

**Village of Colfax
Village Board Meeting Agenda
Monday, March 11, 2019 @ 7 p.m.
Village Hall
613 Main Street, Colfax, WI 54730**

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Public Comments
 - a. Eric Turner – Dunn County Economic Development
 - b. Jordan Pospishil – West Central Regional Planning Commission – Revolving Fund Loan Program
5. Communications from the Village President
6. Consent Agenda
 - a. Minutes
 - i. Regular Board Meeting Minutes –February 25th, 2019
 - b. Training Request
 - i. Wisconsin Rural Water Association Annual Technical Conference – LaCrosse, WI – March 26 to March 29, 2019
 1. Rand Bates
 2. Don Logslett
 3. Ryan Bauer
 - c. Facility Rental – none
 - d. Licenses - none
7. Consideration Items
 - a. Community Health Needs - KT Gallagher
 - b. Timber Technologies LLC – Variance Request
 - c. Colfax Railroad Museum Letter of Support
 - d. Dunn County Emergency Management request – discussion and possible action
 - e. WWTP Bank Stabilization CDBG Project discussion and possible action
 - i. WWTP Bank Stabilization CDBG Committee
 - ii. Resolution 2019-02 – CDBG Citizen Participation Plan
 - iii. Set Public Hearing Date – April 8, 2019 at 6:30 p.m., Village Hall
 - f. United Health Care 5/1/2019 Renewal – Dental/Life/Vision
 - g. Salt Shed Repair Estimates
8. Review/Approval – Bills –February 25th, 2019 to March 10th, 2019
9. Committee/Department Reports – (no action)
 - a. Administrator-Clerk-Treasurer Report
 - b. Red Cedar Watershed Conference – March 14, 2019 8:30 am – 4:15 pm
10. Adjourn

Any person who has a qualifying disability as defined by the American With Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format must contact: Lynn M. Niggemann - Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the day prior to the meeting so that any necessary arrangements can be made to accommodate each request.

It is possible that members of and possibly a quorum of members of the governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

Village Board Meeting – February 25, 2019

On February 25, 2019, the Village Board meeting began at 7:00 p.m. at the Village Hall, 613 Main St., Colfax, WI 54730. Members present: Chair Halpin, Trustees K. Burcham, M. Burcham, Jenson, Wolff. Excused: Trustees Stene and Davis. Others Present: Jon Strand with CBS Squared, Public Works Director Bates, Administrator-Clerk-Treasurer Niggemann and LeAnn Ralph with the Messenger.

Pledge of Allegiance

Public Comments – none.

Communications from the Chair – Halpin wanted to say thank you to the Public Works for all the hard work they have been doing.

Consent Agenda

Regular Board Meeting Minutes – February 11, 2019 – A motion was made by Trustee Wolff and seconded by Trustee Jenson to approve the February 11th, 2019 minutes. Voting For: Trustees Wolff, Jenson, M. Burcham, K. Burcham and Halpin. Voting Against: none. Motion carried.

Training Request – none.

Facility Rental – none.

Licenses – none.

Consideration Items

Community Health Needs – KT Gallagher – Move to next Board meeting.

Lagoon Streambank discussion – possible action – Strand gave a quick review of the project and then discussed the potential for a second source of funding. The US Army Core of Engineers is the first funding source and the second funding source, if approved by the US Army Core of Engineers, would be Community Development Block Grant Funds through the HUD program. If approved the application process would need to move very quickly. CBS Squared has provided cost estimates for each step of the project. It would be helpful to have the CDBG application costs of up to \$4,900 approved today so when we get a response from the US Army Core, we can start the application.

A motion was made by Trustee Jenson and approved by M. Burcham to approve the CDBG application fees of up to \$4,900 for CBS Squared contingent upon the approval from US Army Core of Engineers. Voting For: Trustees Wolff, Jenson, M. Burcham, K. Burcham and Halpin. Voting Against: none. Motion carried.

The Village Board reviewed the capital improvement plan for the Sewer Utility. A motion was made by Trustee Wolff and seconded by Trustee Halpin to approve the Sewer Utility Capital Improvement Plan as it was presented. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Wolff and Halpin. Voting Against: none. Motion Carried.

Timber Technologies Expansion discussion - Timber Technologies provided a list of items they would like the Village to consider for possible TIF reimbursement. The list included possible financial assistance

for connection costs for natural gas, electric, water and sewer, storm sewer tie in, culver and road repairs for storm water management. Niggemann also reminded the Board that Lentz from Ehlers has mentioned that a more attractive incentive to a municipality would be to give back a percentage of the tax dollars paid once the structure is on the tax roll for a certain number of years. This process allows the Village to plan for the cost more easily.

The Board would like to look at this at a future meeting after the costs have been received.

Review/Approval – Bills –February 11, 2019 to February 24th, 2019 - A motion was made by Trustee Jenson and seconded by Trustee M. Burcham to approve the bills for February 11th, 2019 to February 24th, 2019. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Wolff and Halpin. Voting Against: none. Motion carried.

Adjourn – All business was complete and the meeting adjourned at 7:43 p.m.

Mark Halpin, Chair

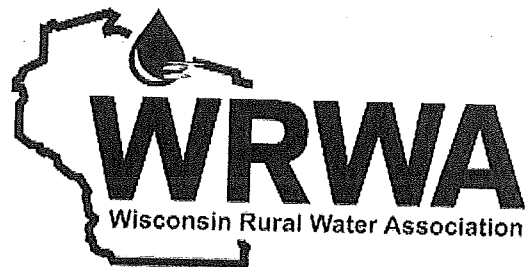
Attest: Lynn Niggemann
Administrator-Clerk-Treasurer

Wisconsin Rural Water Association

31st Annual

**Technical
Conference**

**The La Crosse Center,
La Crosse, WI
March 26-29, 2019**



CONFERENCE AGENDA

Tuesday, March 26

8:30-5:00	WRWA Committee Meetings- Board Room B	
PRE-CONFERENCE WORKSHOPS		
9:00 - Noon	WATER OPERATION & MAINTENANCE	WASTEWATER OPERATION & MAINTENANCE
	<i>Advanced Metering</i>	<i>Wastewater Treatment: Past, Present & Future</i>
	John Reiss – Honeywell	Tom Hinde – Air Diffusion Systems
	<i>Corrosion Control from Water Treatment Plant to Customers TAP</i>	<i>Memfree Wastewater Treatment System</i>
	Randy Sanford & John Thom – Short Elliott Hendrickson, Mark Nelson – City of Eau Claire	Peter Henkels – Tecvalco USA
	<i>Ice Pigging: A Revolutionary Method of Cleaning Pipes</i>	<i>Upgrading for Cold-Climate Nutrient Removal: The Case of Sundridge, Ontario</i>
	Paul Trelour & Jessica Morrison – SUEZ Advanced Solutions	Nick Janous - Nexom
12:00	LUNCH – Ballroom Area	
1:00 - 4:00	<i>Pie in the Sky – Not All Tanks are the Same</i>	<i>Newly Developed Cloth Media & Innovative Pilot Testing to Replace your Tertiary Sand Filter</i>
	Shawn Mulhern – KLM Engineering, Inc.	Matt Castillo, P.E. – MSA Professional Services, Inc.
	<i>The Dos & Don'ts of Tracer Wire</i>	<i>Modeling for Success – Taking Lagoon Process Design to the Next Level</i>
	Amanda Peterson – Copperhead Industries	James Martin – Lemna Environmental Technologies, Inc. (LET)
	<i>Seeing Beneath the Surface</i>	<i>How are Large Farms Protecting Water Quality?</i>
	Doug Gries – Ferguson Waterworks	Tonia Speener, P.E. & Diane Thoune, P.E. – Clark Dietz, Inc.

Wednesday, March 27

8:00	Registration – La Crosse Center South Lobby
9:00	Opening Session – North Hall A1,2,3,4 <ul style="list-style-type: none"> ▪ Welcome Chris Groh, WRWA Executive Director ▪ Opening Speaker- TBD ▪ WRWA Annual Awards Presentations ▪ Annual Membership Meeting - North Hall A1,2,3,4 following Awards Presentation
*	Exhibit Hall opens following Opening Session – South Hall & Large Equipment in Arena
11:30	Lunch – South Hall Exhibit Area
1:00-5:00	<i>DNR - Regulatory Updates (Lead & Copper Rule Implementation, UCMR and Safe Drinking Water Loan Program</i> <i>WI Public Service Commission - Regulatory Update, Ratemaking Basics for Utility Operators, Customer Service in the Field</i> <i>Rural Development Web Based Application</i>

Thursday, March 28

7:30	Registration – La Crosse Center Main Entrance			
7:30	Exhibit Hall Opens – South Hall & Arena BREAKFAST SERVED FROM 7:30 TO 8:30			
9:30	<i>Fact vs. Myth When it Comes to Safety</i> Vince Matarrese Adv. Safety Technology	<i>Headworks Facilities Evaluation – Operator-Driven Decision Making</i> Greg Gunderson, P.E. – MSA Professional Services, Inc.	<i>Improving Water Utilities Through Asset Management</i> Cathy Wunderlich & Nicholas Bertolas – Wisconsin Dept of Natural Resources	<i>Exploring Energy Saving Solutions</i> Joe Kuttwitz – Focus on Energy
10:30	<i>Smart Meter Backflow Alert! Now What do we do?</i> Gary McLaren - HydroCorp	<i>City of Baraboo Reduces WRRF Project Cost by Self-Performing Work</i> Eugene Doro – City of Baraboo Kyra Peach – MSA Professional Services, Inc.	<i>Corrosion Control Treatment Studies: Desktop vs Demonstration</i> Andy Mullendore – Strand Associates, Inc	<i>Economic Development & Public Utilities: A Sustainable Financial Perspective for Municipal Government</i> Randy Sanford & Dan Botich – Short Elliott Hendrickson Inc.
11:30	Lunch – South Hall & Arena Exhibit Areas			
12:00	Water Taste Test – Commons Area			
12:30				
1:00	Exhibit Hall Closes			
1:00	<i>How to Map Your System</i> Ben Hill – Diamond Maps	<i>Using Rare Earth Technology for Effective Phosphorus Removal & Sludge Reduction</i> Pam Cornish – Neo Performance Materials	<i>Project Priority Scoring for the Safe Drinking Water Loan Program</i> Jim Witthuhn – Wisconsin Dept of Natural Resources	<i>Social Security</i> <i>(12:30 pm – 2:00 pm)</i> Ricardo Acevedo Social Security Administration
2:00	<i>Water Loss Control</i> Carlos A. Covarrubias – M.E. Simpson Co., Inc.	<i>When to Throw out the Approved Phosphorus Treatment Design. Case study – Holmen WWTF Upgrade</i> Jerry Doriott & Katie Jo Jerzak – Short Elliott Hendrickson Pete Mezera & Doug Johnson – Village of Holmen	<i>Putting all Your Eggs in One (Water Utility) Basket</i> Kurt R. Muchow - Vierbicher	<i>An Introduction to the Wisconsin Retirement System (WRS)</i> <i>(2:00pm – 4:00 pm)</i> Caleb Johnson – Wisconsin Department of Employee Trust Funds
3:00	<i>Technology Trends, Value of Cellular Networks</i> Luis Vazquez – Badger Meter	<i>Pressure Sewer Systems Providing a Sustainable Solution for Sewer Renewal</i> Keith J. McHale, P.E. – Environmental One Corporation	<i>Brace Yourself! Best Practices for Building in a Strong Economy</i> Brad Reents & John Langhans – MSA Professional Services, Inc.	
6:00	Banquet – South Hall – Sportsman’s Raffle Drawing and Prize Presentation			

Friday, March 29

8:00	<i>Asset Management Approach to Water Well Maintenance</i> Jessica Morrison or Mike Judkins – SUEZ Advanced Solutions	<i>Effluent Nutrient Treatment Provided by Soils & Plants</i> Bart Sexton – Sand Creek Consultants
9:00	<i>Water Line Locating – Witching Sticks to GPS</i> David Shelby – Subsurface Solutions	<i>Old Dog, New Tricks: Rehabilitating your Lagoon System</i> Braden O’Leary – Triplepoint Environmental
10:00	<i>Water Tower Tank Maintenance & Services Agreements</i> Michael Novitzki – KLM Engineering, Inc.	<i>Advancements in Aeration, Energy Efficiency, Instruments & Process Control</i> Trevor Ghylin, P.E. - Energenec

CEC’s	Tuesday	Wednesday	Thursday	Friday	Total
Water/Wastewater/PDH	6	6	6	3	21

CEC’s	Tuesday	Wednesday	Thursday	Friday	Total
General Septage	2	0	1.5		3.5

**Meeting / Continuing Education
Travel / Meeting Request Form**

Name Rand Bates Position Director Public works
 Date 3-7-19 Department DJW
 Date(s) of meeting 3-26-3-29-19 Estimated Costs \$695⁰⁰
 Employee is / not required to attend (circle one)

Name of Requested meeting: WRWA 31st Annual Technical Conference
 How will this improve your ability to perform your job? New Techniques and new standards.

What alternatives are there to attending this meeting? (In- house resources, literature review, participation in meetings closer to Eau Claire, etc.) Classes all over the state throughout the year.

How will you share what you have learned with others?. They will also attend

Please include any additional comments on the back of this form

Expense Estimate: <u>\$695⁰⁰</u>	Requested <u>3/7/19</u>	Approved
Tuition / Registration <u>\$ 200⁰⁰</u>	*Are others attending this meeting names are listed above (If yes, list names)	
Mileage / Airfare <u>0</u>		
Lodging <u>\$495⁰⁰ for 3 nights</u>		
*Would like the Registration Fee Miscellaneous pre paid and mailed with your registration		
Total <u>\$695⁰⁰</u>		
Time Request:	Requested <u>3/7/19</u>	Approved
Number of days absent:		
From Work Setting <u>3 1/2 days</u>		
Vacation		
Paid Conference Time <u>3 1/2 days</u>		
Absent Without Pay (own time)		
Other		

**A COPY OF THE MEETING DESCRIPTION AND AGENDA
MUST BE ATTACHED TO THIS REQUEST**

Lynn Niggemann 3/7/19
 Supervisor Date

WRWA 31st ANNUAL TECHNICAL CONFERENCE
GENERAL REGISTRATION FORM



(Municipal Systems, Gov't Agencies Only)
MARCH 26 - 29, 2019

ONE FORM PER PERSON

Full Name: Rand Bates *DNR Op. Cert. No. 35661
System: Colfax Waterworks
Address: 614 Railroad Ave City: Colfax State: WI Zip: 54730
Telephone: (715) 308-0861 Email: Colfaxdpw@colfaxdpw.com

PLEASE CHECK APPROPRIATE BOXES AND ENTER AMOUNTS FOR DAYS ATTENDING

1. **Tuesday, March 26, 2019**
(Includes educational sessions, continental breakfast, lunch)
WRWA Member \$50
Non-Member \$65 \$ _____
 2. **Wednesday, March 27, 2019**
(Includes educational sessions, exhibit hall, continental breakfast & lunch)
WRWA Member \$50
Non-member \$65 \$ 50
 3. **Thursday, March 28, 2019**
(Includes educational sessions, exhibit hall, breakfast buffet, lunch and banquet)
WRWA Member \$100
Non-member \$130 \$ 100
 4. **Friday, March 29, 2019**
(Includes educational sessions & continental breakfast)
WRWA Member \$50
Non-member \$65 \$ 50
 5. **Additional Banquet Ticket** Print full name: _____
Thursday - 3/28 \$50 \$ _____
- *** ON-SITE REGISTRATION - Add \$25 to cost shown
TOTAL REGISTRATION: \$ 200⁰⁰

*FOR WRWA to SUBMIT YOUR CEU'S to the DNR, YOU MUST INCLUDE YOUR CERTIFICATION NUMBER ABOVE

Cancellations/Changes and Refunds: No later than March 1, 2019. After that date, fees are non-refundable. All refunds will be processed after the conference. Substitutions are allowed at no charge.

Please check appropriate box: Check enclosed Paid by Credit Card

Please mail completed registration form with payment to: **WRWA, 350 Water Way, Plover, WI 54467**
Make checks payable to: **WRWA**

To pay by Credit Card: (Visa, Discover, MasterCard, E-Check, Debit Card Only) Go to www.wrwa.org
*** MUST fax completed form(s) to (715)344-5555 or email to wrwa@wrwa.org

QUESTIONS: (715) 344-7778 - Program and lodging information: www.wrwa.org

Meeting / Continuing Education Travel / Meeting Request Form

Name Don Logglett Position Streets Operator I
 Date 3-7-19 Department DPW
 Estimated Costs \$695⁰⁰
 Date(s) of meeting 3-26-3-29-19 Employee is / not required to attend (circle one)

Name of Requested meeting: WRWA 31st Annual Technical Conference

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Absent Without Pay (own time)		
Other		

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Rand Batz
Supervisor

3-7-19
Date

WRWA 31st ANNUAL TECHNICAL CONFERENCE

GENERAL REGISTRATION FORM

(Municipal Systems, Gov't Agencies Only)

MARCH 26 – 29, 2019



ONE FORM PER PERSON

Full Name: Don Logstett *DNR Op. Cert. No. 24774
System: Colfax Waterworks
Address: 614 Railroad Ave City: Colfax State: WI Zip: 54730
Telephone: (715) 308-0861 Email: colfaxdpw@colfaxdpw.com

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Meeting / Continuing Education Travel / Meeting Request Form

Name Ryan Bauer Position Operator 2 - Public Works
 Date 3-7-19 Department DPW
 Date(s) of meeting 3-26-3-29-19 Estimated Costs \$695⁰⁰
 Employee is required to attend (circle one)

Name of Requested meeting: WRWA 31st Annual Technical Conference

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Absent Without Pay (own time)		
Other		

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Rand Betz
Supervisor

3-7-19
Date

**WRWA 31st ANNUAL TECHNICAL CONFERENCE
GENERAL REGISTRATION FORM**



(Municipal Systems, Gov't Agencies Only)

MARCH 26 – 29, 2019

ONE FORM PER PERSON

Full Name: Ryan Bauer *DNR Op. Cert. No. _____
System: Colfax Waterworks
Address: 614 Railroad Ave City: Colfax State: WI Zip: 54730
Telephone: (715) 308-0861 Email: colfaxdpw@colfaxdpw.com

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QUESTIONS: (715) 344-7778 - Program and lodging information: www.wrwa.org

Welcome to the 2019 Dunn County Health Needs Assessment!

By taking this survey, you will

- (1) share your thoughts and opinions on the health needs of Dunn County
- (2) help inform the upcoming Dunn County Community Health Improvement Plan

Information gathered from the survey will be used to help determine how to best address the needs of Dunn County. By taking this survey you help shape the priorities in Dunn County! **Let your voice be heard!**

Save the Date: The results will be shared at a community event on July 16th, 2019. Members of the community are invited and strongly encouraged to attend the July 16th event! This will be a chance to learn about the results of the survey and discuss how to use the information to create a health improvement plan for Dunn County.

All responses will be kept CONFIDENTIAL and in no way will be linked back to you.

Estimated time to complete survey: 8 - 25 minutes

Important Definitions:

Access: The word access will be used often and refers to access to services including:

- 1.) Gaining entry into the health care system (usually through insurance coverage)
- 2.) Ability to get to a place where health care services are provided (close to your home)
- 3.) Finding a health care provider you trust and feel comfortable talking to (personal relationship)

Resources: Resources are a source of supply, support, or aid that can be easily used when needed.

Option to take the survey online:

https://uwex.co1.qualtrics.com/jfe/form/SV_eUKj21ONLWLRDZr

1.) Are you 18 years or older? *Please select one option.*

- Yes
 No (*If no, please end survey*)

2.) Are you a resident of Dunn County? *Please select one option.*

- Yes
 No (*If no, skip to question 3*)

Please provide your Zip Code: _____
Township/Village/City: _____

3.) If you are not a resident of Dunn County, please describe your connection to Dunn County briefly:

Health Area: Healthy Nutrition

Healthy Nutrition focuses on always having enough healthy, nutritious food from infancy through old age.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Healthy Nutrition** is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
 Moderate Weakness
 Neutral (*If checked, skip to next health area: Physical Activity*)
 Moderate Strength (*If checked, skip to next health area: Physical Activity*)
 Major Strength (*If checked, skip to next health area: Physical Activity*)
 Not enough Info (*If checked, skip to next health area: Physical Activity*)

2019 Dunn County Community Health Needs Assessment

3.) Have you had any problems accessing **Healthy Nutrition** in the last three years? *Please select one.*

- Yes
- No (*If no, skip to question 5*)

4.) If yes, what were your barriers to accessing **Healthy Nutrition**? *Please select all that apply.*

- Time
- Money
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Don't know how to make healthy foods
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Healthy Nutrition** resources when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Healthy Nutrition** education would you benefit from? *Please select all that apply.*

- Breastfeeding
- Food Safety (canning, storage, temp, etc.)
- Eating on a budget
- Healthy fast food options
- Meal planning and prepping
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Healthy Nutrition** in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing access to **Healthy Nutrition** in your community? *Please share below.* _____

Health Area: Physical Activity

Physical Activity focuses on ways to stay active in order to improve overall health. Activities include walking, biking, swimming, exercising, lifting weights, and/or team sports.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Physical Activity** resources (bike trails, recreational areas, gyms, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral (*If checked, skip to next health area: Alcohol Abuse*)
- Moderate Strength (*If checked, skip to next health area: Alcohol Abuse*)
- Major Strength (*If checked, skip to next health area: Alcohol Abuse*)
- Not enough Info (*If checked, skip to next health area: Alcohol Abuse*)

3.) Have you had any problems being **Physically Active** in the last three years? *Please select one.*

- Yes
- No (*If no, skip to question 5*)

4.) If yes, what were your barriers to being **Physically Active**? *Please select all that apply.*

- Time
- Money
- A place to go
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Weather
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County are **Physically Active**? *Please select one.*

- Yes
- No
- Unsure

2019 Dunn County Community Health Needs Assessment

- 6.) What areas of **Physical Activity** education would you benefit from? *Please select all that apply.*
- The impacts of physical activity on the brain and overall health
 - Easy home exercises
 - How and where to join team sports and/or group fitness classes in the area
 - Exercise plans to aid weight loss
 - Exercise plans to maintain weight
 - Exercise plans to aid weight gain
 - Modified or adaptive exercises for different abilities
 - Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of **Physical Activity** in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing **Physical Activity** in your community? *Please share below.* _____

Health Area: Alcohol Abuse

Alcohol abuse focuses on how much and how often alcohol is consumed. Topics include:

- Binge and/or excessive drinking
- Underage drinking
- Providing alcohol to minors
- Operating a vehicle while intoxicated

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Alcohol Abuse** resources (rehabilitation, counseling, local support groups, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral (*If checked, skip to next health area: Substance Abuse*)
- Moderate Strength (*If checked, skip to next health area: Substance Abuse*)
- Major Strength (*If checked, skip to next health area: Substance Abuse*)
- Not enough Info (*If checked, skip to next health area: Substance Abuse*)

3.) Have you tried to access **Alcohol Abuse** resources in Dunn County in the past three years? *Please select one.*

- Yes
- No (*If no, skip to question 6*)

4.) Were you able to access the resources you were seeking? *Please select one.*

- Yes (*If yes, skip to question 6*)
- No

5.) If no, what were your barriers to accessing **Alcohol Abuse** resources? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Discrimination
- Embarrassed (and/or stigma)
- Not a priority to me
- Other, please list: _____

6.) Do you believe that the majority of people in Dunn County have access to **Alcohol Abuse** resources when needed? *Please select one.*

- Yes
- No
- Unsure

7.) What areas of **Alcohol Abuse** education would you benefit from? *Please select all that apply.*

- The long-term impact that alcohol use can have on your health
- The role that heredity plays in developing problems with alcohol use
- Resources that can provide help
- The difference between low risk alcohol use and high risk use
- How to talk to a loved one when concerned about their alcohol use
- Other, please list: _____

OPTIONAL: In your experience, why do you think there is an **Alcohol Abuse** problem in your community? *Please share below.* _____

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OPTIONAL: From your perspective, what are some solutions for reducing the **Alcohol Abuse** problem in your community? *Please share below.* _____

Health Area: Substance Abuse

Substance abuse includes the use of illegal substances, such as marijuana, heroin, methamphetamine and the misuse of prescription drugs such as OxyContin, Ritalin, and Vicodin.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Substance Abuse** resources (such as drug rehabilitation services, educational classes, local support groups, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: Sexual Health)*
- Moderate Strength *(If checked, skip to next health area: Sexual Health)*
- Major Strength *(If checked, skip to next health area: Sexual Health)*
- Not enough Info *(If checked, skip to next health area: Sexual Health)*

3.) Have you tried to access **Substance Abuse** resources in Dunn County in the past three years? *Please select one.*

- Yes
- No *(If no, skip to question 6)*

4.) Were you able to access the resources you were seeking? *Please select one.*

- Yes *(If yes, skip to question 6)*
- No

5.) If no, what were your barriers to accessing **Substance Abuse** resources? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Discrimination
- Embarrassed (and/or stigma)
- Not a priority to me
- Other, please list: _____

6.) Do you believe that the majority of people in Dunn County have access to **Substance Abuse** resources when needed? *Please select one.*

- Yes
- No
- Unsure

7.) What areas of **Substance Abuse** education would you benefit from? *Please select all that apply.*

- The long-term impact that drug use can have on your health
- How to recognize the signs and symptoms of drug use
- Resources that can provide help
- How to talk to a loved one when concerned about their drug use.
- How to talk to children about the risks of drug use.
- Safe storage of medications
- Other, please list: _____

OPTIONAL: In your experience, why do you think there is a **Substance Abuse** is a problem in your community? *Please share below.*

OPTIONAL: From your perspective, what are some solutions for reducing the **Substance Abuse** problem in your community? *Please share below.*

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Health Area: Sexual Health

Sexual Health focuses on education and health care services that help maintain sexual health for people of all ages. This includes pregnancy planning and spacing, as well as the prevention of unintended pregnancy and sexually transmitted infections (STIs) such as chlamydia, HIV and gonorrhea.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Sexual Health** resources (pregnancy planning, STI prevention, education, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: Tobacco/Nicotine Use)*
- Moderate Strength *(If checked, skip to next health area: Tobacco/Nicotine Use)*
- Major Strength *(If checked, skip to next health area: Tobacco/Nicotine Use)*
- Not enough Info *(If checked, skip to next health area: Tobacco/Nicotine Use)*

2.) Have you tried to access **Sexual Health** resources in Dunn County in the past three years? *Please select one.*

- Yes
- No *(If no, skip to question 6)*

3.) Were you able to access the resources you were seeking? *Please select one.*

- Yes *(If yes, skip to question 6)*
- No

4.) If no, what were your barriers to accessing **Sexual Health** resources? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Sexual Health** resources when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Sexual Health** education would you benefit from? *Please select all that apply.*

- Pregnancy and STI prevention (birth control, sexual health 101)
- Pregnancy planning and spacing
- How to talk with your children about sexual health
- Age appropriate sexual health education
- Healthy couple relationships
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of **Sexual Health** resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing **Sexual Health** resources in your community? *Please share below.* _____

Health Area: Tobacco/Nicotine Use

Tobacco/nicotine use includes cigarettes, chewing tobacco and E-cigarettes.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

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2.) Do you believe access to **Tobacco/Nicotine Use** resources (products and services to help quit tobacco/nicotine use, counseling, and/or local support groups) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: Chronic Disease)*
- Moderate Strength *(If checked, skip to next health area: Chronic Disease)*
- Major Strength *(If checked, skip to next health area: Chronic Disease)*
- Not enough Info *(If checked, skip to next health area: Chronic Disease)*

3.) Have you tried to access **Tobacco/Nicotine Use** resources in Dunn County in the past three years? *Please select one.*

- Yes
- No *(If no, skip to question 6)*

4.) Were you able to access the resources you were seeking? *Please select one.*

- Yes *(If yes, skip to question 6)*
- No

5.) If no, what were your barriers to accessing **Tobacco/Nicotine Use** resources? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

6.) Do you believe that the majority of people in Dunn County have access to **Tobacco/Nicotine Use** resources when needed? *Please select one.*

- Yes
- No
- Unsure

7.) What areas of **Tobacco/Nicotine Use** education would you benefit from? *Please select all that apply.*

- The health risks related to the use of tobacco/nicotine
- The health risks related to the use of E-cigs/Vaporizers
- The health risks of tobacco/nicotine/E-cigs use during pregnancy
- Resources that can provide help
- How to talk to a loved one about their tobacco/nicotine use
- The availability of patches and prescription drugs to help quit
- Other, please list: _____

OPTIONAL: In your experience, why do you think there is a **Tobacco/Nicotine Use** problem in your community? *Please share below.*

OPTIONAL: From your perspective, what are some solutions for fixing the **Tobacco/Nicotine Use** problem in your community? *Please share below.* _____

Health Area: Chronic Disease

Chronic Disease involves illnesses that last a long time, usually cannot be cured, and often result in disability. It includes health concerns such as arthritis, cancer, diabetes, high blood pressure, chronic obstructive pulmonary disease (COPD) and obesity.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

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2.) Do you believe access to **Chronic Disease** prevention and management resources (medical care, rehabilitation services, educational classes, local support groups, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: Mental Health)*
- Moderate Strength *(If checked, skip to next health area: Mental Health)*
- Major Strength *(If checked, skip to next health area: Mental Health)*
- Not enough Info *(If checked, skip to next health area: Mental Health)*

3.) Have you tried to access **Chronic Disease** resources in Dunn County in the past three years? *Please select one.*

- Yes
- No *(If no, skip to question 6)*

4.) Were you able to access the resources you were seeking? *Please select one.*

- Yes *(If yes, skip to question 6)*
- No

5.) If no, what were your barriers to accessing **Chronic Disease** resources? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

6.) Do you believe that the majority of people in Dunn County have access to **Chronic Disease** resources when needed? *Please select one.*

- Yes
- No
- Unsure

7.) What areas of **Chronic Disease** education would you benefit from? *Please select all that apply.*

- Childhood obesity prevention and treatment services
- Chronic disease self-management classes
- Diabetes prevention and self-management classes
- Free or low cost chronic disease health screenings
- Free or low cost weight management programs
- Healthy food options at community events
- Other: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Chronic Disease** resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing access to **Chronic Disease** resources in your community? *Please share below.* _____

Health Area: Mental Health

Mental health focuses on achieving and maintaining a healthy mental outlook. It includes services and support to guide how we think, act, and feel as we handle stress, relate to others, and make choices. This can include depression, anxiety, PTSD, self-harm, and suicide.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Mental Health** resources (such as qualified providers, treatment options, local support groups, etc.) is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: Oral Health)*
- Moderate Strength *(If checked, skip to next health area: Oral Health)*
- Major Strength *(If checked, skip to next health area: Oral Health)*
- Not enough Info *(If checked, skip to next health area: Oral Health)*

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3.) Have you tried to access **Mental Health** resources in Dunn County in the past three years? *Please select one.*

- Yes
- No (*If no, skip to question 6*)

4.) Were you able to access the resources you were seeking? *Please select one.*

- Yes (*If yes, skip to question 6*)
- No

5.) If no, what were your barriers to accessing **Mental Health** resources? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

6.) Do you believe that the majority of people in Dunn County have access to **Mental Health** resources when needed? *Please select one.*

- Yes
- No
- Unsure

7.) What areas of **Mental Health** education would you benefit from? *Please select all that apply.*

- Available mental health resources in the community
- How to treat or prevent mental health issues
- How to reduce or prevent self-harm and/or suicide
- How to deal with a mental health emergency
- How to talk about mental health issues with others
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Mental Health** resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increase access to **Mental Health** resources in your community? *Please share below.* _____

Health Area: Oral Health

Oral Health focuses on keeping teeth, gums and mouth healthy. Topics include:

- Flossing
- Brushing
- Regular check-ups at the dentist (every 6 months)
- Fluoride supplements

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Oral Health** care is a strength or a weakness in your community? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral (*If checked, skip to next health area: Serious Infections*)
- Moderate Strength (*If checked, skip to next health area: Serious Infections*)
- Major Strength (*If checked, skip to next health area: Serious Infections*)
- Not enough Info (*If checked, skip to next health area: Serious Infections*)

3.) Have you had any problems accessing **Oral Health** care in Dunn County in the last three years? *Please select one.*

- Yes
- No (*If no, skip to question 5*)

4.) If yes, what were your barriers to accessing **Oral Health** care? *Please select all that apply.*

- Time
- Money
- Transportation
- Availability
- Not a priority for me
- Do not have insurance
- Local dental care providers do not accept BadgerCare/Medicare
- Other, please list: _____

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5.) Do you believe that the majority of people in Dunn County have access to **Oral Health** care when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Oral Health** care education would you benefit from? *Please select all that apply.*

- The importance of daily brushing/flossing
- A list of local dental care providers that accept BadgerCare/Medicare
- What is fluoride and why is it added to drinking water
- How oral health affects overall health
- The impact different foods and drinks have on oral health
- Well water testing for fluoride
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Oral Health** care in your community? *Please share below.*

OPTIONAL: From your perspective, what are some solutions for increasing access to **Oral Health** care in your community? *Please share below.*

Health Area: Serious Infections

Serious infections are sicknesses that you can catch from other people, bugs, animals or food. They can be passed from person to person or animal to person. This health area also includes ways to prevent and stop the spread of these infections. It includes getting sick from germs that cause:

- Influenza
- Measles
- Food poisoning
- Whooping cough
- Rabies

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe **Serious Infection** prevention and control is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral (*If checked, skip to next health area: Family Health*)
- Moderate Strength (*If checked, skip to next health area: Family Health*)
- Major Strength (*If checked, skip to next health area: Family Health*)
- Not enough Info (*If checked, skip to next health area: Family Health*)

3.) Have you had any problems accessing **Serious Infection** prevention and control resources in Dunn County in the last three years? *Please select one.*

- Yes
- No (*If no, skip to question 5*)

4.) If yes, what were your barriers to accessing **Serious Infection** prevention and control resources in Dunn County? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Serious Infections** prevention and control resources when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Serious Infection** prevention and control education would you benefit from? *Please select all that apply.*

- Immunizations/shots
- Personal hygiene
- When to stay home from work
- Safely preparing and serving food
- Pet vaccinations
- Other, please list: _____

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OPTIONAL: In your experience, what are the reasons for the lack of access to **Serious Infection** prevention and control resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increasing access to **Serious Infection** prevention and control resources in your community? *Please share below.* _____

Health Area: Family Health

Family Health focuses on relationships between family members which may impact one's physical, mental, and emotional health. Family Health includes:

- Family relationships and isolation
- Preventative health care (i.e. regular check-ups)
- Information on human growth and development
- Adapting well when something bad happens (also known as resilience)
- Child and elder care

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Family Health** resources is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral (*If checked, skip to next health area: **Healthy Environment***)
- Moderate Strength (*If checked, skip to next health area: **Healthy Environment***)
- Major Strength (*If checked, skip to next health area: **Healthy Environment***)
- Not enough Info (*If checked, skip to next health area: **Healthy Environment***)

3.) Have you had any problems accessing **Family Health** resources in Dunn County in the last three years? *Please select one.*

- Yes
- No (*If no, skip to question 5*)

4.) If yes, what were your barriers to accessing **Family Health** resources in Dunn County? *Please select all that apply.*

- Time
- Money
- Transportation
- Not a priority to me
- Discrimination
- Embarrassed (and/or stigma)
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Family Health** resources when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Family Health** education would you benefit from? *Please select all that apply.*

- How to cope when bad things happen to you
- Normal child growth and development
- Where to go for affordable healthcare coverage
- Prenatal Education
- Resources for child care
- Resources for elder care
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to **Family Health** resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increasing access to **Family Health** resources in your community? *Please share below.* _____

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Health Area: Healthy Environment

Healthy Environment focuses on the things in our water, air and food that can make us sick. Topics include:

- Safe drinking water from personal wells or city taps
- Safe lakes and rivers for recreation
- Clean air to breathe
- Raw and prepared foods that are safe to eat

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to a **Healthy Environment** is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: Community Safety)*
- Moderate Strength *(If checked, skip to next health area: Community Safety)*
- Major Strength *(If checked, skip to next health area: Community Safety)*
- Not enough Info *(If checked, skip to next health area: Community Safety)*

3.) Overall, do you believe Dunn County has a **Healthy Environment**? *Please select one.*

- Yes *(If yes, skip to question 5)*
- No

4.) If no, what makes Dunn County an Unhealthy Environment? *Please select all that apply.*

- Unsafe drinking water
- Unsafe lakes and rivers
- Poor air quality
- Poor/Unsafe food quality
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County live in a **Healthy Environment**? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Healthy Environment** education would you benefit from? *Please select all that apply.*

- Water/well testing
- Environmentally friendly chemical application practices
- Air quality standards
- Safe water recreation
- Raw and prepared foods that are safe to eat
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of a **Healthy Environment** in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increasing a **Healthy Environment** in your community? *Please share below.* _____

Health Area: Community Safety

Community Safety focuses on preventing harm from injuries or violence at home, work, school or on the road. Topics include:

- Physical injuries due to slips, falls and other accidents
- Outdoor recreation
- Water safety
- Poisoning
- Car accidents
- Abuse in the home
- Crime

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

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2.) Do you believe that **Community Safety** is a strength or weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: Health at Work)*
- Moderate Strength *(If checked, skip to next health area: Health at Work)*
- Major Strength *(If checked, skip to next health area: Health at Work)*
- Not enough Info *(If checked, skip to next health area: Health at Work)*

3.) Have you had any problems with **Community Safety** in Dunn County in the last three years? *Please select one.*

- Yes
- No *(If no, skip to question 5)*

4.) If yes, what are some reasons for a lack of **Community Safety** in Dunn County? *Please select all that apply.*

- Unsafe walkways/roadways
- Crime
- Not enough police
- Abuse in the home
- Weapon-related concerns
- Drug and/or alcohol related concerns
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County feel safe in the community? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Community Safety** education would you benefit from? *Please select all that apply.*

- How to start a neighborhood watch
- Weapon safety (bow/crossbow/gun)
- Help for getting out of a dangerous relationship
- Recreational Safety
- Drowning prevention
- Other, please list: _____

OPTIONAL: In your experience, what are the reasons for the lack of **Community Safety** in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increasing **Community Safety** in your community? *Please share below.* _____

Health Area: Health at Work

Health at work focuses on preventing illnesses and injuries from workplace hazards. Topics include:

- Exposure to chemicals or radiation
- Exposure to infection
- Overuse injuries
- Unsafe work practices or tools

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe **Health at Work** is a strength or weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral *(If checked, skip to next health area: Social Support)*
- Moderate Strength *(If checked, skip to next health area: Social Support)*
- Major Strength *(If checked, skip to next health area: Social Support)*
- Not enough Info *(If checked, skip to next health area: Social Support)*

3.) Have you had any issues with **Health at Work** in Dunn County in the past three years? *Please select one.*

- Yes
- No *(If no, skip to question 5)*

4.) If yes, what were your **Health at Work** issues? *Please select all that apply.*

- Exposure to chemicals or radiation
- Exposure to infection
- Overuse injuries
- Unsafe work practices or tools
- Scheduled to work too many hours
- Other, please list: _____

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5.) Do you believe that the majority of people in Dunn County have a **Healthy Work** environment? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Health at Work** education would you benefit from? *Please select all that apply.*

- Ergonomics (work station) and injury prevention
- Harassment prevention and management education
- Mental health and/or substance abuse supports
- Stress management tools
- Tobacco cessation support
- Workplace safety training
- Workers' rights
- Other please explain: _____

OPTIONAL: In your experience, what are the reasons for the lack of **Healthy Work** environments in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing the number of **Healthy Work** environments in your community? *Please share below.* _____

Health Area: Social Support

Social Support focuses on creating and preserving positive community connections which can lead to improved community relations and better access to resources. Topics include:

- Volunteerism
- Community groups or activities (i.e. Faith-based organizations, Lions Club, Rotary, etc.)

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

2.) Do you believe access to **Social Support** activities is a strength or a weakness in Dunn County? *Please check one option below.*

- Major Weakness
- Moderate Weakness
- Neutral (*If checked, skip to next health area: Safe and Quality Housing*)
- Moderate Strength (*If checked, skip to next health area: Safe and Quality Housing*)
- Major Strength (*If checked, skip to next health area: Safe and Quality Housing*)
- Not enough Info (*If checked, skip to next health area: Safe and Quality Housing*)

3.) Have you had any problems accessing **Social Support** resources (community groups and activities, volunteer organizations, etc.) in Dunn County in the last three years? *Please select one.*

- Yes
- No (*If no, skip to question 5*)

4.) If yes, what were your barriers to accessing **Social Support** resources in Dunn County? *Please select all that apply.*

- Time
- Money
- Availability
- Transportation
- Not a priority to me
- Discrimination
- A lack of groups/organizations I am interested in joining
- Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Social Support** resources when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What types of **Social Support** information would you benefit from? *Please select all that apply.*

- Local community service organizations
- Local faith-based organizations
- Local community clubs
- Local volunteer opportunities
- Mental/physical health benefits associated with **Social Support**
- Other, please list: _____

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OPTIONAL: In your experience, what are the reasons for the lack of access to **Social Support** resources in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing access to **Social Support** resources in your community? *Please share below.*

Health Area: Safe and Quality Housing

Safe and quality housing focuses on affordable housing that can protect us from extreme weather and provide safe environments for families and individuals to live, learn, grow, and form social bonds.

- 1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No
- 2.) Do you believe access to **Safe and Quality Housing** is a strength or a weakness in Dunn County? *Please check one option below.*
- Major Weakness
 - Moderate Weakness
 - Neutral *(If checked, skip to next health area: Transportation)*
 - Moderate Strength *(If checked, skip to next health area: Transportation)*
 - Major Strength *(If checked, skip to next health area: Transportation)*
 - Not enough Info *(If checked, skip to next health area: Transportation)*
- 3.) Have you had any problems accessing **Safe and Quality Housing** in the last three years? *Please select one.*
- Yes
 - No *(If no, skip to question 5)*
- 4.) If yes, what were your barriers to accessing **Safe and Quality Housing**? *Please select all that apply.*
- Time
 - Money
 - Availability
 - Transportation
 - Not a priority to me
 - Discrimination
 - Other, please list: _____

5.) Do you believe that the majority of people in Dunn County have access to **Safe and Quality Housing** when needed? *Please select one.*

- Yes
- No
- Unsure

6.) What areas of **Safe and Quality Housing** education would you benefit from? *Please select all that apply.*

- Low income housing options
- Programs/resources for saving money on heating/cooling costs (weatherization)
- Health and structural safety inspections (mold, lead paint, insect infestation, etc.)
- Knowing your renters' rights
- Resources for landlords
- Other, please list:

OPTIONAL: In your experience, what are the reasons for the lack of access to **Safe and Quality Housing** in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions for increasing access to **Safe and Quality Housing** in your community? *Please share below.*

Health Area: Transportation

Transportation focuses on having access to reliable transportation (owned, shared, or public) to get people to where they need to go, when they need to get there.

1.) This issue negatively affects me or someone close to me. *Please select one:* Yes No

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- 2.) Do you believe access to reliable **Transportation** is a strength or a weakness in Dunn County? *Please check one option below.*
- Major Weakness
 - Moderate Weakness
 - Neutral *(If checked, skip to next section: Demographics)*
 - Moderate Strength *(If checked, skip to next section: Demographics)*
 - Major Strength *(If checked, skip to next section: Demographics)*
 - Not enough Info *(If checked, skip to next section: Demographics)*

- 3.) Have you had any problems accessing reliable **Transportation** (owned, shared or public) in Dunn County in the last three years? *Please select one.*
- Yes
 - No *(If no, skip to question 5)*

- 4.) If yes, what were your barriers to accessing reliable **Transportation** (owned, shared, or public) in Dunn County? *Please select all that apply.*
- Time
 - Money
 - Availability
 - Not a priority to me
 - Discrimination
 - Embarrassed (and/or stigma)
 - Other, please list: _____

- 5.) Do you believe that the majority of people in Dunn County have access to reliable **Transportation** (owned, shared, or public)? *Please select one.*
- Yes
 - No
 - Unsure

- 6.) What areas of reliable **Transportation** education would you benefit from? *Please select all that apply.*
- Basic car care
 - Public transit options
 - Gas money assistance
 - Safe biking routes
 - Ride sharing
 - Other, please list: _____

- 7.) Have you used the public bus system in Dunn County? *Please select one.*
- Yes
 - No, I have not needed to use public transportation.
 - No, I was not aware of public transportation in Dunn County.
 - No, the public transportation did not arrive/depart when I needed it to.
 - No, I did not feel safe using public transportation.
 - No, the public transportation did not go where I needed to go. Location: _____

OPTIONAL: In your experience, what are the reasons for the lack of access to reliable **Transportation** (owned, shared, or public) in your community? *Please share below.* _____

OPTIONAL: From your perspective, what are some solutions to increasing access to reliable **Transportation** (owned, shared, or public) in your community? *Please share below.* _____

Section: Demographics

Congratulations! You are almost done with the survey! Please take the last few moments to complete a few demographic questions. As a reminder, all of your responses are confidential and will not be linked back to you.

What is your gender? *Please check one.*

- Male
- Female
- Non-Binary or Third Gender
- I self describe as: _____
- Prefer not to say

2019 Dunn County Community Health Needs Assessment

Which category below includes your age? *Please select one.*

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 or older

Race and Ethnicity: I identify as:

Please select all that apply.

- Asian
- Black/African
- Caucasian/White
- Hispanic/Latinx
- Native American
- Native Hawaiian or Pacific Islander
- Prefer not to answer
- I identify as: _____

What is the highest level of school you have completed or the highest degree you have received? *Please select one.*

- Less than high school degree
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Associate degree
- Bachelor's degree
- Graduate degree (Master's, Ph.D., M.D., etc.)
- Prefer not to answer.

Estimated household income. How much total combined money did all members of your household earn in 2018? *Please select one.*

- \$0 – \$9,999
- \$10,000 – \$19,999
- \$20,000 – \$29,999
- \$30,000 – \$39,999
- \$40,000 – \$49,999
- \$50,000 – \$59,999
- \$60,000 – \$69,999
- \$70,000 – \$79,999
- \$80,000 – \$89,999
- \$90,000 – \$99,999
- \$100,000 or more
- Prefer not to answer

Number of People in Household: _____

Do you have medical insurance? *Please select one.*

- Yes
- No
- Unsure
- Prefer not to say

Do you consider yourself to have a Disability (Different Ability)? *Please select one.*

- Yes
- No
- Prefer not to say

This space is for you to share anything else you would like to share.

Thank you so much for taking the time to fill out our survey! Final survey results will be shared at a community event on July 16th, 2019 at UW-Stout.

If you are interested in one or more of the following opportunities:

- Learning more about volunteer opportunities in Dunn County.
- Being sent an invitation to the community event on July 16th, 2019.
- Being added to our email list so we can alert you of new educational opportunities in the area.

Please go to this link so we can have someone connect with you: <https://tinyurl.com/DunnConnect>

If you have any questions or concerns about the survey, please contact one of the following Dunn County Health Needs Assessment Committee members:

Stephanie Hintz of the Extension Dunn County
smhintz@co.dunn.wi.us | 715-232-1636

Tyler Jackels of the United Way of Dunn County
volunteer@uwaydunn.org | 715-231-3066

Once survey is completed, please return it prior to April 1st at 4:30pm to (1) location you picked it up, (2) Dunn County Public Health, or (3) Dunn County UW-Extension (3001 US Highway 12 East, Suite 102, Menomonie, WI 54751)

RESOLUTION 2019-03

RESOLUTION OF SUPPORT FOR THE COLFAX RAILROAD MUSEUM BY THE
VILLAGE PRESIDENT AND THE MEMBERS OF THE BOARD

WHEREAS, the Village of Colfax recognizes the significant historical message that the Colfax Railroad Museum would like to relate regarding the primary mode of transportation of our area and throughout the county in the early nineteen hundreds; and

WHEREAS, the Village of Colfax recognizes the Railroad Museum will communicate the importance and value of learning about railroad equipment; and

WHEREAS, the Village of Colfax recognizes the Colfax Railroad Museum and the educational value regarding historical artifacts that people encountered daily and how technology has changed; and

WHEREAS, the Village of Colfax is in support of the Colfax Railroad Museum's mission and strives to encourage tourism in the Village.

WHEREAS, the Village of Colfax understands that the Resolution of Support does not have any financial impact on the Village of Colfax; and

NOW, THEREFORE, BE IT RESOLVED, that the Village President and the Village Board hereby declare their full support for the Colfax Railroad Museum on this 24th day of August, 2015.

Resolution approved and adopted on this 11th day of March, 2019.

By:

Gary Stene, President

Attest: _____
Lynn Niggemann
Administrator-Clerk-Treasurer

Village of Colfax

Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

Gary Stene, President
Lynn M. Niggemann, Administrator-Clerk-Treasurer

APPLICATION FOR VARIANCE FROM THE ZONING CODE

Date: 2/20/19

Name: Timber Preparatives LLC

Address: 106 Bremer Ave

Phone: 715 962 4242

PROPERTY OWNER IF DIFFERENT THAN ABOVE:

Location of property for which you are requesting a variance (attach Map):

106 Bremer Ave, Colfax; see attached map & building plans.

EXACT LEGAL DESCRIPTION OF PROPERTY:

See attached Dunn County short legal description.

CURRENT ZONING: Industrial

PROPOSED VARIANCE: - DRIVEWAY width at 36' and 37' per Plan
- 2 driveways on one parcel.

PROPOSED USE OF PROPERTY (ATTACH SITE PLAN):

continue current use - Building OR Expanding
current facility.

NONREFUNDABLE FEE: \$25.00

RECEIPT # _____

TO VILLAGE BOARD: _____

TO PLAN COMMISSION: _____

PUBLICATION DATES: _____

T. L. Z. Phase

Applicant's Signature

Ordinances • Sec. 6-3-2 (a) (2)

• Sec 6-3-2 (b) (1)

VILLAGE OF COLFAX DRIVEWAY PERMIT APPLICATION

Dunn County, Wisconsin

Fee - \$5

This application for a Driveway Permit must be submitted to the Clerk-Treasurer according to the Driveway Permit Ordinance 6-3-1. The completed application shall be accompanied by a drawing accurately depicting the portion of the proposed private driveway to be constructed, reconstructed, altered or enlarged lying within the dedicated portion of the public street, the dimensions thereof, and a statement of the materials proposed to be used.

Name of Applicant(s) Timber Properties

Current address: 106 Bremer Ave Phone: 715 962 4242

Project Description: Building Addition - Additional site work - Additional
DRIVEWAY Per PLAN

Location of proposed driveway/access:

Lot(s) No. See attached Block No. 0 Addition: See attached

Name of public road to serve as access to the premises: Bremer Ave.

Side (direction) of public road: South side

Name and distance from nearest intersection: Main St. / Hwy 40 + Elm St.

Other information: 171112291163200030 / 171112291163200013

The applicant represents all parties in interest, and that such proposed driveway is for the bona fide purpose of securing access to his/her property and not for the purpose of parking or servicing vehicles, advertising, storage or merchandising of goods within the dedicated portion of the Village street, or for any other purpose. The Village, notwithstanding the construction of such driveway, reserves the right to make any changes, additions, repairs or relocations within the dedicated portion of the Village street at any time, including relocation, reconstruction, widening and maintaining the street without compensating the owner of such private driveway for the damage or destruction of such private roadway. The applicant/permittee, his/her successors or assigns, agree to indemnify and hold harmless the Village of Colfax, its officials, officers, agents or employees, against any claim or any cause of action for personal injury or property damage sustained by reason of the exercise of this permit. The applicant/permittee further certifies that the application of Village of Colfax driveway standards and ordinances will be applied to this project.

Signature of Applicant Th. Chase Date: 2/20/19

IN ADDITION: If access is by County Trunk Highway, a completed County Highway Department Driveway/Access Permit Form must be attached. If access is by a State Trunk Highway, a completed Wisconsin Department of Transportation Driveway/Access Permit Form must be attached.

ALSO ATTACH: A drawing accurately depicting the portion of the proposed private driveway.

Permit granted per ordinance by: _____, Village Administrator-Clerk-Treasurer

Date Approved: _____

Maintenance of private roads is not the responsibility of the Village of Colfax

Alt. Parcel #: VILLAGE OF COLFAX
DUNN COUNTY,
WISCONSIN

Owner and Mailing Address:
TIMBER PROPERTIES LLC
106 BREMER AVE
COLFAX WI 54730

Co-Owner(s):

Physical Property Address(es):
* 106 BREMER AVE

Districts:

Dist#	Description
1176	SCH D COLFAX
0100	CHIPPEWA VALLEY TECH

Parcel History:

Date	Doc #	Vol/Page	Type
07/01/2013	<u>596733</u>	/	WD
06/13/2013	<u>596314</u>	19/124	CSM

Legal Description: **Acres: 5.370**
PT. NW SW, PT. SW SW, ALL OF LOT 7 CSM
2909 AND ALL OF LOT 3 CSM 2681, NKA LOT 8
CSM 4014. DOC. NO. 599595 (ORDINANCE 2013-08...
more...

Plat	Tract (S-T-R 40% 160% GL)	Block/Condo Bldg
* 4014-CSM 4014	16-29N-11W NW SW	LOT 8

2018 Valuations: Values Last Changed on 11/07/2018

Class and Description	Acres	Land	Improvement	Total
G3-MANUFACTURING	5.370	41,400.00	562,600.00	604,000.00

Totals for 2018

General Property	5.370	41,400.00	562,600.00	604,000.00
Woodland	0.000	0.00	0.00	0.00

Totals for 2017

General Property	5.370	39,500.00	536,500.00	576,000.00
Woodland	0.000	0.00	0.00	0.00

2018 Taxes

Bill #	Fair Market Value:	Assessment Ratio:
2018034906	639,800.00	0.9441

	Amt Due	Amt Paid	Balance
Net Tax	15,702.66	7,851.33	7,851.33
Special Assessments	0.00	0.00	0.00
Special Charges	0.00	0.00	0.00
Delinquent Charges	0.00	0.00	0.00
Private Forest Crop	0.00	0.00	0.00
Woodland Tax	0.00	0.00	0.00
Managed Forest Land	0.00	0.00	0.00
Prop Tax Interest		0.00	0.00
Spec Tax Interest		0.00	0.00
Prop Tax Penalty		0.00	0.00
Spec Tax Penalty		0.00	0.00
Other Charges	0.00	0.00	0.00
TOTAL	15,702.66	7,851.33	7,851.33

Installments

End Date	Total
1 01/31/2019	7,851.33
2 07/31/2019	7,851.33

Net Mill Rate 0.026090350

Gross Tax 16,672.68
School Credit 914.11
Total 15,758.57
First Dollar Credit 55.91
Lottery Credit 0 Claims 0.00
Net Tax 15,702.66

Interest Calculated For 03/08/2019

(Posted
Payment Payments)

Date	Receipt #	Type	Amount	Note
02/06/2019	18015841	T	7,851.33	M/PM CK2149 ALW

Alt. Parcel #: 111100706018

VILLAGE OF COLFAX
DUNN COUNTY,
WISCONSIN

Owner and Mailing Address: TIMBER PROPERTIES, LLC 106 BREMER AVE COLFAX WI 54730		Co-Owner(s):	
Districts:		Physical Property Address(es): Information Not Available	
Dist#	Description	Parcel History:	
1176	SCH D COLFAX	Date	Doc #
0100	CHIPPEWA VALLEY TECH		
Legal Description: PT. NW SW LOT 6 CMP 2909			Vol/Page
Acres: 2.180			Type
		01/06/2014	600452 / WD
		11/05/2007	527831 / MISC

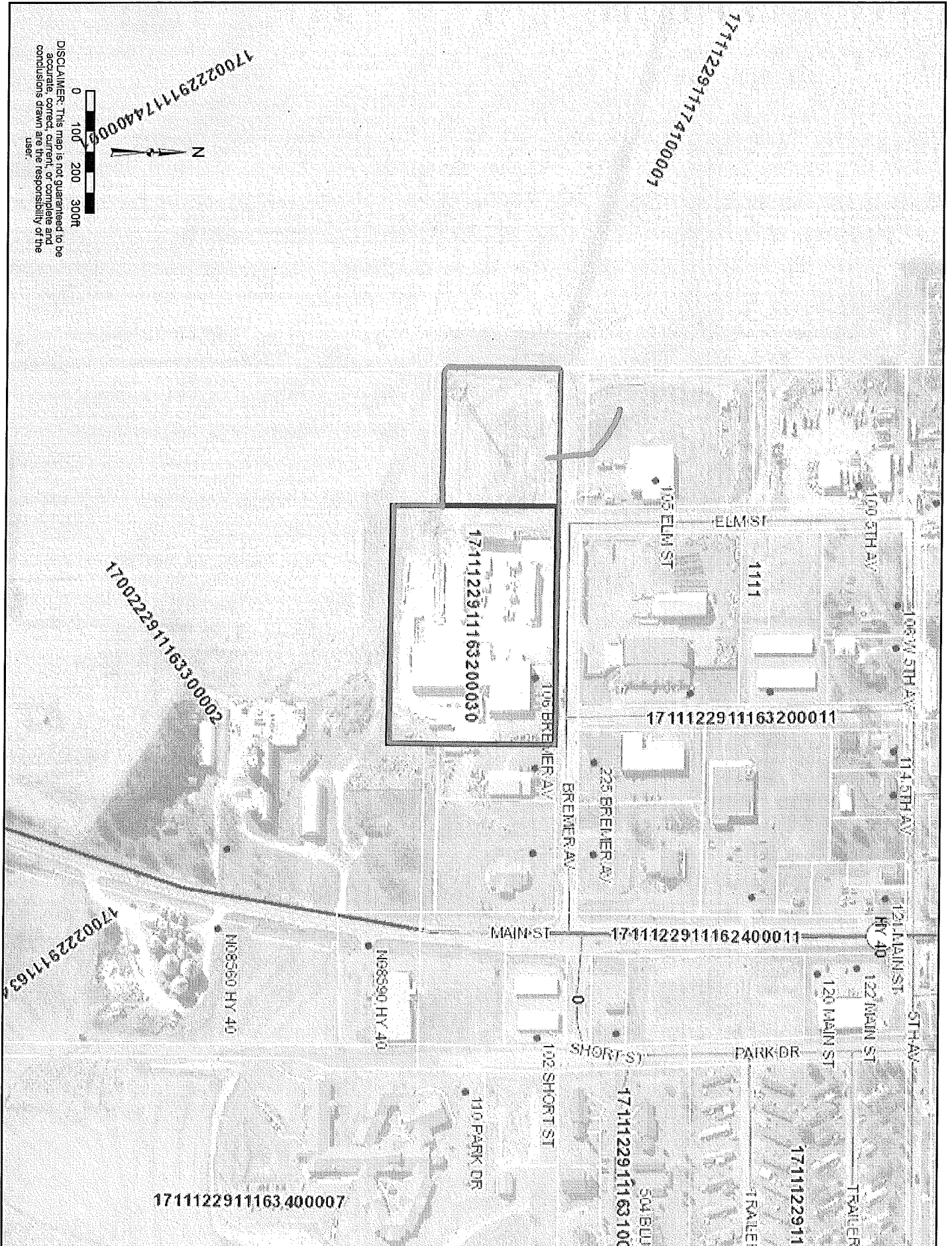
Plat	Tract (S-T-R 40¼ 160¼ GL)	Block/Condo Bldg
* 2909-CSM 2909	16-29N-11W NW SW	

2019 Valuations: Values Last Changed on 07/26/2018

Class and Description	Acres	Land	Improvement	Total
G2-COMMERCIAL	2.180	10,400.00	0.00	10,400.00
Totals for 2019				
General Property	2.180	10,400.00	0.00	10,400.00
Woodland	0.000	0.00	0.00	0.00
Totals for 2018				
General Property	2.180	10,400.00	0.00	10,400.00
Woodland	0.000	0.00	0.00	0.00

2019 Taxes
Taxes have not yet been calculated.

Key * -
Primary



171112291163200030

171112291163200011

171112291162400011

171112291163100
504 BUI

1711122911
TRAILER

171112291163400007

170022291163300002

1700222911637

171112291174100007

0 100 200 300ft



DISCLAIMER: This map is not guaranteed to be accurate, correct, current, or complete and conclusions drawn are the responsibility of the user.

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73	Wisconsin Uniform Building Permit Application	Application No. Parcel No.
Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]		

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name <u>Timber Properties LLC</u>	Mailing Address <u>106 BREMER AVE</u>	Tel. <u>(715) 962-4242</u>
Contractor Name & Type <u>Maplewood Construction Services Inc.</u>	Lic/Cert#	Telephone & Email <u>(715) 387-1256</u>
Dwelling Contractor (Constr.)	Exp Date	
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.)	Mailing Address <u>2025 West Veterans Pkwy Marshfield, WI 54449</u>	
HVAC		
Electrical Contractor		
Electrical Master Electrician		
Plumbing		

PROJECT LOCATION Lot area _____ Sq.ft. One acre or more of soil will be disturbed Town Village City of Colfax NW 1/4, SW 1/4, of Section 16, T 29 N, R 11 E/W CSM 22909 & 2681

Building Address 106 Bremer Ave. County Dunn Subdivision Name _____ Lot No. 783 Block No. _____

Zoning District(s) _____ Zoning Permit No. _____ Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.

1. PROJECT			3. OCCUPANCY			6. ELECTRIC			9. HVAC EQUIP.			12. ENERGY SOURCE								
<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input type="checkbox"/> Alteration	<input type="checkbox"/> Single Family	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage	Entrance Panel Amps: _____	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead	<input type="checkbox"/> Furnace	<input type="checkbox"/> Radiant Basebd	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Boiler	<input type="checkbox"/> Central AC	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo
<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Raze	<input type="checkbox"/> Move	<input checked="" type="checkbox"/> Other: <u>Commercial</u>			7. WALLS	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> ICF	<input type="checkbox"/> Timber/Pole	<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Sanitary Permit#	Space Htg						
2. AREA INVOLVED (sq ft)			4. CONST. TYPE			5. STORIES			8. USE			10. SEWER			13. HEAT LOSS					
Unfin.	Unit 1	Unit 2	Total	<input checked="" type="checkbox"/> Site-Built	<input type="checkbox"/> Mfd. per WI UDC	<input type="checkbox"/> HUD	<input type="checkbox"/> 1-Story	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Other:	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Permanent	<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Municipal							
Bsmt			0	<input type="checkbox"/> Basement																
Living Area			0																	
Garage			0																	
Deck/Porch			0																	
Totals	0	0	0																	
														14. EST. BUILDING COST w/o LAND						
														\$ <u>1,480,000.00</u>						

I understand that I am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

I vouch that I am or will be an owner occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the second page of this form.

APPLICANT (Print): Thomas E. Huse Sign: TH E Huse DATE 2/20/19

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

ISSUING JURISDICTION Town of _____ County of _____ Village of _____ State WI State-Contracted Inspection Agency#: 1009688 Municipality Number of Dwelling Location _____

FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> Construction		Name _____
Inspection \$ _____	<input type="checkbox"/> HVAC		Date _____ Tel. <u>715-962-4242</u>
Wis. Permit Seal \$ _____	<input type="checkbox"/> Electrical		Cert No. <u>267032</u>
Other \$ _____	<input type="checkbox"/> Plumbing		Email: <u>thuse@timberproperties.com</u>
Total \$ _____	<input type="checkbox"/> Erosion Control		

CHAPTER 3

Driveways

- 6-3-1 Driveway Permit Required
- 6-3-2 Driveway Location, Design and Construction Requirements

SEC. 6-3-1 DRIVEWAY PERMIT REQUIRED.

- (a) **Purpose.** For the safety of the general public, the Village shall determine the location, size, construction and number of access points to public roadways within the Village limits. It is the Village's intent to provide safe access to properties abutting public roadways suitable for the property to be developed to its highest and best use, provided that access is not deficient or dangerous to the general public.
- (b) **Permit Required to Construct, Reconstruct, Alter or Enlarge.** No person, firm or corporation shall construct, reconstruct, alter or enlarge any private driveway within the limits of the dedicated portion of any public street under the control and jurisdiction of the Village of Colfax without first obtaining a sidewalk permit therefor as provided by this Chapter. A sidewalk permit is not required when a new sidewalk is to be constructed in conjunction with the construction of a new principal structure; the sidewalk is included in the building permit process in such cases.
- (c) **Application.** Application for such permit shall be made to the Village Clerk-Treasurer on a form provided by the Village and shall be accompanied by a drawing accurately depicting the portion of the proposed private driveway to be constructed, reconstructed, altered or enlarged lying within the dedicated portion of the public street, the dimensions thereof and a statement of the materials proposed to be used. There is no fee for a driveway permit. Upon receipt of the application and the fee if required, unless the proposed private driveway is a part of construction for a building or other structure for which a building permit has been applied for, in which case no additional fee is required, the Village Clerk-Treasurer shall approve such application if the proposed driveway complies with the terms and conditions of this and any other applicable Village ordinance.
- (d) **Application Provisions.** All driveway permit applications shall contain the applicant's statement that:
 - (1) The applicant represents all parties in interest, and that such proposed driveway is for the bona fide purpose of securing access to his/her property and not for the purpose of parking or servicing vehicles, advertising, storage or merchandising of goods within the dedicated portion of the Village street, or for any other purpose.
 - (2) The Village, notwithstanding the construction of such driveway, reserves the right to make any changes, additions, repairs or relocations within the dedicated portion of the Village street at any time, including relocation, reconstruction, widening and maintaining the street without compensating the owner of such private driveway for the damage or destruction of such private roadway.
 - (3) The permittee, his/her successors or assigns, agrees to indemnify and hold harmless the Village of Colfax, its officials, officers, agents or employees, against any claim or any cause of action for personal injury or property damage sustained by reason of the exercise of such permit.

- (4) The Village does not assume any responsibility for the removal or clearance of snow, ice or sleet or the opening of any windrows of such material upon such portion of such driveway within the dedicated portion of the Village street.

SEC. 6-3-2 DRIVEWAY LOCATION, DESIGN AND CONSTRUCTION REQUIREMENTS.

- (a) **General Requirements.** The location, design and construction of driveways shall be in accordance with the following:
- (1) **General Design.** Private driveways shall be of such width and so located that all of such driveways and their appurtenances are within the limits of the frontage abutting the street of the property served. Driveways shall not provide direct ingress or egress to or from any street intersection area and shall not encroach upon or occupy areas of the street right-of-way required for effective traffic control or for street signs or signals. A driveway shall be so located and constructed that vehicles approaching or using it shall have adequate sight distance along the street. Driveway approaches shall be at least ten (10) feet apart except by special permission from the Village Board, and driveways shall in all cases be placed wherever possible as not to interfere with utilities in place.
 - (2) **Number.** The number of driveways to serve an individual property fronting on a street shall be one (1), except where deemed necessary and feasible by the Village Board for reasonable and adequate service to the property, considering the safety, convenience and utility of the street.
 - (3) **Island Area.** The island area in the street right-of-way between successive driveways or adjoining a driveway and between the highway shoulder and right-of-way shall constitute a restricted area and may be filled in and graded only as provided in Subsection (a)(6) below.
 - (4) **Drainage.** The surface of the driveway connecting with rural type street cross sections shall slope downward and away from the highway shoulder a sufficient distance to preclude ordinary surface water drainage flowing onto the street roadbed.
 - (5) **Reconstruction of Sidewalks and Curb and Gutter.** When the construction of a driveway requires the removal of a curb or gutter the new connections shall be of equivalent acceptable material and curb returns shall be provided or restored in a neat, workmanlike manner. The driveway surface shall be connected with the highway pavement and the sidewalk, if any, in a neat, workmanlike manner. The driveway construction shall include the replacement of such sidewalk areas which are inadequate or which are or may be damaged by means of vehicle travel across the sidewalk.
 - (6) **Restricted Areas.** The restricted area between successive driveways may be filled in and graded only when the following requirements are complied with:
 - a. The filling or draining shall be to grades approved by the Village and, except where highway drainage is by means of curb and gutter, water drainage of the area shall be directed away from the street roadbed in a suitable manner.
 - b. Culvert extensions under the restricted area shall be of the same size and of equivalent acceptable material as the culvert under the driveway. Intermediate manholes adequate for cleanout purposes may be required where the total culvert length is excessive.

- c. Where no street side ditch separates the restricted area from the street roadbed, permanent provision may be required to separate the area from the street roadbed to prevent its use for driveway or parking purposes by construction of a border, curb, rail or posts as may be required by the Village Board.
- (7) Relocation of Utilities. Any costs of relocating public utilities shall be the responsibility of the property owner with approval of the Village Board or authorized committee thereof necessary before any utility may be relocated and the driveway installed.
- (8) Construction Across Sidewalks. All driveway entrances and approaches which are constructed across sidewalks shall be of concrete constructed in accordance with the requirements for sidewalk construction in Section 6-2-2 of this Code insofar as such requirements are applicable, including thickness requirements.
- (9) Variances. Any of the above requirements may be varied by the Village Board in such instances where the peculiar nature of the property or the design of the street may make the rigid adherence to the above requirements impossible or impractical.
- (b) **Special Requirements for Commercial and Industrial Driveways.** The following regulations are applicable to driveways serving commercial or industrial establishments:
 - (1) Width of Drive. No part of a private driveway located within the dedicated area of a public street shall, except as hereinafter provided, have a width greater than thirty (30) feet measured at right angles to the center line of said driveway, except as increased by permissible radii. In instances where the nature of the commercial or industrial activity or the physical characteristics of the land would require a driveway of greater width than herein specified, the Village Board in its discretion may permit a driveway of additional width.
 - (2) Angular Placement of Driveway. The angle between the center line of the driveway and the curb line shall not be less than 45°.
 - (3) Island Areas. Where the public sidewalk is adjacent to the curb, an island of a minimum length of six (6) feet measured along the curb line shall be placed between each entrance to a Village street. The curb shall be left intact for the length of this island. Where the public sidewalk is remote from the curb, an island of a minimum length of ten (10) feet measured along the right-of-way line shall be maintained along each entrance to the Village street. All flares shall be tangent to the curb line. A curb length of not less than three (3) feet shall be left undisturbed adjacent to each property line to serve as an island area in the event an adjoining property owner applies for a driveway permit to serve his property.
- (c) **Special Requirements for Residential Driveways.** The following regulations are applicable to driveways serving residential property:
 - (1) Width of Driveways. Openings for vehicular ingress and egress shall be at least ten (10) feet wide at the property line for residential properties, but shall not exceed twenty-four (24) feet at the property line and thirty (30) feet at the curb opening.
 - (2) Angular Placement. The center line of the drive may be parallel to the property line of the lot where access is required or at right angles to the curb line.
- (d) **Appeal from Permit Refusal.** Any person feeling himself aggrieved by the refusal of the Village Clerk-Treasurer to issue a permit for a private driveway may appeal such refusal to the Village Board within twenty (20) days after such refusal to issue such permit is made.

(e) **Prohibited Driveways.**

- (1) No person, firm or corporation shall place, construct, locate in, or cause to be placed, constructed or located in, any obstruction or structure within the limits of any public road, highway or street in the Village of Colfax except as permitted by this Section. As used herein the word "structure" includes private driveways, a portion of which extends into any public road, highway or street, and which is in non-conformance with this Chapter.
- (2) No driveway shall be closer than ten (10) feet to the extended street line at an intersection. At street intersections a driveway shall not provide direct ingress or egress to or from the street intersection area and shall not occupy areas of the roadway deemed necessary by the Village for effective traffic control or for highway signs or signals.
- (3) The grade of that portion of any private driveway or pedestrian path located within the limits of any public road, highway or street shall be such as shall meet the grade of the existing public roadway at its edge and not cause an obstruction to the maintenance or clearing of such public roadway.
- (4) No driveway apron shall extend out into the street further than the facing of the curb and under no circumstances shall such driveway apron extend into any gutter area. All driveway entrances and approaches shall be constructed as not to interfere with the drainage of streets, side ditches or roadside areas, or with any existing structure on the right-of-way.
- (5) No portion of any curb, parapet or retaining wall, rising above the grade of the driveway, erected by the owner of the premises involved shall extend beyond the culvert spanning the water course located in such public way.

(f) **Culvert Construction and Standards.**

- (1) Size. Culverts shall be installed prior to construction work being commenced on the property served. No pipe smaller than twelve (12) inches in diameter (or equivalent elliptical or arch pipe) will be allowed. All culverts shall be constructed of galvanized steel or reinforced concrete, and shall be made of new manufacture, unless specifically excepted by the Director of Public Works or Village Engineer.
- (2) Guage. The minimum wall thickness for the galvanized steel pipe culverts shall be in accordance with the following:

<u>Pipe Diameter</u>	<u>Guage</u>
15 to 24 inch	16
30 to 36 inch	14
42 to 54 inch	12
60 to 72 inch	10
78 to 84 inch	8

The class of reinforced concrete pipe shall be in accordance with the following:

<u>Height of Cover</u> (in feet)	<u>Class of Pipe</u>
0-2	IV
2-3	III
3-6	II

- (3) Drainage. The culverts shall be placed in the ditchline at elevations that will assure proper drainage.
- (4) Endwalls. Culverts shall be provided with a concrete or metal apron endwalls as directed by the Village Engineer.
- (5) Backfill Material. Material used for backfill shall be of quantity acceptable to the Village Engineer or Director of Public Works and shall be free from frozen lumps, wood, or other extraneous or perishable materials. The minimum cover, measured from the top of the pipe to the top of the subgrade, shall be six (6) inches.
- (6) Erosion Control. Erosion control measures shall be implemented as necessary to control erosion, or as directed by the Village Engineer or Director of Public Works.
- (7) Distance. The distance between culverts under successive driveways shall not be less than ten (10) feet except as such restricted area is permitted to be filled pursuant to Subsection (a)(6).
- (8) Cost. The property owner shall install the culvert and be responsible for the cost thereof. The property owner shall keep his culverts unobstructed and clean.
- (9) Appeal. Persons may request a variance from the culvert requirements of this Section by filing a written appeals request with the Village Clerk-Treasurer, who shall place the matter as an agenda item for the Village Board's next meeting. The Village Board may only waive the requirement for a culvert upon a finding that unique physical characteristics of the location in question render a culvert unnecessary. The Village Engineer or Director of Public Works may be asked to render an opinion on the request.

Lynn Niggemann

From: Jon Strand <jstrand@cbssquaredinc.com>
Sent: Tuesday, March 5, 2019 1:48 PM
To: 'Lynn Niggemann'
Cc: Jody Strand
Subject: Colfax WWTP Bank Stabilization CDBG
Attachments: CBS Squared agreement for professional services 02 25 2019.pdf; CPP - Dunn County LMI Income Information.pdf

Hi Lynn,

With CDBG and Army Corps of Engineers agreeing that their funding is compatible, I have attached the CDBG application contract for your review and approval.

We also need to have a Citizens Participation Plan and Resolution and form a committee to be set up at your March 11th meeting. The Citizens Participation Committee can be your Village Board and/or Village residents and CDBG requires at least one or more LMI (Low and Moderate Income) resident to serve on this committee. A Board member or resident can be the LMI representative if they have an income lower than the amounts listed on the 80% income limits line in the attachment for Dunn County LMI. Family size determines which income limit applies.

The required two week public hearing period could start after the March 11th meeting for a public hearing at your April 8th meeting. The other resolutions for CDBG could be passed at the April 8th meeting.

Jody will be sending information on the Citizens Participation Plan and Resolution.

Jon Strand, PE, Project Manager
CBS Squared, Inc. 770 Technology Way, Chippewa Falls, WI 54729
Direct: 715.861.7428 Mobile: 715.829.7979

Dunn County – 2018

Determine LMI Income Using the 80% Income Limits

Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

FY 2018 Income Limit Area	Median Family Income <input type="button" value="Explanation"/>	FY 2018 Income Limit Category	Persons In Family							
			1	2	3	4	5	6	7	8
Dunn County, WI	\$66,900	Very Low (50%) Income Limits (\$) <input type="button" value="Explanation"/>	23,750	27,150	30,550	33,900	36,650	39,350	42,050	44,750
		Extremely Low Income Limits (\$)* <input type="button" value="Explanation"/>	14,250	16,460	20,780	25,100	29,420	33,740	38,060	42,380
		Low (80%) Income Limits (\$) <input type="button" value="Explanation"/>	38,000	43,400	48,850	54,250	58,600	62,950	67,300	71,650

RESOLUTION NO. 2019-02

RESOLUTION TO ADOPT A CITIZEN PARTICIPATION PLAN

WHEREAS, the Village of Colfax has applied for a Community Development Block Grant (CDBG), and

WHEREAS, the State of Wisconsin Department of Administration (DOA) and the U.S. Department of Housing and Urban Development (HUD) require recipients of Community Development Block Grant (CDBG) monies to have in place a Citizen Participation Plan; and

WHEREAS, the Citizen Participation Plan shall encourage citizen participation (especially by persons of low to moderate income), provide citizens reasonable and timely access to local meetings and information, provide for technical assistance, provide for public hearing and provide for complaint procedures, and accommodate non-English speaking residents; and

WHEREAS, the Village of Colfax has prepared and publicly reviewed a Citizen Participation Plan;

NOW THEREFORE BE IT RESOLVED that the Village Board of the Village of Colfax officially adopts the Citizen Participation Plan;

ADOPTED on this 11th day of March, 2019. ATTEST: _____
Lynn Niggemann
Administrator-Clerk-Treasurer

The governing body of the Village of Colfax has authorized the above resolution by Resolution No.: 2019-02, dated March 11, 2019.

Gary Stene, Village President

Date: March 11, 2019

Citizen Participation Plan for the Community Development Block Grant (CDBG) Program Village of Colfax

PURPOSE

In order for the CDBG Program to operate effectively, and to address the needs of the citizens of the Village of Colfax, the entire population must be kept informed. The decision-making process must be open and consistent with State and Federal regulations. To accomplish this, the following plan will be followed:

PROGRAM OVERSIGHT

1. The Village of Colfax ("Village") shall act as the Citizen Participation Plan Committee, members of which shall be appointed by the Chief Elected Official and confirmed by the Village Board. This Committee shall be responsible for implementation of the Citizen Participation Plan, as well as offering guidance in preparation of the grant application.

The Village shall oversee the preparation of the Community Development Block Grant (CDBG) grant application.

2. To insure responsiveness to the needs of its citizens, the Village shall provide for and encourage citizen participation. Particular emphasis shall be given to participation by persons of low- to- moderate income (LMI).

CITIZEN PARTICIPATION

1. The Village shall establish a committee composed of persons representative of the Village. This committee must include at least one LMI person.

The committee members should also include representatives from the local government, real estate, banking and labor communities whenever possible. This committee shall assume responsibility for coordinating all required elements of the Citizen Participation Plan. All committee members must be residents of the Village.

NOTICE OF HEARINGS

1. Official notice of hearings will be by public notice in the Colfax Messenger at least two full weeks prior to the hearing. In addition, the public notice shall be posted at the Village Hall, outside Village Hall, the Post Office, the Colfax Laundromat and on the Village website. These notices will include time, place and date of meetings, as well as a brief agenda.
2. All notifications of meetings and available assistance must be worded in such a way as to encourage LMI participation. In addition, all meeting announcements shall include where, and during what time, information and records relating to the proposed and actual use of funds may be found.

REQUIRED PUBLIC HEARINGS

Public hearings shall be held to obtain citizen views and to enable them to respond to proposals at all stages of the CDBG Program, including the development of needs, the review of proposed activities and the review of program performance. Hearings shall be held after adequate notice, at times and locations convenient to potential or actual beneficiaries and with accommodations for the handicapped, and, if needed, for non-English speaking persons.

1. The first hearing will receive citizens' views and provide an explanation of:
 - a. Community development needs, objectives, and strategies.
 - b. The CDBG program including goals, objectives, application process, amount of funds available, timetable, eligible activities, etc.
2. The second hearing will receive citizens' views and provide a review of the performance of the funded activities.

3. The first public hearing shall be held during the development of the application for funds. The second public hearing shall be held during the implementation of the program. The Village will attempt to have at least one of the public hearings in the service area (if applicable).

PROGRAM INFORMATION, FILES, and ASSISTANCE

1. Technical assistance will be provided to any citizen who requests information about program requirements. Assistance with the application process will be provided by the Village Administrator-Clerk-Treasurer. A Village staff member will meet with citizens on request.
2. The Village will maintain, in the Village Hall, a record of all citizen participation efforts including minutes of meetings, newspaper clippings, and copies of notices and brochures.
3. Citizens will be invited to make proposals regarding the application. If suitable proposals are submitted in writing, a written response will be provided within 15 days. Every effort will be made to respond to all proposals prior to the final action on the subject.
4. Citizens may petition or request in writing assistance or changes.

The Village Administrator-Clerk-Treasurer will respond to all such requests within 15 days after the City Citizen Participation Committee has met to discuss the request.

COMPLAINTS

The Village will handle citizen complaints about the program in a timely manner. By federal regulation the Village will respond in writing to all written letters of complaint within 15 days after receipt of the complaint. The nature and disposition of verbal complaints will be reported in a complaint log. The first contact for complaints should be made to the Village Administrator-Clerk-Treasurer.

In addition to the above procedure, any citizen wishing to object may complain directly to the following address:

Attention: Executive Staff Assistant
WI Department of Administration

Division of Energy, Housing and Community Resources, 5th Floor
P.O. Box #7970
Madison, WI 53707-7970

Written complaints should contain the following information and should be as specific as possible when describing:

- 1) The Program area being referenced: HOME, Community Development Block Grants for Housing (CDBG – Housing), Community Development Block Grants for Community Development (CDBG – Community Development), Emergency Solutions Grants (ESG), etc.;
- 2) The event resulting in the complaint;
- 3) The dates, details, and reason for the complaint; along with
- 4) The complainant's name, address, and telephone number.

NON-ENGLISH SPEAKING PERSONS

The Village will regularly survey the municipality to identify non-English speaking persons and will make all special efforts to assure them equal opportunity in the citizen's participation process.

United Health Care - Rate comparison

2019			
Payor	Village Life AD&D	Village Dental	Employee Vision
1	8.25		
2	8.25	95.14	11.61
3	8.25	95.14	11.61
4	8.25	147.99	19.12
5	8.25	95.14	11.61
6	8.25	147.99	19.12
7	8.25	147.99	19.12
8	8.25	147.99	19.12
9	8.25	95.14	
Monthly	74.25	972.52	111.31
Annually	891.00	11,670.24	1,335.72

2018			
Payor	Village Life AD&D	Village Dental	Employee Vision
1	8.25		
2	8.25	88.58	11.61
3	8.25	88.58	11.61
4	8.25	137.79	19.12
5	8.25	88.58	11.61
6	8.25	137.79	19.12
7	8.25	137.79	19.12
8	8.25	137.79	19.12
9	8.25	88.58	
Monthly	74.25	905.48	111.31
Annually	891.00	10,865.76	1,335.72

Annual change	none	804.48	none
% change	0.00%	7.40%	0.00%

Life AD&D renewal

	Enrollment	Benefit	Volume	Rate	Total	Monthly Premium
Current Life Insurance	9	\$25,000	\$225,000	\$0.31 per 1,000	\$69.75	
Current AD&D Insurance	9	\$25,000	\$225,000	\$0.02 per 1,000	\$4.50	\$74.25
Renewal Life Insurance	9	\$25,000	\$225,000	\$0.31 per 1,000	\$69.75	
Renewal AD&D Insurance	9	\$25,000	\$225,000	\$0.02 per 1,000	\$4.50	\$74.25
					Change from current:	0.0%

Life AD&D Quote Assumptions:

- The Basic Life/AD&D and Basic Dependent Life plans have a 24 month guarantee. The rates will be in effect through 04/30/2020. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- All coverage terminates at retirement.
- If you choose to offer \$25,000 or more in base life insurance, the Packaged Savings Program may apply. Packaged Savings may not be available in all states or for all group sizes.
- UnitedHealthcare also offers long and short term disability products. For additional information about these products contact your broker for plan design and premium information today!

Dental renewal

	Employee	Empl + Spouse	Empl + Child	Empl + Fam	Monthly Premium
Plan: P2371 / Type: DPPD	0	4	0	4	
Current Rate	\$44.29	\$88.58	\$89.39	\$137.79	\$905.48
Renewal Rate	\$47.57	\$95.14	\$96.01	\$147.99	\$972.52
				Change from current:	7.4%

- Ask about our Consumer Max Multiplier! This consumer driven benefit allows members to carry forward a portion of their unused annual dental maximum into an account for future use.

Dental benefit summary

	Benefit	In/Out		Benefit	In/Out
Plan Maximums	Annual In/Out of Network	\$1,000/\$1,000	Coinsurance	Preventative	100% /100%
	Ortho Lifetime	NA /NA		Minor Restore	90% /80%
Deductible	Individual/Family	\$25 /\$75		Endo/Period/Oral*	60% /50%
Waiting Period	Major Services	NO WAIT		Major Services	60% /50%
				Orthodontia	NA /NA

- * Please refer to your benefit summary or certificate of coverage for a more detailed view of the benefit coverage for services within these categories as some plans may have benefits that differ from what we are able to display here.

Vision renewal

	Employee	Empl + Spouse	Empl + Child	Empl + Fam	Monthly Premium
Current Vision Insurance	0	3	0	4	
Plan: V1043/Type: VOLUNTARY	Rate	\$6.11	\$11.61	\$13.56	\$19.12
Renewal Vision Insurance	0	3	0	4	
Plan: V1043/Type: VOLUNTARY	Rate	\$6.11	\$11.61	\$13.56	\$19.12
				Change from current:	0.0%

Vision benefit summary

	Services & Materials	Amount		Services & Materials	Amount
In-Network Copy	Exam	\$15	Out-of-network Reimbursement	Exam	Up to \$40
	Materials	\$30		Single Lenses	Up to \$40
Frequencies	Exam	1 x per 12 mos.	Bifocal Lenses	Up to \$60	
	Lenses	1 x per 12 mos.	Trifocal Lenses	Up to \$80	
	Frames	1 x per 24 mos.	Lenticular Lenses	Up to \$80	
			Frames	Up to \$45	
			Elective Contacts	Up to \$105	

- Vision plans have a two year rate guarantee. The vision rates will be in effect through 04/30/20. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.



Bid Proposal

Tuesday, February 26, 2019

BCR# - 1140111

Dealer Information	
Name	Structures Unlimited, LLC
Contact	Eric Vanasse
Office	(877) 687-2453
Cell	(715) 308-2942
Fax	(715) 687-2331
Email	evanasse@structuresunlim.com

Customer Information		Project Information	
Company	Village of Colfax	Company	~Same~
Contact		Contact	
Address	614 Railroad Ave	Address	
City/Town	Colfax	City/Town	
State	WI	State	
Zip	54730	Zip	
County	Dunn	County	
Phone	(715) 962-4441	Phone	
Email	n/a	Email	

Quantity		Each	Total
Proposal for Salt Storage Facility			
Materials/Scope of Work:			
1	30' wide X 50' long single-pole arched framework tensioned in FR fabric (white in color unless otherwise indicated)		
1	Solid Endwall package with standard drop fabric.		
2	18" x 24" poly screened vents		
1	Anchor Package		
1	Non-prevailing wage labor and equipment to install above materials (includes travel, mileage, lodging and per diems)		
1	Freight to project site - Colfax, WI		
Price for supply and installation of above specifications:			\$17,750.00
~ Foundation by owner ~			
~ State submittal/permitting by owner ~			

Subtotal	\$17,750.00
Total	\$17,750.00

Pricing is subject to change due to changing market conditions and/or availability.

Terms:	Due Amount:	Bid Proposal will be honored for 30 days.
Building deposit with signed bid proposal and contract	50%	ACCEPTANCE OF PROPOSAL
Payment due upon notification of shipment	40%	
Balance due upon completion or occupancy of building (whichever is first)		Please indicate your acceptance of this bid proposal by signing both copies and returning it to us. Any changes concerning this order must be authorized by us in writing.
All land, site design, land surveying, site work, dewatering, concrete, plumbing, electrical, bonds, permits, cold weather activity, applicable taxes and licenses are the buyers responsibility.		

Authorized Signature: _____ Print: _____ Date: _____



Bid Proposal

Tuesday, February 26, 2019

BCR# - 1140111

Dealer Information	
Name	Structures Unlimited, LLC
Contact	Eric Vanasse
Office	(877) 687-2453
Cell	(715) 308-2942
Fax	(715) 687-2331
Email	evanasse@structuresunlim.com

Customer Information		Project Information	
Company	Village of Colfax	Company	~Same~
Contact		Contact	
Address	614 Railroad Ave	Address	
City/Town	Colfax	City/Town	
State	WI	State	
Zip	54730	Zip	
County	Dunn	County	
Phone	(715) 962-4441	Phone	
Email	n/a	Email	

Quantity		Each	Total
Proposal for Salt Storage Facility			
Materials/Scope of Work:			
1	30' wide X 50' long HDG truss arched framework tensioned in fabric (white in color unless otherwise indicated)		
1	Solid Endwall package with standard drop fabric.		
2	18" x 24" poly screened vents		
1	Anchor Package		
1	Non-prevailing wage labor and equipment to install above materials (includes travel, mileage, lodging and per diems)		
1	Freight to project site - Colfax, WI		
Price for supply and installation of above specifications:			\$31,330.00
: _____			
~ Foundation by owner ~			
~ State submittal/permitting by owner ~			

Subtotal	\$31,330.00
Total	\$31,330.00

Pricing is subject to change due to changing market conditions and/or availability.

Terms:	Due Amount:	
Building deposit with signed bid proposal and contract	50%	Bid Proposal will be honored for 30 days.
Payment due upon notification of shipment	40%	
Balance due upon completion or occupancy of building (whichever is first)		ACCEPTANCE OF PROPOSAL
All land, site design, land surveying, site work, dewatering, concrete, plumbing, electrical, bonds, permits, cold weather activity, applicable taxes and licenses are the buyers responsibility.		
		Please indicate your acceptance of this bid proposal by signing both copies and returning it to us. Any changes concerning this order must be authorized by us in writing.

Authorized Signature: _____ Print: _____ Date: _____



1-877-338-6936
 www.asicoverbuildings.com
 sales@asicoverbuildings.com

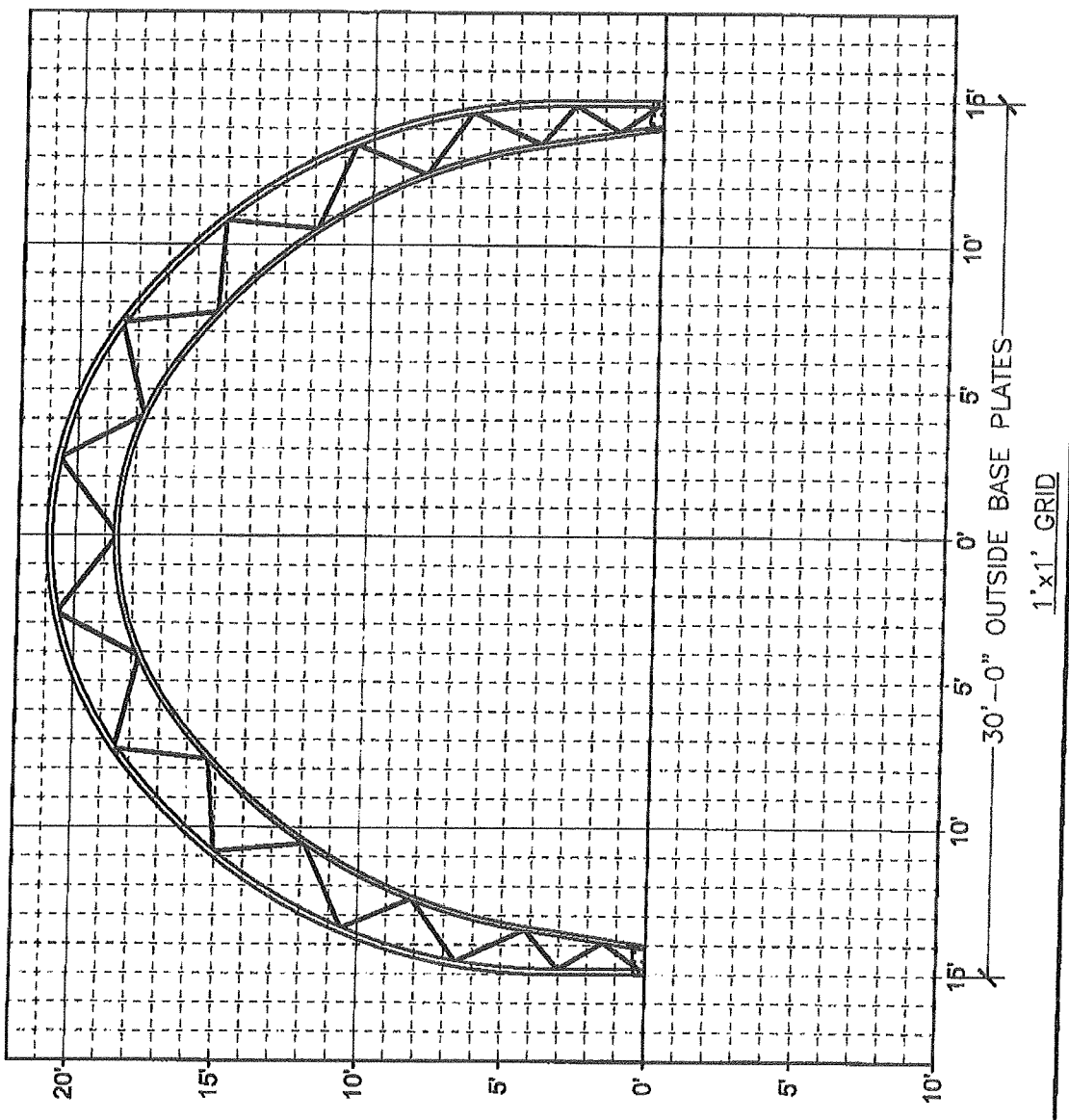
THIS DOCUMENT CONTAINS
 INFORMATION PROPRIETARY TO
 ACCU-STEEL INC. IT SHALL NOT BE
 REPRODUCED, USED, OR DISCLOSED
 WITHOUT PRIOR WRITTEN
 PERMISSION OF ACCU-STEEL INC.
 Date: 4/3/2014
 Project:
 Drawn By: JCB
 Sales #

30' HIGH PROFILE ADVANTAGE TRUSS

Notes:

Name:
 Location:
 Email:
 Phone:
 Fax:
 Length:
 Rafter Coating: ASTM-A123 Hot Dip Galvanized 3.9 mils Zinc
 Foundation:

Cell:
 Cover: HL 13 MONO
 Centers: Arc: 79'-3"



3/08/2019

9:53 AM

Reprint Check Register - Quick Report - ALL

Page: 1
ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 2/25/2019 From Account:
Thru: 3/10/2019 Thru Account:

Check Nbr	Check Date	Payee	Amount
XCEL	3/05/2019	XCEL ENERGY	5,094.08
75381	2/28/2019	24-7 TELCOM	44.90
75382	2/28/2019	AIR COMMUNICATIONS OF WI INC	215.00
75383	2/28/2019	AYRES ASSOCIATES	22,125.00
75384	2/28/2019	B & M TECHNICAL SERVICES, INC	60.00
75385	2/28/2019	BOBCAT PLUS	105.09
75386	2/28/2019	BOBCAT PRO	1,525.00
75387	2/28/2019	BOUND TREE MEDICAL, LLC	487.45
75388	2/28/2019	BROAD REACH	609.60
75389	2/28/2019	CENTURY LINK	103.68
75390	2/28/2019	CITY OF MENOMONIE	200.00
75391	2/28/2019	CITY OF MENOMONIE	200.00
75392	2/28/2019	CREATIVE COUNTRY	2,006.00
75393	2/28/2019	DUNN COUNTY FIRE CHIEFS ASSOCIATION	50.00
75394	2/28/2019	DUNN COUNTY RECYCLING	1,447.55
75395	2/28/2019	GALE/CENGAGE	20.15
75396	2/28/2019	HAWKINS, INC.	1,272.14
75397	2/28/2019	HUEBSCH	130.98
75398	2/28/2019	MODERN MARKETING	415.94
75399	2/28/2019	PENWORTHY COMPANY	118.10
75400	2/28/2019	SHOWCASES	79.92
75401	2/28/2019	WAL MART COMMUNITY/GEGRB	65.36
75402	2/28/2019	WELD RILEY	768.00
75403	2/28/2019	WELD RILEY	1,210.00
75404	3/01/2019	DUNN COUNTY REGISTER OF DEEDS	60.00
AFLAC	2/27/2019	AFLAC	440.66
EFTPS	3/08/2019	EFTPS-FEDERAL-SS-MEDICARE	5,671.19
WIDOR	3/08/2019	WI DEPARTMENT OF REVENUE	1,084.20
CHARTER	2/28/2019	CHARTER COMMUNICATIONS	551.46
WIDCOMP	3/07/2019	WISCONSIN DEFERRED COMPENSATION	165.00
Grand Total			46,326.45

Administrator-Clerk-Treasurer
March 8, 2019

Roosevelt Street - Bid Document has been sent out and there is a deadline of April 3, 2019. Bid will be awarded at the April 8th, 2019 meeting. I have provided a copy of the document.

Soo Park Agreement – The developer's agreement, deed and closing statements have all been signed and sent to the Dunn County Register of Deeds office. I did get confirmation from Dunn County that the transferred happened and the Dunn County GIS indicates the transfer is complete.

Police Department – The Police Department is working short again. Current staffing is two full-time and one part-time officer.

SNOW, SNOW, SNOW . . . Today being Friday, I am hoping that we do not get all the snow they are calling for. Sleep when you can Public Works. Be safe!

Clinic in Colfax - Don Knutson has still been in contact with an interested organization. We are still hopeful that we may have a clinic back in town☺ Thinking positive!

Election Dates

Election is April 2, 2019.

Public Test March 25, 2019

Nursing Home Voting – TBD

Training - TBD

Personnel Committee meeting – Employee Evaluations – Monday, March 18, 2019 - Does 6 pm or 7 pm work for everyone?

I would like to thank everyone for hanging in there with me through my crazy time of the year. I had a lot of personal stuff going on the last few months which caused me to be away from the office more than usual and not as focused as I needed to be, but I am rejuvenated after my little vacation to Vegas! 2019 is going to be a great year for the Village of Colfax!

ADVERTISEMENT FOR BIDS

PROJECT: 2019 Street and Utility Improvements
Colfax, Wisconsin

BID DEADLINE: April 3, 2019
2:00 p.m., Local Time

NOTICE

Sealed bids for the above project will be received by Village of Colfax until the Bid Deadline. Immediately thereafter, the bids will be publicly opened and read aloud. Bids may be submitted either in electronic format through Quest vBid or in paper format to Lynn Niggemann, Village Administrator-Clerk-Treasurer, Village of Colfax, 613 Main Street, Colfax, WI 54730.

In general, the project consists of approximately 650 L.F. of 8 in. PVC water main; 550 L.F. of 8 in. PVC sanitary sewer; 225 L.F. of 8 to 18 in. PE storm sewer; 600 L.F. of urban street reconstruction with concrete curb and gutter, geotextile stabilization fabric, granular subbase course, base course, and asphaltic concrete paving; and related work.

A single prime bid will be received for the work.

BID SECURITY

Bids must be accompanied by bid security in the amount of 10% of the maximum bid amount. Bid and bid security may not be withdrawn for a period of 45 days after the Bid Deadline.

Bid security will be retained if the Bidder is awarded the Work and fails to execute the Agreement and furnish 100% Performance and Payment Bonds.

PROJECT FUNDING

The project is receiving funding from the Wisconsin Local Road Improvement Program (LRIP).

QUALIFICATIONS

If requested, the apparent low bidder will be required to submit evidence of qualifications to the Owner prior to award of contract.

RIGHTS RESERVED

Owner reserves the right to reject any or all bids and to waive informalities in any bid.

BIDDING DOCUMENTS

Bidding documents may be examined at Builders Exchanges in Eau Claire, La Crosse, Wausau, Duluth, and Minneapolis.

Bidding documents may be obtained in PDF electronic format by download from the Quest Construction Data Network website, accessible via www.AyresAssociates.com by clicking on the "Bidding" link, for a non-refundable fee of \$40.00.

Published by authority of: Village of Colfax

RED CEDAR WATERSHED CONFERENCE

LAND, WATER AND PEOPLE COMING TOGETHER

THURSDAY, MARCH 14, 2019 • 8:30 am - 4:15 pm

University of Wisconsin-Stout Memorial Student Center

Hosted by the Tainter Menomine Lake Improvement Association (TMLIA)

LAND

Keynote:

Growing A Revolution: Bringing Our Soil Back to Life

David R. Montgomery, Professor of Geomorphology Dept. of Earth & Space Sciences / University of Washington, Seattle, WA

Breakout Sessions:

Fox Demo Farms Farmers

Whitney Prestby, Natural Resource Educator, UW-Extension

Barry Bubolz, Area GLRI Coordinator, Natural Resources Conservation Service

Dan Brick, Owner and Operator, Brickstead Dairy

Dan Diederich, Owner and Operator, Diederich Farm, LLC.

Partnering to Implement Whole-Farm Conservation

Scott Stipetich, Farm Bill Biologist, Pheasants Forever

Ka Ying Vang, Soil Conservationist, Natural Resources Conservation Service

Lindsay Olson, Water Quality Specialist, Dunn County Land & Water Conservation Division

WATER

Keynote:

Fox Demo Farms: Building a Success Story in Northeast Wisconsin

Whitney Prestby, Natural Resource Educator, UW-Extension

Barry Bubolz, Area GLRI Coordinator, Natural Resources Conservation Service

Dan Brick, Owner and Operator, Brickstead Dairy

Dan Diederich, Owner and Operator, Diederich Farm, LLC.

Breakout Sessions:

Cyanobacterial Harmful Algal Blooms in Wisconsin: Initiatives and Efforts to Assess and Manage Public Health Impacts

Gina LaLiberte, Wisconsin Department of Natural Resources

Amanda Koch, Wisconsin Division of Public Health

Flooding is the Future: Managing Conservation in an Era of Extreme Weather Events

Brian Leffelholz, Conservation Reserve Enhancement Program Manager/Land Use and Conservation Specialist/GIS Analyst, Bureau of Land and Water Resources

Carrie Olson, Land Conservationist, Land Conservation and Resource Management Department, Buffalo County, Wisconsin

PEOPLE

Keynote:

Managing Water Now: Individual Behaviors, Structural Barriers, and the Inevitability of Change

Paul Robins, Director, Nelson Institute for Environmental Studies, University of Wisconsin-Madison, Madison, Wisconsin

Breakout Sessions:

Lessons We've Learned from the River: Five Years of UW-Stout Lakes REU Student Research Projects in the Red Cedar Watershed

Tina Lee, Associate Professor, Social Science, College of Arts, Communication, Humanities and Social Sciences, University of Wisconsin-Stout

Building a Watershed Community for Improving Quality of Life

Dr. Aaron Thompson, Assistant Professor of Landscape Architecture, Purdue University



UNIVERSITY OF WISCONSIN
STOUT

WISCONSIN'S POLYTECHNIC UNIVERSITY

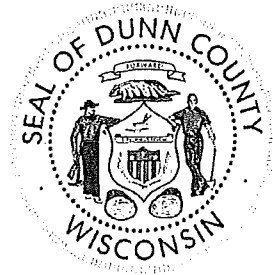
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