



PUBLIC NOTICE

**Common Council Regular Meeting
Tuesday, February 06, 2024 at 5:30 PM
City Hall, 100 E Fountain St, Dodgeville, WI**

AGENDA

I. CALL TO ORDER AND ROLL CALL

II. CONSENT AGENDA

- [1.](#) Approval of Minutes from January 16, 2024
- [2.](#) Approval of a Taxicab Renewal License for Iowa County ADRC.
- [3.](#) Approval of three Temporary Class B retailers licenses for the Ice Wolves Youth Hockey Association for their U18, U12 & U10 Hockey Tournaments
- [4.](#) Approval of two Temporary Class "B" Retailers Licenses for Dodgeville Diamond Club for youth ball tournaments in Harris Park May 24-27th and July 12-14, 2024.
- [5.](#) Approval of Claims from February 6, 2023

III. PUBLIC COMMENT *Citizen or delegation presentations, requests or comments and discussion of same, pursuant to Wis. Stat. Sec. 19.83 (2) and Sec. 19.84 (2). Ten minute limit except by consent of council. No action will be taken on any item that is not specifically listed on the agenda.*

IV. REPORTS/RECOMMENDATIONS

- [6.](#) Armory Building Update
- [7.](#) Online Utility Billing - Citizen Portal Update

V. NEW BUSINESS

- [8.](#) Discussion and possible action to approve an agreement with the State of WI Department of Administration Division of Energy, Housing and Community Resources for participation in the WI Help for Homeowners Homeowner Assistance Fund.

VI. ANY OTHER BUSINESS AS ALLOWED BY LAW

VII. ADJOURN

- [9.](#) Motion to Adjourn

Any person who has a qualifying disability, as defined by the Americans with Disabilities Act, that requires the meeting or material at the meeting to be in an accessible location or format, must contact the City Clerk at the address listed above or call 930-5228, prior to the meeting so that any necessary arrangements can be made to accommodate each request.



PUBLIC NOTICE

Common Council Regular Meeting

Tuesday, January 16, 2024 at 5:30 PM

City Hall Council, 100 E Fountain St, Dodgeville, WI

MINUTES

I. CALL TO ORDER AND ROLL CALL

The meeting was called to order at 5:30 pm by Mayor Novak. Members Present: Reynolds-Lair, Sersch, DeVoss, Weber, Meuer, Johnson, Johnson-Solberg, Tremelling

II. CONSENT AGENDA

Motion by DeVoss, second by Johnson to approve the following consent agenda. Voice vote.
Motion carried.

1. Approval of Minutes from January 2, 2024
2. Approval of Claims from January 16, 2024

III. PUBLIC COMMENT- None.

IV. REPORTS/RECOMMENDATIONS

3. 2023 Ambulance Run Totals – Council reviewed the totals for 2023.

V. ANY OTHER BUSINESS AS ALLOWED BY LAW

VI. ADJOURN

4. Motion to Adjourn by Weber second by Johnson. Voice vote. Motion carried. Time: 5:35PM

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ _____

Application Date: 01/16/2024

Town Village City of Dodgeville

County of Iowa

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning _____ and ending _____ and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization** (check appropriate box) →
- Bona fide Club Church Lodge/Society
 - Veteran's Organization Fair Association or Agricultural Society
 - Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Ice Wolves Youth Hockey Association

(b) Address 600 N. Bennett Rd Dodgeville, WI 53533
(Street) Town Village City

(c) Date organized 04/01/2000

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

- (f) Names and addresses of all officers:
- President William Lydic 402 E. Chapel St. Dodgeville, WI 53533
 - Vice President Kyle Levetzow 5234 CTH YZ Dodgeville, WI 53533
 - Secretary Katie Batton 3874 Blue River Rd. Montfort, WI 53569
 - Treasurer Allison Batton 3634 Blue River Rd. Montfort, WI 53569

(g) Name and address of manager or person in charge of affair: AmyBeth Levetzow, 5234 CTH YZ Dodgeville, WI 53533

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 600 N. Bennet Rd.

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? all

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Ley Pavilion hockey arena, concession area and parking lot

3. Name of Event

(a) List name of the event Ice Wolves U12 & U10 Hockey Tournaments

(b) Dates of event 2/16-2/18/2024 & 2/23-2/25/2024

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer [Signature] 1/16/2024
(Signature / Date)

Ice Wolves Youth Hockey Association
(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ _____ Application Date: 01/16/2024
 Town Village City of Dodgeville County of Iowa

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 01/26/2024 and ending 01/28/2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization** (check appropriate box) →
- Bona fide Club Church Lodge/Society
 - Veteran's Organization Fair Association or Agricultural Society
 - Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

- (a) Name Ice Wolves Youth Hockey Association
- (b) Address 600 N. Bennett Rd Dodgeville, WI 53533
(Street) Town Village City
- (c) Date organized 04/01/2000
- (d) If corporation, give date of incorporation _____
- (e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:
- (f) Names and addresses of all officers:
 President William Lydic 402 E. Chapel St. Dodgeville, WI 53533
 Vice President Kyle Levetzow 5234 CTH YZ Dodgeville, WI 53533
 Secretary Katie Batton 3874 Blue River Rd. Montfort, WI 53569
 Treasurer Allison Batton 3634 Blue River Rd. Montfort, WI 53569
- (g) Name and address of manager or person in charge of affair: Danielle Lynch, 532 Murphy Rd. Mineral Point, WI 53565

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

- (a) Street number 600 N. Bennet Rd.
- (b) Lot _____ Block _____
- (c) Do premises occupy all or part of building? all
- (d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Ley Pavilion hockey arena, concession area and parking lot

3. Name of Event

- (a) List name of the event Ice Wolves U18 Hockey Tournament
- (b) Dates of event 1/26, 1/27, 1/28/2024

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer [Signature] 1/16/2024 Ice Wolves Youth Hockey Association
(Signature / Date) (Name of Organization)

Date Filed with Clerk _____ Date Reported to Council or Board _____

Date Granted by Council _____ License No. _____

Application for Temporary Class "B" / "Class B" Retailer's License

Section II. Item #4.

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ _____

Application Date: 1/22/24

Town Village City of Dodgeville

County of Iowa

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 05/24/2024 and ending 05/27/2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Dodgeville Diamond Club

(b) Address PO Box 301 (322 W Parry St), Dodgeville, WI 53533
(Street) Town Village City

(c) Date organized 04/2018

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Matthew Staver

Vice President Samuel Halverson

Secretary Samuel Halverson

Treasurer Matthew Staver

(g) Name and address of manager or person in charge of affair: Matthew Staver, 322 W Parry St., Dodgeville, WI 53533

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 600 N. Bennett Rd (Harris Park)

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? _____

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Youth Ball Tournament

(b) Dates of event 05/24/2024 - 05/27/2024

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer _____
(Signature / Date)

(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Application for Temporary Class "B" / "Class B" Retailer's License

Section II. Item #4.

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ _____

Application Date: 1/22/24

Town Village City of Dodgeville

County of Iowa

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 07/12/2024 and ending 07/14/2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Dodgeville Diamond Club

(b) Address PO Box 301 (322 W Parry St), Dodgeville, WI 53533

(Street)

Town Village City

(c) Date organized 04/2018

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Matthew Staver

Vice President Samuel Halverson

Secretary Samuel Halverson

Treasurer Matthew Staver

(g) Name and address of manager or person in charge of affair: Matthew Staver, 322 W Parry St., Dodgeville, WI 53533

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 600 N. Bennett Rd (Harris Park)

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? _____

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Youth Ball Tournament

(b) Dates of event 07/12/2024 - 07/14/2024

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer _____
(Signature / Date)

(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Report Criteria:
 Report type: Summary
 Check.Type = {<->} "Adjustment"

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Check GL Account	Amount
02/24	02/06/2024	4273	749	OTTER CREEK CONSTRUCTION LLC	160-21000-000-000	43,354.00
02/24	02/06/2024	4274	1147	ZOLL MEDICAL CORPORATION	160-21000-000-000	47,510.08
01/24	01/18/2024	62032	149	BYTEC RESOURCE MANAGEMENT	300-21000-000-000	40,155.25
01/24	01/22/2024	62033	34	ALLIANT ENERGY/WP&L (UTILITY PAYMENTS)	150-21000-000-000	288.26
01/24	01/22/2024	62034	89	BAKER & TAYLOR LLC	150-21000-000-000	932.02
01/24	01/22/2024	62035	1776	Blain's Farm & Fleet	150-21000-000-000	8.18
01/24	01/22/2024	62036	141	BRIAN PAUL KRATCHA	100-21000-000-000	284.36
01/24	01/22/2024	62037	1592	DENNIS J MARKLEIN	150-21000-000-000	650.00
01/24	01/22/2024	62038	308	DODGEVILLE SENIOR CITIZENS LTD	100-21000-000-000	6,000.00
01/24	01/22/2024	62039	1328	GFC LEASING - WI	150-21000-000-000	243.85
01/24	01/22/2024	62040	408	GORDON FLESCH CO INC	150-21000-000-000	78.04
01/24	01/22/2024	62041	459	IOWA COUNTY HISTORICAL SOCIETY	100-21000-000-000	5,000.00
01/24	01/22/2024	62042	881	SENIORS UNITED IN NUTRITION	100-21000-000-000	3,000.00
01/24	01/24/2024	62044	1814	Ehlers 2024 WI Public Finance Seminar	100-21000-000-000	200.00
02/24	02/06/2024	62045	1391	608 CUSTOM SCREEN PRINTING	100-21000-000-000	849.00
02/24	02/06/2024	62046	1299	ABT MAILCOM	200-21000-000-000	1,754.40
02/24	02/06/2024	62047	13	ADP INC	100-21000-000-000	226.20
02/24	02/06/2024	62048	34	ALLIANT ENERGY/WP&L (UTILITY PAYMENTS)	300-21000-000-000	24,979.53
02/24	02/06/2024	62049	36	AMAZON CAPITAL SERVICES	100-21000-000-000	1,567.47
02/24	02/06/2024	62050	1596	ASSOCIATED APPRAISAL CONSULTANTS INC.	100-21000-000-000	1,513.66
02/24	02/06/2024	62051	94	BARD MATERIALS	200-21000-000-000	275.55
02/24	02/06/2024	62052	1776	Blain's Farm & Fleet	300-21000-000-000	490.23
02/24	02/06/2024	62053	120	BOARDMAN & CLARK LLP	430-21000-000-000	299.00
02/24	02/06/2024	62054	128	BOUND TREE MEDICAL LLC	100-21000-000-000	477.84
02/24	02/06/2024	62055	1841	Bruce R Erdmann	100-21000-000-000	535.00
02/24	02/06/2024	62056	1645	CAPITAL ONE (WALMART)	100-21000-000-000	682.26
02/24	02/06/2024	62057	204	CNA SURETY	100-21000-000-000	52.00
02/24	02/06/2024	62058	211	COMELEC SERVICES INC	100-21000-000-000	750.00
02/24	02/06/2024	62059	218	COMPLIANCE SERVICES INC	100-21000-000-000	231.00
02/24	02/06/2024	62060	223	CORE & MAIN LP	200-21000-000-000	1,317.89
02/24	02/06/2024	62061	976	CVIKOTA COMPANY INC	100-21000-000-000	8,274.67
02/24	02/06/2024	62062	286	DIGGERS HOTLINE INC	100-21000-000-000	1,129.60
02/24	02/06/2024	62063	294	DODGEVILLE AREA AMBULANCE	100-21000-000-000	431.90
02/24	02/06/2024	62064	331	EHLERS & ASSOCIATES INC	430-21000-000-000	900.00
02/24	02/06/2024	62065	1823	Elan Financial Services	100-21000-000-000	2,886.94
02/24	02/06/2024	62066	332	ELECTION SYSTEMS & SOFTWARE LLC	100-21000-000-000	7,900.00
02/24	02/06/2024	62067	339	EMERGENCY MEDICAL PRODUCTS INC	100-21000-000-000	2,646.24
02/24	02/06/2024	62068	1689	EMMA GORE & AUSTIN MOSS	100-21000-000-000	304.99
02/24	02/06/2024	62069	346	ENVIRONMENTAL SYSTEMS RESEARCH INST INC	100-21000-000-000	765.00
02/24	02/06/2024	62070	351	ERIC ROHOWETZ	300-21000-000-000	599.00
02/24	02/06/2024	62071	360	FAHERTY INC	100-21000-000-000	21,779.52
02/24	02/06/2024	62072	1328	GFC LEASING - WI	200-21000-000-000	459.10
02/24	02/06/2024	62073	411	GRANTLAND SAFETY INSPECTIONS LLC	300-21000-000-000	644.50
02/24	02/06/2024	62074	427	HALLADA MOTORS INC	100-21000-000-000	1,446.34
02/24	02/06/2024	62075	440	HENNESSEY IMPLEMENT INC	100-21000-000-000	306.39
02/24	02/06/2024	62076	1709	IOWA COUNTY EMERGENCY SERVICES ASSOC	100-21000-000-000	400.00
02/24	02/06/2024	62077	458	IOWA COUNTY HIGHWAY DEPARTMENT	100-21000-000-000	451.74
02/24	02/06/2024	62078	460	IOWA COUNTY HUMANE SOCIETY	100-21000-000-000	7,000.00
02/24	02/06/2024	62079	468	J & R SUPPLY INC	200-21000-000-000	70.00
02/24	02/06/2024	62080	1529	JAMES TRACTOR & TRUCK REPAIR	100-21000-000-000	7,250.00
02/24	02/06/2024	62081	516	JOHNSON BLOCK AND COMPANY INC	430-21000-000-000	3,450.00
02/24	02/06/2024	62082	517	JOHNSON CONTROLS INC	100-21000-000-000	2,061.40
02/24	02/06/2024	62083	1694	KEVIN J UDELHOFEN	100-21000-000-000	174.61

M = Manual Check, V = Void Check

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Check GL Account	Amount
02/24	02/06/2024	62084	1815	Laerdal Medical Corporation	100-21000-000-000	9,862.77
02/24	02/06/2024	62085	622	LW ALLEN LLC	200-21000-000-000	633.19
02/24	02/06/2024	62086	642	MARTELLE WATER TREATMENT INC	200-21000-000-000	1,804.06
02/24	02/06/2024	62087	649	MAST WATER INC	100-21000-000-000	34.00
02/24	02/06/2024	62088	1946	Matthew Wech	100-21000-000-000	498.12
02/24	02/06/2024	62089	1852	Mercury Medical	100-21000-000-000	327.64
02/24	02/06/2024	62090	668	MHTC-MH	100-21000-000-000	823.54
02/24	02/06/2024	62091	678	MID-AMERICAN RESEARCH CHEMICAL	100-21000-000-000	291.95
02/24	02/06/2024	62092	1817	Mid-States Organized Crime Info Center	100-21000-000-000	100.00
02/24	02/06/2024	62093	1346	MORTON SALT	100-21000-000-000	9,102.97
02/24	02/06/2024	62094	296	NAPA AUTO PARTS	100-21000-000-000	25.01
02/24	02/06/2024	62095	746	OREILLY AUTO PARTS	100-21000-000-000	520.72
02/24	02/06/2024	62096	766	PEERLESS WELL & PUMPING	200-21000-000-000	600.00
02/24	02/06/2024	62097	772	PETTY CASH	100-21000-000-000	500.00
02/24	02/06/2024	62098	778	PILLING ELECTRIC SERVICE LLC	100-21000-000-000	12,488.05
02/24	02/06/2024	62099	825	RELIANT FIRE APPARATUS INC	100-21000-000-000	1,643.00
02/24	02/06/2024	62100	866	SCHILLING SUPPLY COMPANY	100-21000-000-000	399.09
02/24	02/06/2024	62101	1335	SCHMITZ JANITORIAL SUPPLY	200-21000-000-000	89.00
02/24	02/06/2024	62102	926	STAPLES ADVANTAGE	100-21000-000-000	864.65
02/24	02/06/2024	62103	1393	TC NETWORKS INC	100-21000-000-000	5,335.89
02/24	02/06/2024	62104	964	TEAMSTERS LOCAL #695	100-21000-000-000	709.00
02/24	02/06/2024	62105	978	THE DODGEVILLE CHRONICLE INC	100-21000-000-000	38.36
02/24	02/06/2024	62106	982	THE OBRION AGENCY LLC	100-21000-000-000	150.00
02/24	02/06/2024	62107	1916	The Psychology Center SC	100-21000-000-000	1,425.00
02/24	02/06/2024	62108	987	THE SHOE BOX LTD	300-21000-000-000	350.00
02/24	02/06/2024	62109	1881	True North Consultants Inc	100-21000-000-000	5,102.72
02/24	02/06/2024	62110	1040	UPLAND HILLS HEALTH INC	100-21000-000-000	708.86
02/24	02/06/2024	62111	1046	USA BLUEBOOK	300-21000-000-000	213.42
02/24	02/06/2024	62112	1945	Velocity Systems LLC	100-21000-000-000	1,260.00
02/24	02/06/2024	62113	1109	WIL-KIL PEST CONTROL	100-21000-000-000	34.15
02/24	02/06/2024	62114	1119	WISCONSIN DEPT OF JUSTICE-TIME	100-21000-000-000	320.25
02/24	02/06/2024	62115	1614	WISCONSIN EMS ASSOCIATION	100-21000-000-000	1,200.00
02/24	02/06/2024	62116	1147	ZOLL MEDICAL CORPORATION	100-21000-000-000	2,429.62
02/24	02/06/2024	62117	950	SWTC	100-21000-000-000	3,090.79
02/24	02/06/2024	62118	950	SWTC	100-21000-000-000	2,956.86
01/24	01/24/2024	700026	1397	DEERE CREDIT INC	160-21000-000-000	1,783.01
02/24	02/03/2024	700027	1397	DEERE CREDIT INC	160-21000-000-000	925.10
02/24	02/02/2024	700028	1896	Priority Payment Systems	100-21000-000-000	.36
Grand Totals:						323,678.16

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
100-12310-000-000	1,262.08	.00	1,262.08
100-21000-000-000	.00	153,678.51-	153,678.51-
100-21550-000-000	709.00	.00	709.00
100-51300-000-000	42.34	.00	42.34
100-51410-000-000	46.59	.00	46.59
100-51420-225-000	200.00	.00	200.00
100-51440-310-000	7,900.00	.00	7,900.00
100-51510-000-000	1,380.00	.00	1,380.00
100-51530-250-000	1,513.66	.00	1,513.66
100-51600-600-000	395.78	.00	395.78

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
100-51710-000-000	2,061.40	.00	2,061.40
100-51710-200-000	285.49	.00	285.49
100-51710-210-000	7.90	.00	7.90
100-51710-240-000	4,687.98	.00	4,687.98
100-51710-300-000	158.82	.00	158.82
100-51710-310-000	908.28	.00	908.28
100-51900-000-000	38.36	.00	38.36
100-51930-000-000	52.00	.00	52.00
100-52100-000-000	535.00	.00	535.00
100-52100-175-000	1,491.95	.00	1,491.95
100-52100-200-000	19.99	.00	19.99
100-52100-220-000	100.00	.00	100.00
100-52100-240-000	620.00	.00	620.00
100-52100-310-000	609.45	.00	609.45
100-52100-520-000	320.25	.00	320.25
100-52100-600-000	431.67	.00	431.67
100-52100-605-000	500.00	.00	500.00
100-52100-610-000	38.98	.00	38.98
100-52150-000-000	3,090.79	.00	3,090.79
100-52200-200-000	26.45	.00	26.45
100-52200-280-000	4.00	.00	4.00
100-52200-310-000	1,502.95	.00	1,502.95
100-52200-400-000	1,643.00	.00	1,643.00
100-52200-500-000	128.93	.00	128.93
100-52200-600-000	414.28	.00	414.28
100-52300-200-000	860.04	.00	860.04
100-52300-225-120	930.38	.00	930.38
100-52300-225-130	1,851.48	.00	1,851.48
100-52300-225-140	175.00	.00	175.00
100-52300-260-000	8,270.67	.00	8,270.67
100-52300-310-000	931.32	.00	931.32
100-52300-400-000	1,254.66	.00	1,254.66
100-52300-500-000	106.12	.00	106.12
100-52300-505-000	750.00	.00	750.00
100-52300-520-000	2,336.43	.00	2,336.43
100-52300-600-000	287.98	.00	287.98
100-52300-605-000	6,517.98	.00	6,517.98
100-52300-720-000	144.47	.00	144.47
100-52300-800-000	9,862.77	.00	9,862.77
100-52400-225-000	625.00	.00	625.00
100-52400-300-000	45.84	.00	45.84
100-53100-300-000	45.84	.00	45.84
100-53100-600-000	87.67	.00	87.67
100-53230-000-000	1,741.57	.00	1,741.57
100-53240-000-000	8,255.14	.00	8,255.14
100-53414-000-000	9,102.97	.00	9,102.97
100-53415-000-000	254.43	.00	254.43
100-53420-000-000	11,863.02	.00	11,863.02
100-53440-000-000	376.52	.00	376.52
100-53620-000-000	11,963.92	.00	11,963.92
100-53630-000-000	9,815.60	.00	9,815.60
100-54100-000-000	7,000.00	.00	7,000.00
100-54910-300-000	64.99	.00	64.99
100-54910-310-000	188.23	.00	188.23
100-54910-400-000	222.47	.00	222.47
100-54910-600-000	69.50	.00	69.50
100-55120-000-000	5,000.00	.00	5,000.00

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
100-55140-000-000	9,000.00	.00	9,000.00
100-55200-300-000	69.99	.00	69.99
100-55200-310-000	1,599.66	.00	1,599.66
100-55200-600-000	265.09	.00	265.09
100-55300-175-000	849.00	.00	849.00
100-55300-300-000	16.60	.00	16.60
100-55300-800-000	930.94	.00	930.94
100-55310-000-000	91.90	.00	91.90
100-55420-220-000	.36	.00	.36
100-55420-300-000	15.75	.00	15.75
100-55420-310-000	182.12	.00	182.12
100-56600-210-000	5,102.72	.00	5,102.72
100-57210-000-000	1,425.00	.00	1,425.00
150-21000-000-000	.00	2,571.67-	2,571.67-
150-55115-221-000	371.32	.00	371.32
150-55115-224-000	321.89	.00	321.89
150-55115-321-000	932.02	.00	932.02
150-55115-351-000	8.18	.00	8.18
150-55115-391-000	288.26	.00	288.26
150-55115-392-000	650.00	.00	650.00
160-21000-000-000	.00	93,572.19-	93,572.19-
160-57230-240-000	43,354.00	.00	43,354.00
160-57230-810-000	47,510.08	.00	47,510.08
160-58100-000-000	2,656.58	.00	2,656.58
160-58200-000-000	51.53	.00	51.53
200-21000-000-000	.00	20,170.15-	20,170.15-
200-51510-000-000	690.00	.00	690.00
200-53700-602-000	124.00	.00	124.00
200-53700-622-000	7,124.50	.00	7,124.50
200-53700-623-000	600.00	.00	600.00
200-53700-631-000	1,804.06	.00	1,804.06
200-53700-632-000	89.00	.00	89.00
200-53700-641-000	70.00	.00	70.00
200-53700-650-000	4,997.93	.00	4,997.93
200-53700-651-000	275.55	.00	275.55
200-53700-654-000	1,317.89	.00	1,317.89
200-53700-680-100	877.20	.00	877.20
200-53700-681-000	1,455.52	.00	1,455.52
200-53700-682-000	500.00	.00	500.00
200-53700-686-000	175.00	.00	175.00
200-53700-689-000	69.50	.00	69.50
300-21000-000-000	.00	51,796.64-	51,796.64-
300-51510-000-000	690.00	.00	690.00
300-53600-000-821	5,854.44	.00	5,854.44
300-53600-000-827	40,624.64	.00	40,624.64
300-53600-000-828	33.99	.00	33.99
300-53600-000-834	865.42	.00	865.42
300-53600-000-840	877.20	.00	877.20
300-53600-000-851	1,542.20	.00	1,542.20
300-53600-000-852	1,099.00	.00	1,099.00
300-53600-000-854	175.00	.00	175.00
300-53600-000-856	34.75	.00	34.75
430-21000-000-000	.00	1,889.00-	1,889.00-
430-51510-000-000	690.00	.00	690.00
430-56710-000-000	1,199.00	.00	1,199.00

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
Grand Totals:	323,678.16	323,678.16-	.00

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Report type: Summary

Check.Type = {<>} "Adjustment"



Tony Evers, Governor
Kathy Blumenfeld, Secretary
Susan Brown, Division Administrator

**WISCONSIN HELP FOR HOMEOWNERS (WHH) HOMEOWNER ASSISTANCE FUND (HAF)
PARTICIPATION AGREEMENT
BETWEEN THE STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF ENERGY,
HOUSING AND COMMUNITY RESOURCES
AND
CITY OF DODGEVILLE**

VENDOR NAME

Through funding provided under Section 3206 of the American Rescue Plan Act of 2021, the State of Wisconsin has developed a plan to assist income eligible homeowners within the State of Wisconsin who have experienced a financial hardship as of January 21, 2020 due to the coronavirus. The program is expected to last until 9/30/2026.

The State of Wisconsin through its third-party partners will accept and process applications from homeowners within the State of Wisconsin. Applicant eligibility and expense eligibility will be determined in accordance with the Wisconsin Homeowner Assistance Fund and Need Assessment Plan [WHH Plan](#).

This Participation Agreement is required for the program and entered into by and between the State of Wisconsin, Department of Administration, Division of Energy, Housing and Community Resources hereinafter the "Division" and the above-named vendor, under the following terms:

1. Definitions

- a) Division means the Division of Energy, Housing and Community Resources.
- b) WHH means the Wisconsin Help for Homeowners Program.
- c) WHH payment includes public and/or private utilities, internet/broadband, reverse mortgage payments, property taxes, insurance, lot rent, mobile/manufactured mobile home lender payments, land contracts, property/flood insurance, and HOA and/or maintenance fees. WHH payment does not include payments for mortgages (excluding reverse mortgage).
- d) Vendor means any private or public entity providing and or supplying the service listed under 1(c).

2. The Division agrees to do the following:

- a) Provide funds for WHH HAF.
- b) Assign a supplier number/business code to each Vendor after this agreement is signed.
- c) Issue to the vendor a check or Automated Clearing House (ACH) payment that includes benefits for all WHH eligible households.

3. The Vendor agrees to the following:

- a) WHH payments may not be applied to outstanding debts that were due prior to January 21, 2020.
- b) To post all payments to customer accounts within 3-5 business days.
- c) Should the Vendor receive more funds than needed from the WHH Program on the account of any particular customer, or if the Vendor receives a WHH payment in error, Vendor shall remit the surplus funds back to the Division within thirty (30) days of receiving the funds.
- d) Funds may not be used to pay any expenses that are being paid in full by any other source for the same period. Vendor agrees to return any funds to the Division that are considered a duplication of benefit within 30 days of becoming aware of the duplication.

4. Length of Agreement

- a) This agreement is in effect from the date both parties have executed it as indicated by their respective Designated Official's signature until terminated as described in the 'Termination' section or at the earlier of the following: expiration of the HAF program 9/30/2026 or when all WHH HAF program funds are exhausted.

5. Termination

Either the Division or the Vendor may terminate this contract by giving the other party at least ten days written notice.

6. Participation Agreement

- a) It is understood and agreed that the entire agreement between the parties is contained herein.
- b) This participation agreement applies to all WHH participating homeowners who purchase, subscribe, and/or lease services or benefits provided by the Vendor.
- c) This agreement supersedes all previous commitments, promises, representations either oral or written, between the parties relating to the subject matter hereof.
- d) The person signing this Agreement, on behalf of the Vendor, certifies and attests that they have full and complete authority to bind the Vendor, on whose behalf they are executing this document.

By typing my name in the provided field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print the document and sign by hand. Only one agreement per Vendor is required.

Vendor Name: City of Dodgeville

Todd D. Novak

Name and Title

Signature

Date

DEHCR Designated Official

Name and Title

Signature

Date

Wisconsin Help for Homeowners Program (WHH)

Vendor Payment Return Policy

1. Vendor Payments – All WHH payments made to a Vendor shall be applied to unpaid amounts not due prior to January 21, 2020. WHH payments that are incorrectly paid, exceed unpaid amounts, or are duplicative in nature, shall be returned to the Division within 30 days of receipt. Credit balances shall be returned to the Division.
2. Vendors shall notify the Division Representative Tamra Fabian at 608-261-7747 or tamra.fabian@wisconsin.gov prior to the return of payment.
3. Return of funds shall be payable to the Department of Administration and mailed to the following address and must include the borrower's name, property address, reason for the return, and reference the WHH program.

State of Wisconsin
DEHCR- Fiscal
101 East Wilson Street
PO Box 7970
Madison, WI 53707

**WISCONSIN HELP FOR HOMEOWNERS
HOMEOWNER ASSISTANCE FUND PROGRAM**

Section V. Item #8.

City of Dodgeville - Utilities

Vendor Name (payment is issued in this name)
Todd D. Novak

Primary Contact (Individual signing this agreement) 608-930-3520	Primary Contact Phone 608-930-5228	Customer Service Phone* 608-930-7679	
Primary Fax	Primary Contact E-mail		
Primary Contact Address 100 E Fountain St	City Dodgeville	State WI	Zip 53533
Payment/Check Contact Danielle Reddell	Payment/Check Contact Phone 608-930-7679		
Payment/Check Fax 608-930-3520	Payment/Check Contact E-mail utilities@dodgevillewi.gov		
Payment/Check Contact Address 100 E Fountain St	City Dodgeville	State WI	Zip 53533

*Appears on customer notices

All payments to Vendor will be disbursed using the Automated Clearing House (ACH)* or paper check. Vendor agrees to provide ACH instructions (DOA-6456) that are true, accurate and complete and we may rely on them as such. Servicer acknowledges that any incorrect, incomplete or missing information in Vendor’s instructions may cause delays in disbursing funds. Additionally, it is Vendor’s responsibility to communicate to the Division, in writing, of any changes to the ACH information whenever necessary.

Required Documents:

1. Completed and signed Participation Agreement (attached).
2. Completed DOA-6460 New Supplier Form (attached).
3. Completed DOA-6456 Authorization for Electronic Deposit form (attached).
4. Completed W-9 Request for Taxpayer Identification Number (TIN) Certification.

Upon receipt of the above documents, the Participation Agreement will be signed electronically by the State’s identified contact and a fully executed copy of the agreement shall be sent to the Vendor. **No payments will be issued without the required documents.**