com  
**Sent:** Sunday, April 18, 2021 4:39 PM  
**To:** Clerk; Amy Mischak  
**Subject:** Online Form Submittal: City of Madison Heights Application for Boards and/ or Commissions

### City of Madison Heights Application for Boards and/ or Commissions

#### Step 1

---

Indicate the board you wish to apply for with an "x" in the box provided (Please use one application per board)

Downtown Development Authority / Brownfield Redevelopment Authority

---

Indicate below why you wish to serve on this Board/Commission and your relevant experience:

To use my real world business experience as a bar and restaurant owner to help the community.

---

Do you currently serve on any other Boards/Commissions?

No

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Last Name

Mancini

---

First Name

Anthony

---

Street Address

623 W 11 Mile Road, Madison Heights, MI 48071

---

Email Address

[amancini1979@me.com](mailto:amancini1979@me.com)

---

Home Phone #

5867092126

---

Business/Cell Phone #

5867092126

---

Employer

Self Employed

---

Occupation

Restaurant Owner

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Educational Background

College Degree

---

Community Activities

Delmar - Detroit

---

and / or Work Experience    Celina's Bar and Grille - Madison Heights  
Eat Catering - Warren  
Mancini Rentals - Warren, St. Clair Shores, Madison Heights

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Have you ever been arrested and convicted of a misdemeanor or felony    No

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Electronic Signature    Anthony Mancini

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Date    4/18/2021

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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.    I agree

---

Thank you for your interest in serving on an Advisory Board or a Commission. This application will be kept on file for ONE YEAR. All information in this application is public information and subject to disclosure in response to public records request made pursuant to the Freedom of Information Act.

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**Background Check**

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CITY OF MADISON HEIGHTS APPLICATION FOR BOARDS AND COMMISSIONS Background Check Authorization and Waiver

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Race    White

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Gender    Male

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---

I herewith release, defend and hold harmless the City of Madison Heights from any and all claims by myself which may arise from performance of the duties for which I am volunteering. I understand that the City of Madison Heights will indemnify me from any and all claims arising from the performance of the duties for which I am volunteering as long as I am following the rules, regulations, and policies of the department and the City.

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I authorize the City of Madison Heights to investigate my background as determined necessary for the particular activity for which I am volunteering. I hereby release and discharge the City of Madison Heights, the Oakland County

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Sheriff's Department, and/or the Michigan State Police and their agents from liability for any damage of whatever kind or nature, except for willful or intentional acts, that may result from release of this information to the City of Madison Heights.

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Last Name	Mancini
First Name	Anthony
Date of Birth	2/19/1979
Electronic Signature	Anthony Mancini
Date	4/18/2021
I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.	I agree

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Email not displaying correctly? [View it in your browser.](#)

## Cheryl Rottmann

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**From:** noreply@civicplus.com  
**Sent:** Thursday, April 22, 2021 4:12 PM  
**To:** Clerk; Amy Misczak  
**Subject:** Online Form Submittal: City of Madison Heights Application for Boards and/ or Commissions

### City of Madison Heights Application for Boards and/ or Commissions

#### Step 1

---

Indicate the board you wish to apply for with an "x" in the box provided (Please use one application per board)

Downtown Development Authority / Brownfield Redevelopment Authority

---

Indicate below why you wish to serve on this Board/Commission and your relevant experience:

I am a past resident of the city, graduate of Lamphere High School and still have city connections with my parents living in the city and multiple residential & commercial property investments that I actively manage in the city.

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Do you currently serve on any other Boards/Commissions?

No

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Last Name

Marando

---

First Name

Giuseppe (Joe)

---

Street Address

34710 Hayes Rd

---

Email Address

[gamarando@hotmail.com](mailto:gamarando@hotmail.com)

---

Home Phone #

248-227-9677

---

Business/Cell Phone #

248-227-9677

---

Employer

Iannuzzi Manetta & Company, PC

---

Occupation

Senior Accountant

---

Educational Background

Wayne State University graduate

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Community Activities

I was an active coach and advocate for the students at

and / or Work Experience Lamphere until graduating from Wayne State University. And have since been employed at a mid-sized CPA firm in Troy providing exceptional tax and business advisory services to privately owned companies.

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Have you ever been arrested and convicted of a misdemeanor or felony No

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Electronic Signature GIUSEPPE MARANDO

---

Date 4/22/2021

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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance. I agree

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Thank you for your interest in serving on an Advisory Board or a Commission. This application will be kept on file for ONE YEAR. All information in this application is public information and subject to disclosure in response to public records request made pursuant to the Freedom of Information Act.

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**Background Check**

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CITY OF MADISON HEIGHTS APPLICATION FOR BOARDS AND COMMISSIONS Background Check Authorization and Waiver

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Race White

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Gender Male

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---

I herewith release, defend and hold harmless the City of Madison Heights from any and all claims by myself which may arise from performance of the duties for which I am volunteering. I understand that the City of Madison Heights will indemnify me from any and all claims arising from the performance of the duties for which I am volunteering as long as I am following the rules, regulations, and policies of the department and the City.

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I authorize the City of Madison Heights to investigate my background as determined necessary for the particular activity for which I am volunteering. I

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hereby release and discharge the City of Madison Heights, the Oakland County Sheriff's Department, and/or the Michigan State Police and their agents from liability for any damage of whatever kind or nature, except for willful or intentional acts, that may result from release of this information to the City of Madison Heights.

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Last Name	MARANDO
First Name	GIUSEPPE
Date of Birth	09/07/1975
Electronic Signature	GIUSEPPE MARANDO
Date	04/22/2021
I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.	I agree

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## Cheryl Rottmann

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**From:** noreply@civicplus.com  
**Sent:** Thursday, April 22, 2021 3:21 PM  
**To:** Clerk; Amy Mischak  
**Subject:** Online Form Submittal: City of Madison Heights Application for Boards and/ or Commissions

### City of Madison Heights Application for Boards and/ or Commissions

#### Step 1

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Indicate the board you wish to apply for with an "x" in the box provided (Please use one application per board)

Downtown Development Authority / Brownfield Redevelopment Authority

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Indicate below why you wish to serve on this Board/Commission and your relevant experience:

As a 3 year resident of downtown MH as well as a young adult, I feel that I can bring a perspective to help draw in young citizens who are looking for a community that they can get involved in and feel included in.

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Do you currently serve on any other Boards/Commissions?

Yes

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Which one(s)?

CDBG

---

Last Name

Murtaza

---

First Name

Syed

---

Street Address

26605 Groveland St. Madison Heights, Mi 48071

---

Email Address

[syedhmurtaza16@gmail.com](mailto:syedhmurtaza16@gmail.com)

---

Home Phone #

2488852637

---

Business/Cell Phone #

2488852637

---

Employer

Dearborn Public Schools/Communities in Schools

---

Occupation

Counselor

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Educational Background

BA Psychology

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Community Activities and / or Work Experience      Madison Heights Mutual Aid, work at a psych practice creating social media posts

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Have you ever been arrested and convicted of a misdemeanor or felony      No

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Electronic Signature      Syed Murtaza

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Date      04/22/2021

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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.      I agree

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Thank you for your interest in serving on an Advisory Board or a Commission. This application will be kept on file for ONE YEAR. All information in this application is public information and subject to disclosure in response to public records request made pursuant to the Freedom of Information Act.

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**Background Check**

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CITY OF MADISON HEIGHTS APPLICATION FOR BOARDS AND COMMISSIONS Background Check Authorization and Waiver

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Race      Asian

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Gender      Male

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---

I herewith release, defend and hold harmless the City of Madison Heights from any and all claims by myself which may arise from performance of the duties for which I am volunteering. I understand that the City of Madison Heights will indemnify me from any and all claims arising from the performance of the duties for which I am volunteering as long as I am following the rules, regulations, and policies of the department and the City.

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I authorize the City of Madison Heights to investigate my background as determined necessary for the particular activity for which I am volunteering. I hereby release and discharge the City of Madison Heights, the Oakland County Sheriff's Department, and/or the Michigan State Police and their agents from

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liability for any damage of whatever kind or nature, except for willful or intentional acts, that may result from release of this information to the City of Madison Heights.

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Last Name	Murtaza
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First Name	Syed
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Date of Birth	07/16/1995
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Electronic Signature	Syed Murtaza
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Date	04/22/2021
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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.	I agree
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## Cheryl Rottmann

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**From:** noreply@civicplus.com  
**Sent:** Tuesday, February 23, 2021 11:53 AM  
**To:** Clerk; Amy Mischak  
**Subject:** Online Form Submittal: City of Madison Heights Application for Boards and/ or Commissions

### City of Madison Heights Application for Boards and/ or Commissions

#### Step 1

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Indicate the board you wish to apply for with an "x" in the box provided (Please use one application per board)	Downtown Development Authority / Brownfield Redevelopment Authority
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Indicate below why you wish to serve on this Board/Commission and your relevant experience:	Dedicated to "Keep your money in Madison Heights." Supports locally owned Ed businesses. Concerned about blight. Would like to see more projects, even if money is thin, such as return of hanging flower baskets at 11 Mile and I-75 and reestablishment of poor grassy areas on city easements.
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Do you currently serve on any other Boards/Commissions?	No
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Last Name	Reif
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First Name	Wayne
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---

Street Address	950 E Lincoln Ave MH
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Email Address	<a href="mailto:Oaklandoutdoors@gmail.com">Oaklandoutdoors@gmail.com</a>
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Home Phone #	None
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Business/Cell Phone #	248-854-6304
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Employer	Retired
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Occupation	Former landscaper
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Educational Background	Graduate of MSU. Die hard Spartan!!
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Community Activities and / or Work Experience      Former coach and board member of MH Little Baseball League and MH Wolverines. Active donor to MH Food Pantry. Gleaners volunteer at MHS, just to name a few.

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Have you ever been arrested and convicted of a misdemeanor or felony      No

---

Electronic Signature      Wayne Reif

---

Date      02/22/2021

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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.      I agree

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Thank you for your interest in serving on an Advisory Board or a Commission. This application will be kept on file for ONE YEAR. All information in this application is public information and subject to disclosure in response to public records request made pursuant to the Freedom of Information Act.

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**Background Check**

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CITY OF MADISON HEIGHTS APPLICATION FOR BOARDS AND COMMISSIONS Background Check Authorization and Waiver

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Race      Other

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Gender      Other

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Sheriff's Department, and/or the Michigan State Police and their agents from liability for any damage of whatever kind or nature, except for willful or intentional acts, that may result from release of this information to the City of Madison Heights.

Last Name	Reif
First Name	Wayne
Date of Birth	07/27/1959
Electronic Signature	Wayne Teif
Date	02/22/2021
I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.	I agree

Email not displaying correctly? [View it in your browser.](#)

**CITY OF MADISON HEIGHTS  
APPLICATION FOR BOARDS AND/OR COMMISSIONS**

Please complete, sign and date application and return to:

City Clerk's Office  
300 W 13 Mile Road  
Madison Heights, MI 48071  
(248) 583-0826

Fax: (248) 588-0204 Email: clerk@madison-heights.org

Indicate the board you wish to apply by selecting the box provided (please use one application per board):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Active Adult Center Advisory Board                 | <input checked="" type="checkbox"/> Downtown Development Authority /<br>Brownfield Redevelopment Authority | <input type="checkbox"/> Multicultural Relations Advisory Board                           |
| <input type="checkbox"/> Arts Board   | <input type="checkbox"/> Elected Officials Compensation Committee  | <input type="checkbox"/> Parks & Recreation Advisory Board                                |
| <input type="checkbox"/> Civil Service Commission                           | <input type="checkbox"/> Environmental Citizens Committee  | <input type="checkbox"/> Planning Commission*   |
| <input type="checkbox"/> Community Development Block Grant Review Committee | <input type="checkbox"/> Historical Commission   | <input type="checkbox"/> Police and Fire Retirement Board /<br>Health Care Benefits Trust |
| <input type="checkbox"/> Community Advisory Board                           | <input type="checkbox"/> Information Technology Advisory Committee   | <input type="checkbox"/> Tax Board of Review  |
| <input type="checkbox"/> Construction Board of Appeals                      | <input type="checkbox"/> Library Advisory Board  | <input type="checkbox"/> Zoning Board of Appeals  |
| <input type="checkbox"/> Crime Commission                                   |  | <input type="checkbox"/> Other:   |

\*Appointment to the Planning Commission will require you to resign from all other Boards/Commissions. (Code of Ordinances Section 2.109 and MCL 125.33(3))

Indicate below why you wish to serve on this Board/Commission and your relevant experience:

As Executive Director of the MHHP Chamber of Commerce it is my responsibility to support existing businesses in the community as well as recruit new business for the community and improve the overall economic status of those business and the cities in which they are located. These roles and responsibilities overlay the requirements of a member of the DDA Board. Accordingly, I believe I can bring a perspective to the DDA that help them achieve their goals.

Do you currently serve on any other Boards/Commissions?

Yes  No  If YES, which one(s)? \_\_\_\_\_

**APPLICANT INFORMATION:**

Print Name Smith, Nancy H.

Last

First

Street Address 300 W. 13 Mile Road, Madison Heights, MI 48071 email: nancyhsmith@sbcglobal.net

Home Phone # 248-896-2596 Business/Cell Phone# 248-542-5010

Employer: MHHP Chamber of Commerce Occupation: Executive Director

Educational Background: Masters Degree in Organizational Communication

Community Activities and/or Work Experience: Xerox Corporation, Senior Sales Management

Automation Alley, Director Membership, Sales and Gov't Affairs, Global Office Solutions, National Sales Manager

Have you ever been arrested and convicted of a misdemeanor or felony? Yes No If YES, provide details: \_\_\_\_\_

No

  
Signature

04/08/2021

Date

Thank you for your interest in serving on an Advisory Board or a Commission. This application will be kept on file for ONE YEAR. All information in this application is public information and subject to disclosure in response to public records request made pursuant to the Freedom of Information Act.

OK *[Signature]*  
4-8-21

**CITY OF MADISON HEIGHTS  
APPLICATION FOR BOARDS AND COMMISSIONS**

**Background Check Authorization and Waiver**

\*Race: White       Black       Hispanic   
American Indian       Asian       Other

\*Gender: Male  or Female

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I herewith release, defend and hold harmless the City of Madison Heights from any and all claims by myself which may arise from performance of the duties for which I am volunteering. I understand that the City of Madison Heights will indemnify me from any and all claims arising from the performance of the duties for which I am volunteering as long as I am following the rules, regulations, and policies of the department and the City.

I authorize the City of Madison Heights to investigate my background as determined necessary for the particular activity for which I am volunteering. I hereby release and discharge the City of Madison Heights, the Oakland County Sheriff's Department, and/or the Michigan State Police and their agents from liability for any damage of whatever kind or nature, except for willful or intentional acts, that may result from release of this information to the City of Madison Heights.

Print Name Smith  
Last

Nancy H.  
First

01/30/1943  
Date of Birth

*Nancy H. Smith*  
Signature

04/08/2021  
Date