

**TOWN OF WESTPORT**  
**REGULAR BOARD MEETING**  
Kennedy Administration Building  
Community Meeting Room  
5387 Mary Lake Road  
Town of Westport, Wisconsin

**AGENDA - Monday, May 6, 2019 7:00 p.m.**

1. Call to Order
2. Public Comment On Matters Not On the Agenda
3. Approve Minutes
4. Review/Approve Operator Licenses
5. Driveway/Access/Utility/Road Opening Permits
6. Water Utility/Fire Protection Utility  
Miscellaneous
7. Sewer Utility  
Miscellaneous
8. Engineer Report  
Miscellaneous Ongoing Projects
9. Reynolds Avenue Reconstruction Award/Contract Approval Discussion/Action
10. Consideration of Resolution Supporting Grant Application for Multi-Use Trail  
Along CTH M and Governor Nelson
11. State of Wisconsin, Department of Employee Trust Funds, Wisconsin Public Employers  
Group Health Insurance Program, Reaffirmation of Participation Resolution,  
Discussion/Action
12. Committee Reports/Items for Action

Personnel Committee	Public Works Committee	Westport/Middleton JZC
Audit Committee	Town Plan Commission	Westport/Waunakee JPC
13. Administrative Matters
14. Miscellaneous Business/Forthcoming Events
15. Pay Current Bills
16. Adjourn

If you need reasonable accommodations to access this meeting, please contact the clerk's office at 849-4372 at least three business days in advance so arrangements can be made to accommodate the request.

**TOWN OF WESTPORT**  
**AUDIT COMMITTEE MEETING**  
Kennedy Administration Building  
Community Meeting Room  
5387 Mary Lake Road  
Town of Westport, Wisconsin

**AGENDA** - Monday, May 6, 2019 6:30 p.m.

This meeting is being noticed as a possible gathering of a quorum of the Westport Town Board due to the possible attendance of Supervisors not appointed to the Committee. Supervisors may discuss items on this agenda, or gather information on these items, but no action will be taken on these items as the Town Board.

1. Call to order
2. Approve minutes
3. Review/approve bills for payment
4. Adjourn

If you need reasonable accommodations to access this meeting, please contact the clerk's office at 849-4372 at least three business days in advance so arrangements can be made to accommodate the request.

## TOWN OF WESTPORT

TOWN BOARD - Monday, April 15, 2019

The regular semi-monthly meeting of the Town Board was called to order in the Community Meeting Room of the Bernard J. Kennedy Administration Building at 7:01 p.m. by Chair Grosskopf. Members present: Cuccia, Enge, Grosskopf, Sipsma, and Trotter. Members absent: None. Also Present: Tom Wilson.

No one was present for Public Comment On Matters Not On the Agenda. The minutes of the April 1, 2019 regular meeting were approved as presented on a motion by Enge, second Trotter.

After a short presentation by Wilson and discussion and after a recommendation by the Chair regarding the Historic Preservation Commission Appointment and Process Discussion/Action matter, the resignation of Nancy Schlimgen from the Historic Preservation Commission was accepted with appreciation and regret, Michelle Wing was appointed to the Commission, and Wilson was directed to work with the Commission and the Board Chair to collect a list of others who might be interested in an appointment, on a motion by Trotter, second Enge.

Grosskopf and Wilson reported on items before the plan commission/committees. The Audit Committee recommended payment of bills as presented by the Administrator after questions were answered.

For Administrative Matters raised, Wilson reminded the Board members of his annual weekly Arkansas trip starting April 22. For Miscellaneous Business or Forthcoming Events raised, Wilson reminded the Board that the Annual Town Meeting is tomorrow night April 16 at 7:00 p.m., that Springfield is holding an event for Chair Don Hoffman's retirement at its Annual Town meeting on April 16, that on Thursday April 18 at 3:00 p.m. here the second CTH M Local Officials Meeting will be held and Board members are invited, and that, after prompting by Cuccia, the second CTH M Public Informational Meeting will be held on April 30 at Holy Wisdom on CTH M from 4-7 p.m.; and, Enge requested Wilson to look at the Park Committee history related to the Schall appointment and service timing.

Current bills were paid as presented by the Administrator and recommended by the Audit Committee after questions were answered on a motion by Sipsma, second Enge.

Motion to adjourn by Enge, second Cuccia. The meeting adjourned at 7:32 p.m.

Thomas G. Wilson  
Town Attorney/Administrator/Clerk-Treasurer

AGENDA ITEM #4:

Review/Approve Operators License



# OPERATOR LICENSE APPLICATION

New \_\_\_\_\_ Renewal \_\_\_\_\_ Employed by Kip Kewey

Regular \_\_\_\_\_ (\$10.00) Provisional \_\_\_\_\_ (\$10.00) Temp \_\_\_\_\_ (\$5.00)

Lic # \_\_\_\_\_ Lic # \_\_\_\_\_ Lic # \_\_\_\_\_

Date \_\_\_\_\_, To the Town Board of the Town of Westport, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I understand by signing below, I may be subject to a background check(s).

Answer the following questions fully and completely:

Name of Applicant Conan Fox

Address 209 Kennedy City, State, Zip Madison, WI 53704

Date of Birth 09/11/98 Age 20 Phone # 608 960 2860

Have you registered for an approved responsible beverage server training course? ☒ (attach registration)

Have you completed an approved responsible beverage server training course? ☒ (attach certificate)

Have you been licensed before? ☒ Municipality \_\_\_\_\_ Date of most recent license \_\_\_\_\_

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? ☒

Date of such conviction Dec. 2017 Name of Court Dane County

Nature of offense Driving while intoxicated

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? Yes

State of Wisconsin, ss.  
Dane County.

Conan Vincent Fox, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

[Signature]  
Signature of Applicant

Subscribed and sworn to before me this 11 day of Apr, 2019

[Signature]  
Notary Public  
My commission expires \_\_\_\_\_

# OPERATOR LICENSE APPLICATION

New ☒

Renewal ☐

Employed by mobile

Regular ☒ (\$10.00) Provisional ☐ (\$10.00) Temp ☐ (\$5.00)

Lic # \_\_\_\_\_ Lic # \_\_\_\_\_ Lic # \_\_\_\_\_

Date 3/20, To the Town Board of the Town of Westport, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I understand by signing below, I may be subject to a background check(s).

Answer the following questions fully and completely:

Name of Applicant Conan Fox

Address 209 Kennedy Heights City, State, Zip Madison, WI 53704

Date of Birth 03/11/98 Age 20 Phone # 608 960 2860

Have you registered for an approved responsible beverage server training course? ☒ (attach registration)

Have you completed an approved responsible beverage server training course? ☒ (attach certificate)

Have you been licensed before? ☒ Municipality \_\_\_\_\_ Date of most recent license \_\_\_\_\_

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? ☒

Date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? ☒

State of Wisconsin, ss.  
Dane County.

Conan Fox, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

[Signature]  
Signature of Applicant

Subscribed and sworn to before me this 20 day of March, 2019

[Signature]  
Notary Public

My commission expires 9/4/21

Rev 09/09



# WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Conan Fox

School Name: 360training.com, Inc.

Date of Completion: 03/11/2019

Certification #: WI-94122

I, Conan Fox

Certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters

6801 N Capital of Texas Hwy, Suite 150  
Austin, TX 78731  
P: 877.881.2235

Case search results

You searched for: Last name: fox, First name: conan

Return to search

Show25entries

Clear filters

Showing 1 to 10 of 10 entries

Previous1Next

Case number	Filing date	County name	Case status	Name	Date of birth	Caption
<div>Search Case</div>	<div>Search Filing date</div>	<div>All</div>	<div>All</div>	<div>Search Name</div>	<div>Search Date of birth</div>	<div>Search Caption</div>
<div>2019CT000077</div>	03-21-2019	Columbia	Filed Only	Fox, Conan Vincent	05-11-1998	State of Wisconsin vs. Conan Vincent Fox
<div>2019CT000120</div>	02-22-2019	Dane	Open	Fox, Conan V	05-11-1998	State of Wisconsin vs. Conan V Fox
<div>2019TR001407</div>	02-04-2019	Dane	Open	Fox, Conan Vincent	05-1998	Dane County vs. Conan Vincent Fox
<div>2019TR001406</div>	02-04-2019	Dane	Open	Fox, Conan Vincent	05-1998	Dane County vs. Conan Vincent Fox
<div>2019FO000211</div>	02-04-2019	Dane	Open	Fox, Conan Vincent	05-1998	Dane County vs. Conan Vincent Fox
<div>2017TR024888</div>	12-04-2017	Dane	Closed	Fox, Conan Vincent	05-1998	State of Wisconsin vs. Conan Vincent Fox
<div>2017TR024887</div>	12-04-2017	Dane	Closed	Fox, Conan Vincent	05-1998	State of Wisconsin vs. Conan Vincent Fox



Case number	Filing date	County name	Case status	Name	Date of birth	Caption
<input type="text"/>	<input type="text"/>	All	All	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>2017TR024886</u>	12-04-2017	Dane	Closed	Fox, Conan Vincent	05-1998	State of Wisconsin vs. Conan Vincent Fox
Violate Absolute Sobriety						
<u>2017TR024885</u>	12-04-2017	Dane	Closed	Fox, Conan Vincent	05-1998	State of Wisconsin vs. Conan Vincent Fox
OVI 1st						
<u>2015CV001264</u>	05-14-2015	Dane	Closed	Fox, Conan		In Re: the Minor Settlement of Conan Fox

[Previous](#) **1** [Next](#)

[Return to search](#)

Conan Fox  
2001 Kennedy Rd.  
Madison WI, 53704



April 9th, 2019

I am writing this apology letter to the Town  
of West Port. Regarding a application that  
I turned in.

I was discouraged to answer truthfully  
on the application. And I take full  
responsibility for my decisions.

The next time I fill out an application  
i'll reconsider thinking it through. I  
Sincerely apologize the inconvenience  
this has resolved to.

Sincerely, *Conan Fox*

# OPERATOR LICENSE APPLICATION

New X Renewal \_\_\_\_\_ Employed by NAUTICAL

Regular X (\$10.00) Provisional \_\_\_\_\_ (\$10.00) Temp \_\_\_\_\_ (\$5.00)

Lic # \_\_\_\_\_ Lic # \_\_\_\_\_ Lic # \_\_\_\_\_

Date 3/30/2019 To the Town Board of the Town of Westport, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I understand by signing below, I may be subject to a background check(s).

Answer the following questions fully and completely:

Name of Applicant MICHAEL SCHOMBURG

Address 5736 WEIS RD City, State, Zip WAUNAKEE WI 53597

Date of Birth 10/26/1967 Age 51 Phone # (608) 338-9530

Have you registered for an approved responsible beverage server training course? YES (attach registration)

Have you completed an approved responsible beverage server training course? YES (attach certificate)

Have you been licensed before? YES Municipality MADISON Date of most recent license 1988

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? NO

Date of such conviction N/A Name of Court N/A

Nature of offense N/A

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? NO

State of Wisconsin, ss.  
Dane County.

Michael Schomburg being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license, that all the statements made by the applicant are true.

[Signature]  
Signature of Applicant

Subscribed and sworn to before me this 30th day of March, 2019

[Signature]  
Notary Public  
My commission expires 2/5/2022



# Serving Alcohol Incorporated



is proud to present this certificate to

**Michael Schomburg**

for successful completion of the online course

## Wisconsin Alcohol Seller-Server

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- \* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- \* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- \* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- \* DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- \* ENSURE A PERSON MATCHES THEIR VALID IDENTIFICATION

Verify online at  
[servingalcohol.com](http://servingalcohol.com)

Verification Code  
fM3fr6E7mG

Date Issued

Feb 28th, 2019

**VALID FOR 2 YEARS**

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.

AGENDA ITEM #9 :

Reynolds Avenue Reconstruction  
Award/Contract Approval Discussion/Action

## Tom Wilson

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**From:** Kevin Even <kevin@waunakee.com>  
**Sent:** Wednesday, May 01, 2019 8:12 AM  
**To:** Tom Wilson  
**Subject:** Reynolds Ave Bid

May 1, 2019

Thomas G. Wilson  
Attorney/Administrator/Clerk-Treasurer  
Town of Westport (Dane County, WI)

VIA EMAIL

RE: Town of Westport Road Project – Reynolds Ave

Dear Mr. Wilson:

Bids for the above-referenced project were opened on April 18, 2019. One bid was received. The low base bid of \$379,520 was less than ENGINEER's opinion of probable construction cost.

Raymond P. Cattell, Inc. of Madison was the apparent low bidder for the base bid. The bid included a bid bond for 10 percent.

We have previously worked with Raymond P. Cattell, Inc. on projects for the Town and Village of Waunakee. Based on our previous experience with this contractor, we have found Raymond P. Cattell, Inc. to be responsible.

Sincerely,

Kevin A. Even, P.E.  
Consulting Town Engineer



**2019 Town Road Improvements  
Reynolds Avenue Reconstruction**

BIDDERS SHOULD NOT ADD ANY CONDITIONS OR QUALIFYING STATEMENTS TO THIS BID OR THE BID MAY BE DECLARED IRREGULAR AS NOT BEING RESPONSIVE TO THE INSTRUCTIONS TO BIDDERS.

Bidder will complete the work for the following price(s):

Item No.	Item Description	Estimated Quantity	Units	Unit Price	Total Price
<b><u>Riverview Drive Reconstruction</u></b>					
1.	Mobilization/Control Measures	1	LS	\$ 20'000 <sup>00</sup>	\$ 20'000 <sup>00</sup>
2.	Permitting	1	LS	\$ 5'000 <sup>00</sup>	\$ 5'000 <sup>00</sup>
3.	Sawcut Existing Pavements	800	LF	\$ 3 <sup>00</sup>	\$ 2'400 <sup>00</sup>
4.	Remove Asphalt Pavement (Engineers Estimate 4000 SY)	1	LS	\$ 10'000 <sup>00</sup>	\$ 10'000 <sup>00</sup>
5.	Pulverize Asphalt Pavement	3000	SY	\$ 3.25 <sup>00</sup>	\$ 9'750 <sup>00</sup>
5.	Remove Concrete Pavement	200	SY	\$ 13 <sup>00</sup>	\$ 2'600 <sup>00</sup>
6.	Common Excavation (Engineers Estimate 3000 CY)	1	LS	\$ 67'500 <sup>00</sup>	\$ 67'500 <sup>00</sup>
7.	Excavation Below Subgrade	300	CY	\$ 20 <sup>00</sup>	\$ 6'000 <sup>00</sup>
8.	Geogrid Stabilization	4000	SY	\$ 8 <sup>00</sup>	\$ 32'000 <sup>00</sup>
9.	Dense Graded Base, 1 1/4"	1000	TN	\$ 15 <sup>00</sup>	\$ 15'000 <sup>00</sup>
10.	Dense Graded Base, 3"	3300	TN	\$ 15 <sup>00</sup>	\$ 49'500 <sup>00</sup>
11.	4" PVC Storm Pipe	150	LF	\$ 40 <sup>00</sup>	\$ 6'000 <sup>00</sup>
12.	Storm Inlet and Casting	2	EA	\$ 2'400 <sup>00</sup>	\$ 4'800 <sup>00</sup>
13.	Asphalt Pavement	1400	TN	\$ 64 <sup>00</sup>	\$ 90'020 <sup>00</sup>
14.	Asphalt Quality Program	1400	TN	\$ 1 <sup>00</sup>	\$ 1'400 <sup>00</sup>
15.	Asphalt Driveway Surcharge	700	SY	\$ 10 <sup>00</sup>	\$ 7'000 <sup>00</sup>
16.	24" Concrete Curb & Gutter	650	LF	\$ 20 <sup>00</sup>	\$ 13'000 <sup>00</sup>
17.	Concrete Driveway (6")	1500	SF	\$ 6.50 <sup>00</sup>	\$ 9'750 <sup>00</sup>
18.	San MH Casting & Adjust	6	EA	\$ 950 <sup>00</sup>	\$ 5'700 <sup>00</sup>
19.	Shouldering	200	TN	\$ 40 <sup>00</sup>	\$ 8'000 <sup>00</sup>
20.	Salvage and Reset Mailbox	17	EA	\$ 300 <sup>00</sup>	\$ 5'100 <sup>00</sup>
21.	Lawn Restoration	1000	SY	\$ 9 <sup>00</sup>	\$ 9'000 <sup>00</sup>
<b>COMPUTED TOTAL BID</b>				<b>Total Dollars</b>	<b>\$ 379'520<sup>00</sup></b>

Bidder agrees that the work will be substantially complete on or before *June 15, 2019* and complete and ready for payment in accordance with the General Conditions on or before *June 30, 2019*.

Bidder accepts the provisions of the Agreement as to liquidated damages in the event of failure to complete the Work within the times specified, above, which shall be stated in the Agreement.

The following documents are attached to and made a condition of this Bid:

- A. Required Bid Security in the form of *Bid Bond* in the  
(Bond or Certified Check)  
amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)  
as required by the Instructions to Bidders.

Communications concerning this Bid shall be addressed to the address of Bidder indicated below:

Name: *Raymond P. Catlett Inc.*  
Street: *2401 Vondron Road*  
City, State, Zip Code: *MADISON, WIS, 53718*  
Phone: *608-222-3180*

Submitted on *4-18*, 20 *19*.

If Bidder is:

An Individual

Name (typed or printed): \_\_\_\_\_

By: \_\_\_\_\_  
(Individual's signature)

Doing business as: Business address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

A Partnership

Partnership Name: \_\_\_\_\_ (SEAL)

By: \_\_\_\_\_  
(Signature of general partner—attach evidence of authority to sign)

Name (Type or print): \_\_\_\_\_

Business address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

A Corporation

Corporation Name: Raymond P. Cathell Inc. (SEAL)

State of Incorporation: WISCONSIN

Type (General Business Professional Service, Limited Liability): \_\_\_\_\_

By: Arthur MacKasey  
(Signature—attach evidence of authority to sign)

Name (typed or printed): Arthur MacKasey

Title: Secretary (Corporate Seal)

Attest Arthur MacKasey  
(Signature of Corporate Secretary)

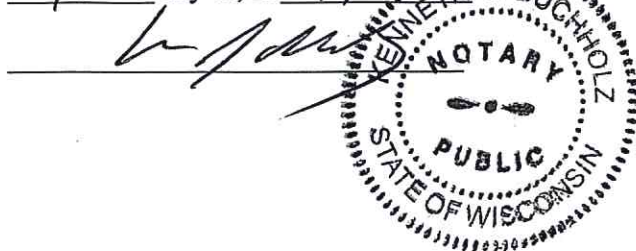
Business address: Raymond P. Cathell Inc. 2401 Vandover Rd  
MADISON, WISCONSIN, 53718

Phone: 608-222-3180 Fax No.: 608-222-2753

Date of Qualification to do business is 5-15-1995

Sworn and subscribed to before me this

17th day of, 20 19



Notary Public or Other Officer  
Authorized to Administer Oaths.

My Commission expires: 3/27/2023



## DISCLOSURE OF OWNER

Personally identifiable information may be used for secondary purposes. See s. 15.04(i)(m) Stats. for details.

**(1) INSTRUCTIONS:** On the date a contractor submits a bid to or completes negotiations with a state agency or local governmental unit on a project subject to ss. 66.293 or 103.49, Stats., the contractor shall disclose to such state agency or local governmental unit the name of any "other construction business" which the contractor, or a shareholder, officer or partner of the contractor, owns or has owned within the preceding three (3) years.

**(2) DEFINITION:** The term \*other construction business' means any business engaged in the erection, construction, remodeling, repairing, demolition, altering or painting and decorating of buildings, structures or facilities and any business engaged in supplying mineral aggregate, or hauling excavated material or spoil as provided by ss. 66.293(3), 103.49(2) and 103.50(2), Stats.

**(3) WHEN TO COMPLETE FORM:** This form ONLY needs to be completed if (a) the contractor, or a shareholder, officer or partner of the contractor, owns at least a 25% interest in the "other construction business" indicated below on the date the contractor submits a bid or completes negotiations, or has owned at least a 25% interest in the "other construction business" at any time within the preceding three (3) years; and (b) the Wisconsin Department of Workforce Development (DWD) has determined that the "other construction business" failed to pay the prevailing wage rate or time and one-half the required hourly basic rate of pay for hours worked in excess of the prevailing hours of labor to any employee at any time within the preceding three (3) years. This form DOES NOT have to be completed if the requirements of both (a) and (b) above are not met. If the requirements of both (a) and (b) above are met, this form must ONLY be filed with the state agency or local governmental unit that will be awarding the contract.

**(4) NAME AND ADDRESS OF OTHER CONSTRUCTION BUSINESS:** Indicate below the name(s) and address(es) of any "other construction business" which meets all of the criteria specified in (2) and (3) above.

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Name of Other Construction Business	Street or P.O. Box, City, State and Zip
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Name of Other Construction Business	Street or P.O. Box, City, State and Zip
-------------------------------------	---

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Name of Other Construction Business	Street or P.O. Box, City, State and Zip
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Name of Other Construction Business	Street or P.O. Box, City, State and Zip
-------------------------------------	---

I HEREBY STATE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND ACCURATE ACCORDING TO MY KNOWLEDGE AND BELIEF.

---

Print Name of Authorized Officer

---

Signature Of Authorized Officer

---

This \_\_\_\_ day of \_\_\_\_\_,

Title of Authorized Officer

---

Name of Corporation, Partnership, or Sole Proprietorship Address (Include Street or P.O. Box, City, State and Zip)

The statutory authority for the use of this form is prescribed in ss. 66.293(12)(d) and 103.49(7)(d), Stats. The use of this form is mandatory. The penalty for failing to complete this form is prescribed in s. 103.005(12), Stats.

**CONSENT RESOLUTIONS OF THE BOARD OF DIRECTORS  
RAYMOND P. CATTELL, INC.**

Pursuant to Section 180.0821 of the Wisconsin Statutes, the undersigned, being all of the directors of Raymond P. Cattell, Inc., a Wisconsin corporation (the "Corporation"), hereby consent to and approve the adoption of the following Resolutions with the same effect as though adopted by vote at an annual meeting of the Board of Directors duly called and held.

**Ratification of Acts of Officers**

WHEREAS, various acts have been performed and transactions undertaken on behalf of the Corporation by its President, Wade Cattell, since the date of the last Director's Meeting for which minutes are contained in the records of the Corporation, some of which might properly be the subject of formal approval by the Board of Directors; and

WHEREAS, the attorneys for the Corporation have recommended that all such acts and transactions receive general affirmation and ratification at this time;

THEREFORE, BE IT RESOLVED, that all acts and transactions undertaken on behalf of the Corporation by Wade Cattell in his capacity as President of the Corporation are hereby affirmed and ratified as the acts and transactions of the Corporation.

**Amendment of Bylaws**

RESOLVED, that the Bylaws of the Corporation are hereby amended with respect to Section 4.01 to provide that any one person may simultaneously hold any two or more offices, including the offices of President and Vice-President and the offices of President and Secretary.

RESOLVED, that the Bylaws of the Corporation are hereby amended with respect to Article VI thereof to allow the Board to authorize the issuance by the Corporation of uncertificated shares.

RESOLVED, that to the extent that in prior years Wade Cattell simultaneously occupied multiple offices not permitted by the Corporation's Bylaws to be occupied by the same person, the sole Director hereby ratifies the amendment of the Bylaws pursuant to Section 8.03 thereof to resolve such inconsistency.

**Appointment of Officers**

WHEREAS, the Bylaws of the Corporation provide for the appointment of corporate officers by the Board of Directors;

THEREFORE, BE IT RESOLVED, that the persons listed below are hereby appointed or reappointed as officers of the Corporation. Each officer shall hold office until the next annual meeting of the Board of Directors, or the next series of Consent Resolutions in lieu thereof, and until his or her successor has been appointed, or until his or her prior death, resignation or removal, as provided in the Corporation's Bylaws:



Wade Cattell  
Art Mackesey  
Joe Culek

President/Vice President  
Secretary  
Treasurer

Recapitalization

RESOLVED, that all stock certificates issued by the Corporation shall be cancelled and that the ownership interest in the Corporation held by the Corporation's sole shareholder, Wade Cattell, shall hereafter be represented by 500 uncertificated shares of common stock of the corporation, which represent all of the issued and outstanding stock of the Corporation.

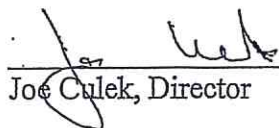
Execution in Counterparts

RESOLVED, that this Consent may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document. Any counterpart may be delivered by facsimile or other form of electronic transmission and the delivery of a copy or digital image of an executed original or counterpart of this Consent shall have the same force and effect as the delivery of an executed original.

Effective Date: November 17, 2014.

  
\_\_\_\_\_  
Wade Cattell, Director

  
\_\_\_\_\_  
Art Mackesey, Director

  
\_\_\_\_\_  
Joe Culek, Director



## BID BOND

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned,  
Raymond P. Cattell, Inc.

2401 Vondron Road, Madison, WI 53718 as Principal

and The Ohio Casualty Insurance Company

62 Maple Avenue, Keene, New Hampshire, 03431 as Surety, are

hereby held and firmly bound unto Town of Westport, 5387 Mary Lake Road, Waunakee, WI as

OWNER in the penal sum of Ten Percent of Amount Bid (10% of bid)

for the payment of which, well and truly to be made, we hereby jointly and severally bind ourselves, successors and assigns.

Signed, this 18th day of April, 20 19.

The Condition of the above obligation is such that whereas the Principal has

Submitted to Town of Westport a certain BID,

attached hereto and hereby made a part hereof to enter into a contract in writing, for the \_\_\_\_\_

Reynolds Avenue Reconstruction, Town of Westport, Waunakee, Wisconsin


NOW, THEREFORE,

- (a) If said BID shall be rejected, or
- (b) If said BID shall be accepted and the Principal shall execute and deliver a contract in the form of Contract attached hereto (properly complete in accordance with said BID) and shall furnish a BOND for his faithful performance of said contract, and for the payment of all persons performing labor or furnishing materials in connection therewith, and shall in all other respects perform the agreement created by the acceptance of said BID, then this obligation shall be void, otherwise the same shall remain in force and effect; it being expressly understood that the liability of the Surety for any and all claims hereunder shall, in no event, exceed the penal amount of this obligation as herein stated.

The Surety, for value received, hereby stipulates and agrees that the obligation of said Surety and its BOND shall be in no way impaired or affected by an extension of the time within which the OWNER may accept such BID; and said Surety does hereby waive notice of any such extension.

IN WITNESS WHEREOF, the Principal and the Surety have hereunto set their hands and seals, and such of them as are corporations have caused their corporate seals to be hereto affixed and these presents to be signed by their proper officers, the day and year first set forth above.

Raymond P. Cattell, Inc.   
(L.S) \_\_\_\_\_  
Principal

The Ohio Casualty Insurance Company  
\_\_\_\_\_  
Surety  
By:   
Travis Schreiber, Attorney-in-Fact

**IMPORTANT – Surety companies executing BONDS must appear on the Treasury Department’s most current list (Circular 570 amended) and be authorized to transact business in the state where the project is located.**





This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

LOCK

Liberty Mutual Insurance Company  
The Ohio Casualty Insurance Company  
West American Insurance Company

Certificate No. **8200493-969037**

## POWER OF ATTORNEY

**KNOWN ALL PERSONS BY THESE PRESENTS:** That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Richard F. Kekula, Michael J. Moore, Travis Schreiber, Kim E. Schwenn, Trisha Stark, Julie Zimmerman

all of the city of Madison state of Wisconsin each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

**IN WITNESS WHEREOF**, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of February, 2019.



Liberty Mutual Insurance Company  
The Ohio Casualty Insurance Company  
West American Insurance Company

By:

*David M. Carey*  
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss  
County of MONTGOMERY

On this 11th day of February, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

**IN WITNESS WHEREOF**, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Teresa Pastella, Notary Public  
Upper Merion Twp., Montgomery County  
My Commission Expires March 28, 2021  
Member, Pennsylvania Association of Notaries

By:

*Teresa Pastella*  
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

### ARTICLE IV – OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

### ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

**Certificate of Designation** – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed the seals of said Companies this 18th day of April, 2019.



By:

*Renee C. Llewellyn*  
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.



AGENDA ITEM #10:

Consideration of Resolution Supporting Grant  
Application for Multi-Use Trail Along  
CTH M and Governor Nelson

**RESOLUTION FOR SUPPORTING A MULTI-USE PATH GRANT APPLICATION THROUGH  
THE WISCONSIN DEPARTMENT OF NATURAL RESOURCES (WDNR) 2019  
STEWARDSHIP LOCAL ASSISTANCE, FEDERAL LAND AND WATER, AND  
RECREATIONAL TRAILS GRANT PROGRAMS**

WHEREAS, the Town of Westport is interested in developing lands to enhance multimodal transportation throughout the Town and for public outdoor recreation purposes as described in the application; and

WHEREAS, the Town of Westport recognizes the benefits of connecting a recreational trail from the intersection of Woodland Drive and County Trunk Highway M within the Town of Westport to existing trails in Governor Nelson State Park; and

WHEREAS, the Town of Westport recognizes that WDNR may reimburse project sponsors for up to 50% of the approved project costs and the Town is committed to fund the remaining costs of the project; and

HEREBY AUTHORIZES, \_\_\_\_\_, to act on behalf of the Town of Westport to:

- Submit and comply with all applicable laws, requirements, and regulations as outlined in the WDNR 2019 application materials, and any other program and/or project documentation;
- Submit signed documents;
- Upon grant award, work with the WDNR to review and complete a Memorandum of Understanding for the construction and maintenance of a trail through Governor Nelson State Park; and
- Take necessary action to undertake, direct and complete the approved project.

BE IT FURTHER RESOLVED that the Town of Westport will comply with state or federal rules for the programs to the general public during reasonable hours consistent with the type of facility; and will obtain from the State of Wisconsin Department of Natural Resources approval in writing before any change is made in the use of the project site.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

I hereby certify that the foregoing resolution was duly adopted by \_\_\_\_\_  
at a legal meeting on \_\_\_\_\_ day of \_\_\_\_\_, 2019.

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_



AGENDA ITEM #11:

State of Wisconsin, Department of Employee  
Trust Funds, Wisconsin Public Employers  
Group Health Insurance Program,  
Reaffirmation of Participation Resolution,  
Discussion/Action



STATE OF WISCONSIN  
Department of Employee Trust Funds  
Robert J. Conlin  
SECRETARY

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

March 15, 2019

To whom it may concern,

The Department of Employee Trust Funds is writing to inform you of a change that requires you, the governing body of your municipality (Board), to sign and submit an updated resolution to participate in the Wisconsin Public Employers group health insurance program (WPE-GHIP). This will not change the WPE-GHIP that is offered to your employees and retirees. **Please sign and return the attached resolution as soon as possible and no later than October 1, 2019 to continue participation in the WPE-GHIP.**

The reasons for the need of this new resolution are as follows:

1. ETF has created one reference source for the WPE-GHIP. Previously, information was provided in a variety of publications such as: the *Local Health Insurance Employer Administration Manual* (ET-1144), the contract between the Group Insurance Board and the participating health insurance providers (ET-1136) and several employer bulletins. These resources are now combined into the *Local Employer Health Insurance Standards, Guidelines and Administration Manual* (ET-1144).
2. The original resolution the Board signed stated that the Board agreed to abide by the terms of the program set forth in the contract between the Group Insurance Board and the participating health insurance providers. With the movement of those contract provisions to this new employer manual (ET-1144), that resolution is no longer accurate.

Contract provisions that were moved into this employer manual were not materially changed. Signing this agreement does not bind the Board into any new or substantially revised provisions that haven't already been communicated or implemented. The change was motivated by ETF's strategic initiative to provide an improved experience for administrative staff.

If you have questions or comments, please contact ETF at [ETFSMBEmployerInsurance@etf.wi.gov](mailto:ETFSMBEmployerInsurance@etf.wi.gov) or 1-877-533-5020 select option 2 (toll free) or 1-608-266-3285 select option 2 (local Madison area).

Sincerely,

The Department of Employee Trust Funds  
Attachment: Resolution ET-1169

Wisconsin Department of Employee Trust Funds

**EXISTING EMPLOYER UPDATE RESOLUTION  
WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM**

RESOLVED, by the \_\_\_\_\_ of the \_\_\_\_\_  
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis. Stat. § 40.51 (7) hereby determines to continue in the Wisconsin Public Employers (WPE) Group Health Insurance program that is offered to eligible personnel through the program of the State of Wisconsin Group Insurance Board (Board), and agrees to abide by the terms of the program as set forth in the *Local Employer Health Insurance Standards, Guidelines and Administration Manual* (ET-1144).

We will continue to participate in the program option in which we are currently enrolled. If we wish to elect a new program option for 2020 we will file a separate resolution to do so.

All participants in the WPE Group Health Insurance program need to be enrolled in a program option. Individual employees cannot choose between program options.

**The resolution must be received by the Department of Employee Trust Funds as soon as possible, but no later than October 1, in order to continue participation without lapse.** If more time is needed, contact ETF.

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the Board to provide such Group Health Insurance.

**Certification**

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

\_\_\_\_\_  
Federal tax identification number (FEIN/TIN)

\_\_\_\_\_  
Authorized employer representative signature

**69-036-**  
\_\_\_\_\_  
ETF employer identification number

\_\_\_\_\_  
Authorized employer representative printed name

Number of eligible employees \_\_\_\_\_

\_\_\_\_\_  
Authorized representative title

\_\_\_\_\_  
Employer county

\_\_\_\_\_

\_\_\_\_\_  
Employer benefit contact email address

\_\_\_\_\_  
Mailing address

Submit completed form to ETF at [ETFsMBESSNewEmployer@etf.wi.gov](mailto:ETFsMBESSNewEmployer@etf.wi.gov)  
or fax to 608-267-4549.