Date: 4/26/18

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Agenda No	Name	Laurel & 629 Cedar Madison	(inosian - St. 53715	
Please check the appropriate boxes:				
Support Wish to speak Do not wish to speak Available to answer questions At this meeting are you representing an orga (If you answered "no," STOP; you need not question.) Name, address and telephone number of each	t complete the rest of th	er than yourself: is form. If you answ	Yes 1 ered "yes," go or	being a sh Street Fish Hutday No n to the next
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Date	4	126/18	Signature		anull's Laurel	· ·		·	Įv.
			Print Name		Laure/	TIN	05724		

Date: 4/26 /18

City of Madison Registration Statement – TRUMAN OLSON SELCTIONCOMMITTEE

Please Print				8			
Agenda No.		Name Addres	s	lean Avi 102 W. MADISÒ	LAKESI N, N	AVAC We J T53	ek t
Please check the appropriate box	xes:						
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Other Items......3 minutes

Are you governme		lected official who is appearing solely on behalf of your office or for your municipality or other body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are	being	g paid for your representation, or if your appearance is part of other paid duties, do you understand that:
1.	7 . 7 8	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2.		Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3.		If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
		ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's I 103 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 26 Apr 2018

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Agenda No	l l	Alex Elia. 1022 Gilson Madison, U	st	
Please check the appropriate b	oxes:			
Support Wish to speak Do not wish to spe Available to answer At this meeting are you represed (If you answered "no," STOP; question.)		Available other than yourself:	ish to speak to answer question	No
Name, address and telephone n	umber of each person or organiza	ation you are represe	nting:	
Bay Creek Neigh	aborhood Association	n - Planning	and Econom	ic Dev. Comm
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Are you being paid for your rep	resentation?		☐ Yes	No
Are you appearing as part of yo If you answered "no," STOP; question.)	ur other paid duties for this perso you need not complete the rest o	on or organization? f this form. If you ar		No on to the next
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${\bf Registration\ Statement-Page\ 2}$

Are you an governmental	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	Date:
Registration Statement	City of Madison - TRUMAN OLSON SELCTIONCOMMITTEE
Please Print	
Agenda No	Name Julia Gilden Address 938 O'Sheridan St. Madison 53715
Please check the appropriate boxes:	
Support Wish to speak Do not wish to speak Available to answer questions	Oppose Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need not question.)	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," go on to the nex
Name, address and telephone number of each	n person or organization you are representing:
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Yes

Yes

Speaking Limits:

question.)

Are you being paid for your representation?

Are you appearing as part of your other paid duties for this person or organization?

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

Are you an government	elected official who is appearing solely on behalf of your office tal body?	Yes	No No
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Date	Signature	· .	
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Date:			

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	ntal body?	ppearing solely on behalf of your office	Yes	No No
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Date		Signature	•	
		Print Name		

Date: $\frac{4/26/2018}{}$

Please Print	
Agenda No.	Name Clarence Cameron Address 633 Cedar St Madison, WI 53715
Please check the appropriate boxes:	
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Date: 4/26/18

Please Print
Agenda No Address 2007 Sundstrom St Madison Cost 53713
Please check the appropriate boxes:
Support Wish to speak Do not wish to speak Available to answer questions Wish to speak Available to answer questions At this meeting are you representing an organization or a person other than yourself: Wish to speak Available to answer questions At this meeting are you representing an organization or a person other than yourself: Wes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)
Speaking Limits: Public Hearing

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100		ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's a 103 of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name



City of Madison

City of Madison Madison, WI 53703 www.cityofmadison.com

Agenda - Amended TRUMAN OLSON SELECTION COMMITTEE

Thursday, April 26, 2018

6:30 PM

Goodman Maintenance Facility 1402 Wingra Creek Pkwy.

If you need an interpreter, translator, materials in alternate formats or other accommodations to access this service, activity or program, please call the phone number below immediately.

Si necesita un intérprete, un traductor, materiales en formatos alternativos u otros arreglos para acceder a este servicio, actividad o programa, comuníquese inmediatamente al número de teléfono que figura a continuación.

Yog tias koj xav tau ib tug neeg txhais lus, ib tug neeg txhais ntawv, cov ntaub ntawv ua lwm yam los sis lwm cov kev pab kom siv tau qhov kev pab, kev ua num los sis kev pab cuam no, thov hu rau tus xov tooj hauv qab no tam sim no.

Dan Rolfs - Community Development Project Manager 608-267-8722 Tom Otto - Economic Development Specialist 608-243-0178

NOTE: A quorum of the Triangle and Monona Bay Neighborhood Plan Ad Hoc Steering Committee may be present.

1 WELCOME

INTRODUCTIONS OF TRUMAN OLSON SELECTION COMMITTEE MEMBERS AND STAFF

ELECTION OF CHAIR AND VICE-CHAIR

PUBLIC COMMENT

Three (3) minutes allowed per individual.

DISCLOSURES AND RECUSALS

Members of the body should make any required disclosures or recusals under the City's Ethics Code.

6 REVIEW AND PRESENTATIONS

6a 51394 Overview of Wingra BUILD Plan, Resolution 01363.

Attachments: RESO ID 01363.pdf

Final Wingra Build Plan 03-07-06.pdf

6b	<u>51276</u>	Review Resolution ID 49158 and Selection Committee Charge
		Attachments: FILE ID 49158.pdf
6c	<u>51274</u>	Review of Selection Process and Meeting Schedule Attachments: Truman Olson Process 4-26-2018.pdf
6d	<u>51275</u>	Presentations of Redevelopment Proposals Attachments: Hovde and SSM Proposal(1).pdf Welton Proposal.pdf
		NOTE: The Committee may suspend the rules to stand informally and allow for public discussion and engagement on this agenda item.

7 ADJOURNMENT

TA

Truman Olson Redevelopment Process and Schedule

Process:

The <u>Truman Olson Redevelopment</u> project website lists all meeting dates and times: http://www.cityofmadison.com/dpced/economicdevelopment/truman-olson-rfp/2773/

There are multiple City plans, policies, and ordinances that will help guide the redevelopment of the Truman Olson site. They include <u>The Wingra BUILD Plan</u>, <u>The South Madison Neighborhood Plan</u>, and <u>Urban Design Districts</u>.

A Selection Committee has been appointed to review any proposals received by the April 13, 2018 deadline.

Respondents will be allowed two (2) versions of their proposal during the review process; the initial version of their proposal, and a revised version incorporating public input.

Schedule:

April 20, 2010 Community Marking / December in the december of	
April 26, 2018 Community Meeting / Presentations by development teams 6:30 PM Goodman Maintenance Facility	morph
May 3, 2018 Selection Committee review of proposals (closed session)	01050
May 29, 2018 Community Meeting / Presentations of revised plans by devel teams Goodman Maintenance Facility	lopment
June 21, 2018 Selection Committee working meeting – Presentation by City analysis of proposals including issues related to planning, engineering, traffic engineering, storm water, parks, real estate financial, etc.(closed session).	
July 18, 2018 Community Meeting to gather final public input. Possible Conaction on a final proposal. Goodman Maintenance Facility	nmittee