## MUNICIPAL HOME RULE PROGRAM

2024

**PROGRESS** 

**REPORT** 

City/Town of Pineville

WV Municipal Home Rule Board 1900 Kanawha Blvd. E Bldg. 1, Ste. W-300 Charleston, WV 25305 MunicipalHomeRule@wv.gov 304.558.3356

Rev. 08.01.24

## 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 Home Rule 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 the first business day of December, by emailing to WV Municipal Home Rule Board at MunicipalHomeRule@wv.gov.

| A. General Information   |                                 |
|--|---------------------------------|
| Name of Municipality: Town of Pineville  |                                 |
| Certifying Official: Paron Hatfield  | Title: Mayor                    |
| Contact Person: Robin Chapman  | Title: Water Clerk/Town Manager |
| Address: Po Box 220  |                                 |
| City, State, Zip: Pineville, WV 24874  |                                 |
| Telephone Number: (304) 132-6255   | Fax Number: (304) 132-0024      |
| E-Mail Address: Municipalwater 07@ yahoo.com   |                                 |
| 2020 Census Population:  |                                 |
| B. Municipal Classification  |                                 |
| ☐ Class II ☐ Class III ☐ Class IV  |                                 |
| C. Attest  |                                 |
| 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. |                                 |
| 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 and Amendment(s). Each non-tax related initiative must be listed on a separate page.

| Initiative:  |  |
|--|--|
| N/A: We se coretly waters on the Rile to began in our managelite.  |  |
| Was this non-tax initiative a part of your original plan application $\Box$ or a plan amendment $\Box$ ?   |  |
| Has the ordinance(s) needed to implement this initiative been enacted? $\Box$ Yes $\Box$ No  |  |
| If yes, when was the ordinance enacted?  |  |
| If no, please describe challenges faced in enacting the related ordinance(s).  |  |
| NA   |  |
| <b>SUCCESSES</b> – In the space below, please provide a brief narrative which highlights successes realized through the implementation of this initiative and any metrics used to track performance. |  |
| MA   |  |
|  |  |
| 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.        |  |
|  |  |

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

| Initiative: N/A = We or corely nearly on Home Role to begin in our newspelly.  |  |
|--|--|
| Was this tax initiative a part of your original plan application □ or a plan amendment □ or N/A □  |  |
| Has the ordinance(s) needed to implement this initiative been enacted? ☐ Yes ☐ No  |  |
| If yes, when was the ordinance enacted?  |  |
| If no, please describe challenges faced in enacting the related ordinance(s).  |  |
|  |  |
| NA   |  |
| 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.   |  |
|  |  |
|  |  |
|  |  |
|  |  |
| MA   |  |
| <b>SUCCESSES</b> – 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. |  |
|  |  |
|  |  |
|  |  |
|  |  |
| NA   |  |
| 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.  |  |
|  |  |
|  |  |
| N/4  |  |
| ,  |  |