play
MADISON PARKS

FEE MODIFICATION FORM

1. **Organization/ Individual:** McFarland Spartan Sharks

2. **Park (s):** Irwin A. and Robert D. Goodman Swimming Pool

3. **Overview of Organization**

> The McFarland Spartan Sharks are a USA Swim Team based in McFarland, WI that has used the Goodman Pool for their summer practices for over 10 years. While there home pool is located at the McFarland High School, they enjoy having an opportunity to swim outdoors at the Goodman Pool in the summer. In the past, the McFarland Spartan Sharks have assisted the Goodman Pool with the training of their coaches for the Goodman Waves Swim and Dive Teams.

4. **Term of Fee Modification (May only be for a period of up to three years)**

> This Fee Modification shall begin upon signing and last for a period of 3 years beginning on June, 1 2021 and ending on September 15, 2023
>
> Covid-19 statement: If the current Public Health Emergency Order or any future PHMDC Order restricting or prohibiting the size or nature of outdoor events are in place on the date(s) of an event, they supersede and may invalidate any approved street use or park event permits.

5. **Summary of Requested Use of Park Land**

> The McFarland Spartan Sharks request the use of the Goodman Pool for practices and workouts for an estimated 80 hours of use between June 1 and September 1 each summer swimming season.
>
> The McFarland Spartan Sharks will use the pool during the early morning hours that we would not otherwise have activities at the pool. This allows us to bring in some revenue at a time when we would otherwise not be able to generate any revenue.

6. **Reason for Considering to Authorize a Fee Modification (check box that applies)**

☒ Legacy user group that predates establishment of a new fee and have mitigating circumstances that need to be addressed with a fee modification.
☐ A pilot concept for a use that would have minimal impact, only occur at one park location and does not have an established fee in the Park Division fee schedule.
☐ Uses that align with the citywide goal of Racial Equity and Social Justice.
☐ Other_____

7. **Fee Modification Proposed (Include Use, Permit and all other fees)**

2021- $80 per hour of use, estimated to be $6,400

2022- $80 per hour of use, estimated to be $6,400

8. **Standard Fee, if No Fee Modification is Provided (Use, Permit and all other fees)**

80 hours of pool use @ $87 per hour = $6960

9. **Is the Fee Modification More Than a 50% reduction?**

☐ Yes   X No   ☐ N/A

10. Roles/Responsibilities of Organization/Individual (Conditions of Approval)

1. Provide annual schedule of practices to Parks Division by March 1 each year.

2. Provide coaching staff to supervise program participants while on at the pool.

3. Leave the pool in good order and return any borrowed items belonging to the Goodman Pool in good order.

4. Pay the annual invoice for use within 30 days of receiving it.

11. Roles/Responsibilities of Parks Division

1. Reserve pool space for McFarland Sharks Practice.

2. Provide on-duty lifeguards.

3. Enforce all regular pool rules.

4. Ensure Goodman Pool staff understand the conditions outlined in this Fee Modification.

5. Provide an invoice for the use of the Goodman Pool within 30 days after the last day of Sharks practice.

6. Notify the McFarland Spartan Sharks by March 1st of any changes to the Pool's operations that would impact the continued use of the Goodman pool by the Sharks.

12. **Damage**

13. **List of Attachments (Maps, schedules, signs, etc)**

None

14. **Suspension, Cancellation and Termination – The Parks Superintendent has the discretion to discontinue this use in the park, if, at any time the terms of the fee modification are not follow and/or if there is damage caused to the park.**

15. **Compliance with Laws – Organization/Individual will comply with all City, State and Federal statues, ordinances and regulations.**

16. **Approval**
Board of Park Commission File Number

_____

Date of Meeting Approval

_____

17. **Signature by Organization/Individual**

_____
Name (signature)   Date

_____
Name (printed)