

MUNICIPAL HOME RULE  
PILOT PROGRAM

City of Shinnston

2015  
PROGRESS  
REPORT

West Virginia State Code §8-1-5a (m) provides:

“Commencing December 1, 2015, and each year thereafter, each participating municipality shall give a progress report to the Municipal Home Rule Board and commencing January 1, 2016, and each year thereafter, the Municipal Home Rule Board shall give a summary report of all the participating municipalities to the Joint Committee on Government and Finance.”

The Municipal Home Rule Board has developed this standard format for Pilot Program participating municipalities to prepare and submit their respective Annual Progress Reports. The intent of this standard format is to gather and compile information in a consistent, easily understood, and efficient manner that will be used to develop a concise and practical summary report to the Joint Committee on Government and Finance.

Annual Progress Reports must be submitted electronically as an individual file in PDF format no later than the close of business on December 1, 2015 by emailing Debbie Browning at [debbie.a.browning@wv.gov](mailto:debbie.a.browning@wv.gov), West Virginia Development Office, West Virginia Home Rule Pilot Program, State Capitol Complex, Building 6, Room 553, Charleston, West Virginia 25305-0311, 304-558-2234.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>A. General Information</b>                                                                                                                                                                                                                                                                                                                                      |                                  |
| Name of Municipality:                                                                                                                                                                                                                                                                                                                                              |                                  |
| Certifying Official: Kathleen Panek                                                                                                                                                                                                                                                                                                                                | Title: City Clerk                |
| Contact Person: Debra Herndon                                                                                                                                                                                                                                                                                                                                      | Title: Interim City Manager      |
| Address: 40 Main Street                                                                                                                                                                                                                                                                                                                                            |                                  |
| City, State, Zip: Shinnston, WV 26431                                                                                                                                                                                                                                                                                                                              |                                  |
| Telephone Number: 304-592-6058                                                                                                                                                                                                                                                                                                                                     | Fax Number: 304-592-1597         |
| E-Mail Address: mgr@shinnstonwv.com                                                                                                                                                                                                                                                                                                                                |                                  |
| 2010 Census Population: 2240                                                                                                                                                                                                                                                                                                                                       |                                  |
| <b>B. Municipal Classification</b>                                                                                                                                                                                                                                                                                                                                 |                                  |
| <input type="checkbox"/> Class I <input type="checkbox"/> Class II              x <input checked="" type="checkbox"/> Class III <input type="checkbox"/> Class IV                                                                                                                                                                                                  |                                  |
| <b>C. Pilot Program Entry Phase</b>                                                                                                                                                                                                                                                                                                                                |                                  |
| <input type="checkbox"/> Phase I (2007 Legislation)            x <input checked="" type="checkbox"/> Phase II (2014 Legislation) <input type="checkbox"/> Phase III (2015 Legislation)                                                                                                                                                                             |                                  |
| <b>D. Attest</b>                                                                                                                                                                                                                                                                                                                                                   |                                  |
| I hereby confirm that I am the authorized official for this municipality and certify that the information submitted herein and attached hereto is true and accurate and that this report addresses each and every initiative included in the original Home Rule Pilot Program Plan Application for this municipality and any subsequent amendments, if applicable. |                                  |
| Kathleen Panek                                                                                                                                                                                                                                                                                                                                                     | 12/1/15                          |
|                                                                                                                                                                                                                                                                                |                                  |
| Type Name of Certifying Official                                                                                                                                                                                                                                                                                                                                   | Signature of Certifying Official |
|                                                                                                                                                                                                                                                                                                                                                                    | Date                             |

Please use this page to report progress on each **non-tax related initiative** included in your Home Rule Application. Each non-tax related initiative must have a separate page.

|                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Initiative:</b>                                                                                                                                                                                                                                                                            |
| Category of Issues Addressed (check all that apply)<br><input type="checkbox"/> Organization <input type="checkbox"/> Administration <input type="checkbox"/> Personnel <input type="checkbox"/> Other                                                                                        |
| Was this non-tax initiative a part of your original plan application <input checked="" type="checkbox"/> or a plan amendment <input type="checkbox"/> ?                                                                                                                                       |
| Has the ordinance(s) needed to implement this initiative been enacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                    |
| If yes, when was the ordinance enacted?                                                                                                                                                                                                                                                       |
| If no, please describe challenges faced in enacting the related ordinance(s)<br>Regarding the two non-tax initiatives, our City Manager has left for another City. Ordinances written after his departure, passed for first reading, second reading will be December 14 <sup>th</sup> , 2015. |
| SUCSESSES – In the space below, please provide a brief narrative highlighting successes realized through the implementation of this initiative and any metrics used to track performance.<br>Not yet implemented.                                                                             |
| LESSONS LEARNED – In the space below, please provide a brief narrative highlighting lessons learned during implementation of this revenue initiative that would benefit other municipalities.<br>More education for the general public and we needed more opportunities to seek input.        |

Please use this page to report progress on each **tax related initiative** included in your Home Rule Application. Each tax related initiative must have a separate page.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Initiative:</b>                                                                                                                                                                                                                                                                                                          |
| Was this tax initiative a part of your original plan application <input checked="" type="checkbox"/> or a plan amendment <input type="checkbox"/> ?                                                                                                                                                                         |
| Has the ordinance(s) needed to implement this initiative been enacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                  |
| If yes, when was the ordinance enacted?                                                                                                                                                                                                                                                                                     |
| If no, please describe challenges faced in enacting the related ordinance(s)<br>Business owners have expressed to Council that they would prefer to retain the B&O rates rather than implement the sales tax. Council is still considering this input.                                                                      |
| REVENUES – In the space below, please provide a brief narrative highlighting revenue amounts and revenue categories realized; revenue amounts and revenue categories reduced; net revenue gain; and, any metrics used to track performance.<br>N/A                                                                          |
| SUCSESSES – In the space below, please provide a brief narrative highlighting projects, improvements, programming, etc. realized through the implementation of this revenue initiative and any metrics used to track performance.<br>N/A                                                                                    |
| LESSONS LEARNED – In the space below, please provide a brief narrative highlighting lessons learned during implementation of this revenue initiative that would benefit other municipalities.<br>We need to reach out to the businesses and get a consensus. More education of public and business owners needs to be done. |