

COMMITTEE OF THE WHOLE MEETING AGENDA  
TUESDAY, AUGUST 1<sup>ST</sup>, 2023, 7:00 PM  
BERLIN COMMON COUNCIL CHAMBERS  
Zoom Meeting ID: 893 1930 8907 Password: 123456  
1 312 626 6799 US TOLL-FREE

1. Roll Call
2. Virtual Attendees Seated (if necessary)
3. General Public Comments. Registration card required (located at podium in Council Chambers).
4. Approval of Minutes. RECOMMENDATION: Approve the minutes from the June 6, 2023 Committee of the Whole meeting.
5. Liquor License Approval Guidelines. RECOMMENDATION: Listen to staff presentation with discussion as appropriate.
6. Urban Forestry Grant for Emerald Ash Borer. RECOMMENDATION: Recommend to Common Council to allow staff to apply for matching grant from DNR for Urban Forestry Grant for Emerald Ash Borer.
7. Taxi Services Request for Bids 2024 - 2029 RECOMMENDATION: Listen to staff presentation on Shared Ride Taxi Services and Bidding Process.
8. Adjourn.

*Note: In adherence to the City of Berlin Public Meeting Participation Policy, public participation will be allowed under each agenda item at the discretion of the presiding officer, with the exception of the Consent Agenda. Attendees must register their intention to participate on either a general comments section or a specific agenda item prior to the meeting by filling out a Registration Card, which can be obtained from the Internet, City Clerk's office or in the City Hall Council Chambers at the podium. Registration Cards should be turned in prior to the meeting to either the presiding officer or City Clerk.*

CITY OF BERLIN COMMITTEE OF THE WHOLE MEETING MINUTES  
TUESDAY, JUNE 6, 2023 7:00 PM  
COMMON COUNCIL CHAMBERS

Aldersperson Dretske called the Committee of the Whole meeting to order at 7:00 p.m. Present: Ald Boeck, Burgess, Dretske, Durtschi, Nigbor and Stobbe. Mayor Bruessel was excused absent. Staff present: Sara Rutkowski, Chief Brian Pulvermacher, Midge Seaman.

There were no Virtual Attendees to seat.

There were Four Public Comment registration cards completed and each were called to the podium and had three minutes to speak. First speaker was Cheyanne Ubersox, 363 S.W. Ceresco, who expressed concerns with fast cars on S.W. Ceresco and #3 on the Agenda. Next was Tracy Klawitter, 391 S.W. Ceresco St. who spoke on the lack of communication regarding code violations. Klawitter stated she is looking for solutions to problems and not there to point fingers. The third speaker was Glenn Price, 266 E Huron St, who also spoke on ordinance violation letters he received. His concerns are the letters need to be more specific. Last speaker was Robert Rice, 278 S.W. Ceresco St. Rice spoke about the letter he received, main concern was that he has lived at his house since 1988 and has been utilizing his home the same since that time. Rice invited his Aldersperson to stop at his home to talk to him about it.

Stobbe made a motion to approve the minutes from the May 2, 2023 Committee of the Whole minutes. Nigbor seconded the motion which passed on a voice vote.

Next was item # 5 Travel and Tourism Commission Terms. Rutkowski stated the term is a one-year term and for the sake of continuity and consistency, she would like that to be a three-year rotating basis term. Burgess made a motion to send #5 to the Common Council with the wording as stated, for approval. Durtschi seconded the motion which passed on a voice vote.

Next on the Agenda was an the Raze/Repair Order at 115 W. Ceresco St. Bids. Rutkowski stated we requested 4 bids, two will not touch it. We received two proposals, one from Kopplin and Kinas which is the company to complete our Lafayette project. They are the cheaper option and included in the bid was restoration work. Immel was more money and did not include restoration. Durtschi made a motion to recommend to Common Council to accept the bid as stated from Kopplin & Kinas. Nigbor seconded the motion. Motion passes on a voice vote.

Item 7 was Discussion on 2024 Budget Cuts. Rutkowski presented the categories of interest as stated at previous meetings. Discussion was held on Budget cuts. No decisions were made.

At 8:00pm Durtschi made a motion to adjourn the meeting. Burgess seconded the motion. Which carried on a voice vote.

*Midge Seaman, Deputy Clerk*



Notice: Pursuant to US Public Law 95-313, s. 6(b), s. 23.097, Wis. Stats., and ch. NR 47, Wis. Adm. Code, this completed form is required to apply for an Urban Forestry Grant. The Department of Natural Resources (DNR) will be unable to process your application unless complete information is provided as requested. Information will be used to determine grant award lists, provide statistical information and potentially to use as an example for other grant applicants. Personally identifiable information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records Law [ss. 19.31-19.39, Wis. Stats.].

**Resolution required with application submittal – Grant is for Calendar year 2024 – see [sample](#)**

**Section I: Grant Type**

Select the appropriate grant type. Please note: a maximum of three urban forestry startup grants may be awarded to an applicant within the lifetime of the startup program. Click the link for more information related to each grant type.

Regular Grant       Start-up Grant

**Section II: Applicant Information**

**A. Applicant Organization**

Applicant Organization Name

Organization Address (same as Treasurer or W9)	City	State	ZIP Code
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Applicant organization is a (check one)

- City     Village     Town     County     Tribal Government     501(c)(3) nonprofit organization

Located in the county of:

**DNR USE ONLY**

**B. Applicant Authorized Representative**

Last Name	First Name	MI	Position Title
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Phone Number	Email
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C. Project Manager (if different from Authorized Representative)

**D. Grant Request Summary – will automatically be populated from Section VII Calculations**

DNR Cost Share	Grantee Cost Share	Total Project Cost
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## Section III. Community Urban Forestry Program Status

Below are basic elements of a well-established municipal, county, or tribal urban forestry program. Select ONE option in each category that best describes your current urban forestry program.

Applicants for the Startup Grant will be redirected to a regular grant application if they select the top box in 3 or more of the categories.

501(c)(3) organizations omit this section UNLESS your project results in a municipality advancing to the top level in any of the categories. Then, list the municipality here and complete the grid to reflect that municipality's current urban forestry program.

Municipalities: \_\_\_\_\_

<b>Tree Inventory</b>	We have a current, complete tree inventory. <span style="float: right;"><input type="radio"/></span>
	Our tree inventory is incomplete or needs updating or upgrading. <span style="float: right;"><input type="radio"/></span>
	We have no formal inventory or other written records of our trees. <span style="float: right;"><input type="radio"/></span>
<b>Urban Forest Management Plan</b>	We have a current, useful, written, inventory-based urban forest management plan. <span style="float: right;"><input type="radio"/></span>
	Our inventory-based, written urban forest management plan is incomplete or out of date. <span style="float: right;"><input type="radio"/></span>
	We do not have a written urban forest management plan based on our tree inventory data or on similar forest resource assessment. <span style="float: right;"><input type="radio"/></span>
<b>Program staffing</b>	Urban forestry program management is done by staff, contracted consultants &/or volunteers who have a forestry degree; ISA certified arborist credentials; have completed WI Community Tree Management Institute; or have other advanced forestry training. <span style="float: right;"><input type="radio"/></span>
	Urban forestry program management is done by staff, contracted consultants &/or volunteers who have experience or on-the-job training, but lack a forestry degree; ISA certified arborist credentials; Community Tree Management Institute completion certificate; or comparable advanced forestry training. <span style="float: right;"><input type="radio"/></span>
	We have no staff, contracted consultants or volunteers authorized to handle or advise our community on tree planting & care. <span style="float: right;"><input type="radio"/></span>
<b>Tree ordinance</b>	We have one or more tree ordinance(s) that is/are useful for achieving community tree care and management goals. <span style="float: right;"><input type="radio"/></span>
	Our tree ordinance(s) is/are out-of-date or inadequate. <span style="float: right;"><input type="radio"/></span>
	Our code ordinance contains no provisions for tree management, care or protection. Tree language is limited to public safety or nuisance abatement. <span style="float: right;"><input type="radio"/></span>
<b>Advocacy</b>	We have an authorized citizen tree board or other organized group actively involved in advising our community urban forestry program. <span style="float: right;"><input type="radio"/></span>
	We have various groups (clubs, schools, committees) interested and involved in community tree care and management but not formally charged with advising our community urban forestry program- OR- We have an authorized but inactive citizen tree board. <span style="float: right;"><input type="radio"/></span>
	The level of involvement and support by residents and local elected officials for our community urban forestry program is low to non-existent. <span style="float: right;"><input type="radio"/></span>

Comments (optional):

**Section IV: Project Description**

**A. Project Overview**

Descriptive Project Title: \_\_\_\_\_

Describe the project using no more than 2000 characters (including spaces). Provide an overview that includes basics of who is doing what, where, how and why. This can be a bulleted list.

Describe how this project would establish a new program or advance an underdeveloped one.

**B. Project Components**

Choose from the dropdown boxes below. Use the "OTHER" choice to type in alternatives. (See a list of eligible project activities in the application guide) Click + at right to add another component. Describe each project

Describe each project component

- What are the expected outcomes (results)?
- How will expected outcomes be measured, evaluated or shared?

**Note:** Complete a separate Cost Estimate Worksheet (CEW) in Section VII for each project component listed below. The CEW will transfer the total to the right-hand column below.

Select Component:

Component Cost Estimate (\$) (field will auto-populate from detail on CEW)

Component Name:

Description/Outcome:

**Examples of components for Part B (selected in drop down box above):**

1. Information/Education/Outreach Information (e.g., news media, print material development), Education (e.g., classes, tree walks, seminars), Outreach (e.g., citizen involvement in planning or implementation of Arbor Day celebration)
2. Tree Maint: Other Fertilization, storm damage mitigation, pest control, etc.
3. Plan Development (Emerald Ash Borer, management, strategic, storm response, pest response, planting)

**C. Project Location/Scope**

Land Ownership Affected (select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Single private property                                    | <input type="checkbox"/> Single public property                                    |
| <input type="checkbox"/> Multiple private properties within a municipality          | <input type="checkbox"/> Multiple public properties within a municipality          |
| <input type="checkbox"/> Multiple private properties across multiple municipalities | <input type="checkbox"/> Multiple public properties across multiple municipalities |

**D. Applicant's Project Partners**

**Note:** Each of the applicant's partners must verify their involvement using a Partner Verification (Form 8700-298A, linked here for your convenience). A Partner Verification form must be completed and sent in with this form for a complete application. If applicable, estimate the partner's donated amount on the appropriate CEW.

List Partner Organization(s):	What specific service, product, or role will each partner contribute to the project?

Section V: Alignment with DNR Urban Forestry Program Goals – Only applicable for Regular grants

1. Describe the direct impact(s) your project has on urban tree canopy on private property. N/A

2. Describe how you will utilize an existing inventory in this project. If no inventory exists or the inventory is outdated, will an inventory be produced because of the grant? How will the new inventory be utilized? N/A

3. If hosting a professional workshop or educational event, describe how your project will build capacity and/or partnerships for those attending. Will other communities be invited to attend? Have you reached out to neighboring communities to identify training demand? N/A

4. Please select if your project will include: N/A   
 EAB Management Plan       Ash Tree removals       Ash inventories (includes complete tree inventories)  
 EAB Insecticide treatment       Ash tree replacement planting       EAB Education and Outreach

5. Please select if your project will result in: N/A   
 A current, useful, written, inventory-based urban forest management plan  
 One or more tree ordinance(s) that is/are useful for achieving your community tree care and management goal:  
Type of ordinance planned to be developed or enhanced (i.e. general street tree, new development, tree protection, etc)  
 An authorized citizen tree board or other organized group actively involved in advising your community urban forestry program  
 Staff, tree service contractors &/or volunteers receiving a forestry degree, ISA certified arborist credentials, graduating from WI Community Tree Management Institute, or obtaining other advanced forestry training

6. Describe how each component of your project will have a long-term positive impact on the urban tree canopy and the benefits it provides (i.e. increased % canopy cover, or resiliency to pest/disease/storm, reduce liability). Quantify impacts to canopy or associated benefits wherever possible.  
Tie this narrative to the component listed in question #5.

**Section VI: Additional Applicant Information – Only applicable for Regular grants**

1. Is the community where the project will be implemented a Green Tier Legacy Community?  Yes  No  N/A

2. Is the community where the project will be implemented a Tree City USA?  Yes  No  N/A  
([www.arboday.org/programs/treeCityUSA/index.cfm](http://www.arboday.org/programs/treeCityUSA/index.cfm))

3. List any specific urban tree care or tree management training received, or conferences attended by your organization's staff or volunteers within the last three years. Please list no more than 5 separate trainings.

Date	Course Title	Training Description	Provider	Attendees

4. Have you received an Urban Forestry grant in the past 3 years?  Yes  No  
If so, how is this project different than the project(s) completed previously?

5. Describe any additional significant aspects or outstanding features of this project that you would like us to know about.

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## Section VII: Cost Estimate Worksheets

**A SEPARATE WORKSHEET IS PROVIDED FOR EACH COMPONENT CHOSEN IN SECTION IV.B.**  
 If more space is needed, return to Section IV.B., click + to add another component, choose the same Component name again, enter "Continued" in the Description, and return to this Section to complete your entry.

Project Component:	Estimated Cost	Donation Value
<b>In-Kind Labor &amp; Services</b> (specify project tasks on lines below, as appropriate)		
Applicant's Staff Labor:		
Fringe Benefits: Actual fringe benefits may not exceed the DOA rate. Fringe rate for 2024 is 47.60%		
Other:		
Donated Consultants/Contractors/Services (professional rate)		
Volunteer Labor (\$15.00/hr.)		
Municipal Partner Labor Expense (Cooperative Agreement will be required)		
<b>Equipment</b> (specify type of equipment and DOT class code on lines below, as appropriate) See application guidelines for a list of commonly used equipment codes.		
Provided by Applicant:		
Donated by third parties:		
<b>Supplies</b> (specify items on lines below, as appropriate)		
Provided by Applicant's On-hand Inventory		
Donated by third parties:		
<b>Cash Expenditures</b> (specify out of pocket payments as appropriate)		
Hired Consultants/Contractors/Services (professional rate)		
Purchased Equipment (not to exceed \$5,000 /item):		
Rented or Contracted Equipment:		
Other Project Purchases:		
Estimated Sub-Total Cost/Donation Value for THIS component:	1.	2.
Estimated Total for THIS component:	3.	



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## CALCULATIONS

Grant Calculation	Estimated Cost
A. Estimated Project Total: Box 3 for ALL Project Components This amount is the Total Project Cost in Section II.D.	
B. Estimated Donation Value: Box 2 for ALL Project Components	
C. Estimated Cost: Box 1 for ALL Project Components	
D. 50% of Line A (Cannot be > \$25,000):	
E. The smaller of Line C or Line D above. This is your GRANT REQUEST. (Must be between \$1,000 and \$25,000.) This amount is the Grant Request in Section II.D.	
F. Line A minus Line E. This is YOUR SHARE. This amount is the Applicant's Share in Section II.D.	

### Section VIII: Certification and Submission

**Application form and required attachments must be received by  
11:59 p.m., October 2, 2023, for the application to be eligible.**

#### Attachments

Provide a signed resolution that has been adopted by the applicant's governing body which gives the name of the applicant, authorizes funding for the project, designates an authorized representative (position title) to act on behalf of the applicant and states that the applicant will provide documentation of work done and follow all relevant state and federal rules. A sample resolution is provided at: <https://dnr.wi.gov/topic/UrbanForests/grants/documents/UFGrantsCombinedResolution.doc>  
Check all items you plan to attach.

- Authorizing Resolution attached
- By-laws & articles of incorporation (501[c][3] applicants only)
- Partner Verification Attached (8700-298A)

#### Submission Instructions

Review your application before continuing.

Submission by Email strongly recommended. If not possible, contact the Urban Forestry Financial Specialist

By my signature below, I hereby certify to the best of my knowledge, the information contained in this application and application attachments are correct and true. I understand and agree that any grant monies awarded as a result of this application shall be used in accordance with ch. 23.097, Wis. Stats., and ch. 47, Wis. Adm. Code.

**NOTE:** Please type your name on the signature line. Your typed name, along with the email message generated from electronic submittal of this form, will be used as an electronic signature which is the legal equivalent to an actual signature.

Signature of Authorized Representative	Date Signed	Applicant's Authorized Representative (print)
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Position Title

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