

Date: 4/26/18

City of Madison
Registration Statement – TRUMAN OLSON SELECTION COMMITTEE

Please Print

Agenda No. _____

Name Laurel Kinosian
Address 629 Cedar St.
Madison 53715

Please check the appropriate boxes:

☐ **Support**
☐ Wish to speak
☐ Do not wish to speak
☐ Available to answer questions

☒ **Opposed** *to Cedar St being a through street across Park to Fish Hatchery*
☐ Wish to speak
☐ Do not wish to speak
☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ 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.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

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.....3 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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1. 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? ☐ Yes ☐ No
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? ☐ Yes ☐ No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 9/26/18

Signature

Print Name

Laurel Kinoshian
Laurel Kinoshian

Date: 4/26/18

City of Madison
Registration Statement – TRUMAN OLSON SELECTION COMMITTEE

Please Print

Agenda No. _____

Name Jean Anne HLAVACEK
Address 702 W. LAKESIDE ST
MADISON, WI 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 organization or a person other than yourself: ☐ 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.)

Name, address and telephone number of each person or organization you are representing:

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Information Hearing.....3 minutes
Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 26 Apr 2018

City of Madison
Registration Statement – TRUMAN OLSON SELCTIONCOMMITTEE

Please Print

Agenda No. <u>4</u>

Name Alex Elias

Address 1022 Gilson St

Madison, WI 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 organization or a person other than yourself: ☒ 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.)

Name, address and telephone number of each person or organization you are representing:

Bay Creek Neighborhood Association - Planning and Economic Dev. Committee

Are you being paid for your representation?

☐ Yes ☒ No

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.....3 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: _____

City of Madison
Registration Statement – 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 organization or a person other than yourself: ☐ 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.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

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.....	3 minutes
Information Hearing.....	3 minutes
Other Items.....	3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: _____

City of Madison
Registration Statement – TRUMAN OLSON SELCTIONCOMMITTEE

Please Print

Agenda No. <u>6d</u>

Name RON SHUTZ
Address 925 LAKE CT

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 organization or a person other than yourself: ☐ 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.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☐ No

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.....3 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 4/26/2018

City of Madison
Registration Statement – TRUMAN OLSON SELECTION COMMITTEE

Please Print

Agenda No. <u>4</u>

Name Clarence Cameron
Address 633 Cedar St
Madison, WI 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 organization or a person other than yourself: ☐ Yes ☒ No
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Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 4/26/18

City of Madison
Registration Statement – TRUMAN OLSON SELECTION COMMITTEE

Please Print

Agenda No. _____

Name Bart Gilligan
Address 2007 Sundstrom St
Madison WI 53713

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

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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
- 2 INTRODUCTIONS OF TRUMAN OLSON SELECTION COMMITTEE MEMBERS AND STAFF
- 3 ELECTION OF CHAIR AND VICE-CHAIR
- 4 PUBLIC COMMENT

Three (3) minutes allowed per individual.

- 5 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 [51276](#) Review Resolution ID 49158 and Selection Committee Charge

Attachments: [FILE ID 49158.pdf](#)

- 6c [51274](#) Review of Selection Process and Meeting Schedule

Attachments: [Truman Olson Process 4-26-2018.pdf](#)

- 6d [51275](#) 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**

TR

Truman Olson Redevelopment Process and Schedule

Process:

The [Truman Olson Redevelopment](http://www.cityofmadison.com/dpced/economicdevelopment/truman-olson-rfp/2773/) 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 [The Wingra BUILD Plan](#), [The South Madison Neighborhood Plan](#), and [Urban Design Districts](#).

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 13, 2018	Proposal Deadline
April 26, 2018 6:30 PM	Community Meeting / Presentations by development teams Goodman Maintenance Facility
May 3, 2018	Selection Committee review of proposals (closed session)
May 29, 2018 6:30 PM	Community Meeting / Presentations of revised plans by development teams Goodman Maintenance Facility
June 21, 2018	Selection Committee working meeting – Presentation by City Staff of analysis of proposals including issues related to planning, engineering, traffic engineering, storm water, parks, real estate, financial, etc.(closed session).
July 18, 2018 6:30 PM	Community Meeting to gather final public input. Possible Committee action on a final proposal. Goodman Maintenance Facility

maybe
closed

