



Legislation Details (With Text)

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**Type:** SOB - Mayor's Item      **Status:** Agenda Ready

**In control:** Urban Renewal Agency

**On agenda:** 7/8/2024      **Final action:** 7/8/2024

**Title:** Motion from Chair Chris Hoy regarding modifications to the Urban Renewal Agency grant exception criteria for each urban renewal area to require disclosure of information regarding entities providing work on URA funded projects.

Ward(s): All Wards  
Councilor(s): All Councilors  
Neighborhood(s): All Neighborhoods

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

Date	Ver.	Action By	Action	Result
7/8/2024	1	Urban Renewal Agency	approved	Pass

**TO:** Chair and URA Board

**FROM:** Chair Chris Hoy

**SUBJECT:**

Motion from Chair Chris Hoy regarding modifications to the Urban Renewal Agency grant exception criteria for each urban renewal area to require disclosure of information regarding entities providing work on URA funded projects.

Ward(s): All Wards  
Councilor(s): All Councilors  
Neighborhood(s): All Neighborhoods

**MOTION:**

I move to modify the Urban Renewal Grant Exception Criteria for each urban renewal area that provides grants to require transparency documentation of the identity of each contractor, subcontractor and all companies performing work on a URA funded project as set forth in the discussion section of this motion.

**DISCUSSION:**

Those performing work on the site of a URA funded project shall include a sole proprietor, independent contractor, company or other entity. The information shall be filed with the City at the time building permits are obtained. The list be posted on the job site and updated monthly and a final list be filed with the City upon completion of the project.

For each entity identified in the disclosure the following information will be listed: 1. Scope of Inspected Work to be performed. 2. State contractor's license number, license category, and license expiration date, if a license is required to perform the identified scope of work. 3. State and federal tax identification numbers. 4. Valid worker's compensation insurance information, including policy number and expiration date.

Attachments:  
None.