



CITY OF NOVI CITY COUNCIL
APRIL 26, 2021

SUBJECT: Approval of a Resolution for the extension of a lease of City Property to the US Postal Service for approximately 10,680 square feet of City-owned land on the west side of Novi Road, north of Ten Mile Road, immediately north of the US Post Office Branch, for one term of five years beginning March 1, 2023, until March 1, 2028.

SUBMITTING DEPARTMENT: Community Development, Planning

BACKGROUND INFORMATION: Since 2013, the US Postal Service has held a lease over the city-owned vacant land adjacent to the Post Office Branch located on the west side of Novi Road, north of Ten Mile Road (see attached location map). Improvements to the City-owned land include a row of 24 parking spaces adjacent to and accessed from the northerly drive of the Post Office parking lot. The Postal Service constructed the parking spaces and now maintains the leased area. On termination of the lease, the Postal Service will be responsible for the removal of the parking lot improvements and restoring the site to its original condition, including stabilization of the disturbed area with vegetation.

The 2013 lease consisted of two, five (5) years terms. The Postal Service has proactively contacted the City seeking another five (5) year extension from its 2023 completion date, sunsetting on 3/1/2028. The attached draft lease language is now in a form acceptable to the City Attorney's Office. The leased area covers approximately 10,680 square feet and provides a total lease amount of \$5 for each 5-year term.

Staff is not aware of any issues related to the lease of the land to the Post Office over the previous lease terms. Staff believes that the improvements have benefited the Novi community through improved parking availability and traffic circulation.



RECOMMENDED ACTION: Approval of a Resolution for the extension of a lease of City Property to the US Postal Service for approximately 10,680 square feet of City-owned land on the west side of Novi Road, north of Ten Mile Road, immediately north of the US Post Office Branch, for one term of five years beginning March 1, 2023, until March 1, 2028.

POST OFFICE LEASE

Location



LEGEND


-  City-Owned Property
-  Post Office Property



City of Novi
Dept. of Community Development
City Hall / Civic Center
45175 W Ten Mile Rd
Novi, MI 48375
cityofnovi.org

Map Author: Christian Carroll
Date: 4/8/21
Project: Post Office Lease
Version #: 1

0 37.5 75 150 225 Feet
1 inch = 178 feet



MAP INTERPRETATION NOTICE
Map information depicted is not intended to replace or substitute for any official or primary source. This map was intended to meet National Map Accuracy Standards and use the most recent, accurate sources available to the people of the City of Novi. Boundary measurements and area calculations are approximate and should not be construed as survey measurements performed by a licensed Michigan Surveyor as defined in Michigan Public Act 132 of 1970 as amended. Please contact the City GIS Manager to confirm source and accuracy information related to this map.

CITY OF NOVI

COUNTY OF OAKLAND, MICHIGAN

RESOLUTION APPROVING EXTENSION OF 5-YEAR LEASE OF CITY PROPERTY

Minutes of a Meeting of the City Council of the City of Novi, County of Oakland, Michigan, held in the City Hall of said City on _____, _____, at ____ o'clock P.M. Prevailing Eastern Time.

PRESENT: Councilmembers _____

ABSENT: Councilmembers _____

The following preamble and Resolution were offered by Councilmember _____ and supported by Councilmember _____.

WHEREAS, in May, 2013, the City approved a 5-year lease of City-owned Property, Parcel No. 50-22-22-400-024 located adjacent to the existing U.S. Post Office on Novi Road for the purpose of expanding the parking for the Post Office; and,

WHEREAS, the Lease provided for one 5-year extension to terminate in May, 2023; and,

WHEREAS, the US Postal Service has requested to add an additional 5-year extension to the term of the Lease; and

WHEREAS, City Administration has determined that the proposed improvements will assist the Post Office to maintain a presence and improve service at the existing location and will thereby benefit the Novi community by providing improved parking and traffic circulation at the post office; and,

WHEREAS the prosed lease area covers approximately 10,680 square feet and provides for 1 additional extension term of 5 years with a total lease amount of \$1.00 per annum for the term of the lease; and

WHEREAS, the City attorney's office has worked with City Administration and the U.S. Postal service to negotiate acceptable lease terms, and the terms will remain unchanged for the additional extension period.

NOW THEREFORE, IT IS THEREFORE RESOLVED that the City Council approves the attached United States Postal Service Lease Amendment for one additional term of five (5) years.

AYES:

NAYS:

RESOLUTION DECLARED ADOPTED.

Cortney Hanson, City Clerk

CERTIFICATION

I hereby certify that the foregoing is a true and complete copy of a resolution adopted by the City Council of the City of Novi, County of Oakland, and State of Michigan, at a regular meeting held this ____ day of _____, 2021, and that public notice of said meeting was given pursuant to and in full compliance with Act No. 267, Public Acts of Michigan, 1976, and that the minutes of said meeting have been kept and made available to the public as required by said Act.

Cortney Hanson, City Clerk
City of Novi

Facility Name/Location
ADDITIONAL PARKING (256920-006)
NOVI, MI 48376-9998

Amendment No: 001
Lease: J00000406244

This refers to the Lease accepted by the United States Postal Service, hereinafter called the Postal Service, under date of 06/26/2013, whereby there is leased to the Postal Service the above-described facility.

WHEREAS, the Postal Service desires and Landlord is willing to amend the Lease as specified below;

NOW THEREFORE, in consideration of the mutual covenants and agreements herein set forth, and for other good and valuable consideration, the sufficiency of which is hereby acknowledged, the parties do hereby agree as follows, effective on the date this document is executed by the Postal Service.

1. Page 2, Section 4: RENEWAL OPTIONS of the current Lease states the renewal option as follows:

Effective Date	Expiration Date	Per annum Rental
03/01/2018	02/28/2023	\$1.00

Both parties hereby agree to amend Page 2, Section 4: RENEWAL OPTIONS as follows:

Effective Date	Expiration Date	Per annum Rental
03/01/2018	02/28/2023	\$1.00
03/01/2023	02/29/2028	\$1.00

provided that notice is sent, in writing, to the Landlord at least 1 day before the end of the original lease term and each renewal term. All other terms and conditions of this Lease will remain the same during any renewal term unless stated otherwise herein.

In all other respects, the Lease shall remain the same and is hereby confirmed.



Lease Amendment

EXECUTED BY LANDLORD this _____ day of _____, _____.

GOVERNMENTAL ENTITY

By executing this Lease Amendment, Landlord certifies that Landlord is not a USPS employee or contract employee (or an immediate family member of either), or a business organization substantially owned or controlled by a USPS employee or contract employee (or an immediate family member of either).

Name of Governmental Entity: City of Novi

_____ Name & Title	<u>Mayor Bob Gatt</u>	_____ Name & Title
_____ Name & Title		_____ Name & Title
_____ Name & Title		_____ Name & Title
_____ Name & Title		_____ Name & Title

Landlord's Address: CITY OF NOVI
WATER AND SEWER BILL
PO BOX 33321 DRAWER 47
DETROIT, MI Zip+448232-5321

Landlord's Telephone Number(s): _____

Federal Tax Identification No.: XX-XXX2551

Witness

Witness

- a. Where the Landlord is a governmental entity or other municipal entity, the Lease must be accompanied by documentary evidence affirming the authority of the signatory(ies) to execute the Lease to bind the governmental entity or municipal entity for which he (or they) purports to act.
- b. Any notice to Landlord provided under this Lease or under any law or regulation must be in writing and submitted to Landlord at the address specified above, or at an address that Landlord has otherwise appropriately directed in writing. Any notice to the Postal Service provided under this Lease or under any law or regulation must be in writing and submitted to "Contracting Officer, U.S. Postal Service" at the address specified below, or at an address that the Postal Service has otherwise directed in writing.

ACCEPTANCE BY THE POSTAL SERVICE

Date: _____

Paul S Frye
Contracting Officer

Signature of Contracting Officer

FACILITIES REAL ESTATE PO Box 27497, GREENSBORO, NC 27498-1103
Address of Contracting Officer

Facility Name: NOVI-ADDITIONAL PARKING
Fin/Sub No: 256920-006
Address:
City, ST, ZIP: NOVI, MI 48376-9998

Real Estate Conflict of Interest Certification

To avoid actual or apparent conflicts of interest, the United States Postal Service ("Postal Service") requires the following certification from you as a potential Landlord/Supplier/Contractor to the Postal Service. Please check all that apply in item A below. Further, please understand that the Postal Service will be relying on the accuracy of the statements made by you in this certification in determining whether to proceed with any possible transaction with you.

I, Mayor Bob Gatt hereby certify to the Postal Service as follows:
[PRINT: name of potential Landlord/Supplier/Contractor]

- A. (Check all that apply) I am:
- (i) A Postal Service employee;
 - (ii) The spouse of a Postal Service employee;
 - (iii) A family member of a Postal Service employee; (*Relationship*) _____
 - (iv) An individual residing in the same household as a Postal Service employee;
 - (v) I am one of the individuals listed in (i) through (iv) above AND a controlling shareholder or owner of a business organization leasing space or intending to lease space to the Postal Service; OR
 - (vi) None of the above.
- B. (Complete as applicable):
- i. I have the following job with the Postal Service(*Title*)_____ (*Location*)_____
 - ii. My Spouse who works for the Postal Service holds the following job: (*Title*)_____ (*Location*)_____
 - iii. My family member who works for the Postal Service holds the following job: (*Title*)_____ (*Location*)_____
 - iv. My household member who works for the Postal Service holds the following job: _____ (*Title*)_____ (*Location*)_____
- C. If you have checked "none of the above" and during the lease term or any renewal term, you do fall into any of the categories listed in A (i) through (v) above, you shall notify the Postal Service Contracting Officer in writing within 30 days of the date you fall into any of the such categories and shall include an explanation of which of the above categories now applies.
- D. The person signing this certification has full power of authority to bind the potential Landlord/ Supplier/Contractor named above.

Executed this _____ day of _____, 20____ by

BY: _____
[Insert Signature]

BY: Bob Gatt
[PRINT: name of entity or person]

Title: Mayor
[Insert title]

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.