

A Quorum of the Administration Committee, Board of Public Works, Personnel Committee, Plan Commission, Redevelopment Authority, and other City bodies may attend this meeting, though no official action of these bodies will be taken.



## **BOARD OF PUBLIC WORKS (SPECIAL)**

**Monday, July 21, 2025 at 5:45 PM**

**First Floor Conference Rooms  
100 Main Street, Menasha, WI**

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- A. Call to Order**
- B. Roll Call**
- C. Public Comments on Any Matter Listed on the Agenda**  
(5 minute time limit for each person)
- D. Minutes to Approve**
  - 1. Board of Public Works, 7/7/25
- E. Discussion / Action Items**
  - 1. Street Use Application - Twisted Pistons Scholarship Cruise-In; Thursday, August 21, 2025; 12:00 p.m. to 10:00 p.m.; Twisted Pistons, Inc.
  - 2. Recommend to Award – Contract Unit No. 2025-05; Asphaltic Concrete Pavement Chip Sealing – Various City Streets
- F. Adjournment**

"Menasha is committed to its diverse population. Our Non-English speaking population and those with disabilities are invited to contact the Menasha City Clerk at 967-3603 24-hours in advance of the meeting for the City to arrange special accommodations."



## BOARD OF PUBLIC WORKS MINUTES

Monday, July 7, 2025 at 6:45 PM

First Floor Conference Rooms  
100 Main Street, Menasha, WI

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A. CALL TO ORDER

Meeting called to order by District 8 Alderperson Ropella at 8:53 pm.

B. ROLL CALL

Present: Alds. Rand, Eisenach, Hale, Perkins, Lewis, Marshall, Grade, Ropella

Also Present: FD Sassman, DDMO Brown, PRD Sackett, DDE Gordon, CA Struve,  
Mayor Hammond, Clerk Snyder, DC Janet

C. PUBLIC COMMENTS ON ANY MATTER LISTED ON THE AGENDA

D. MINUTES TO APPROVE

1. Board of Public Works, 6/16/25

Motion by District 6 Alderperson Marshall seconded by District 7 Alderperson  
Grade to approve. Motion carried on voice vote.

E. DISCUSSION / ACTION ITEMS

1. Street Use Application - Harvest Festival; Saturday, September 20, 2025; 8:00  
a.m. to 6:00 p.m.; B.L.O.O.M., LLC

Motion by District 6 Alderperson Marshall, seconded by District 4 Alderperson  
Perkins to approve.

Motion carried 8-0 on roll call.

2. Payment - Sommers Construction Co., Inc.; Contract Unit No. 2025-02; Street  
Construction and Rehabilitation; \$361,151.13 (Payment No. 1)

Motion by District 6 Alderperson Marshall, seconded by District 4 Alderperson  
Perkins to approve.

Motion carried 8-0 on roll call.

3. Recommend to Award - Contract Unit No. 2025-03; Jefferson Park Boat  
Launch; to Northeast Asphalt, Inc.; \$1,315,650.00

Motion by District 6 Alderperson Marshall, seconded by District 7 Alderperson  
Grade to approve.

Motion carried 8-0 on roll call.

4. Change Order - Menasha Utilities; Contract Unit No. M0002-06-24-00128;  
\$8,195.00 (Change Order No. 1)

Motion by District 6 Alderperson Marshall, seconded by District 3 Alderperson

Hale to approve.

Motion carried 8-0 on roll call.

5. Payment - Cardinal Construction Co., Inc.; Contract Unit No. 2024-10; Jefferson Park Shelter Construction; \$15,499.52 (Payment No. 6)  
Motion by District 6 Alderperson Marshall, seconded by District 7 Alderperson Grade to approve.

Motion carried 8-0 on roll call.

Discussion considered remaining payments for this project; staff advised that this is the second to last payment.

F. ADJOURNMENT

Motion by District 1 Alderperson Rand seconded by District 4 Alderperson Perkins to adjourn the Board of Public Works meeting at 9:01 pm. Motion carried on voice vote.

Minutes submitted by City Clerk Kaija Snyder.



## EVENT DETAILS - SECTION 1

### Parks and Recreation Department – (920) 967-3640

100 Main Street, Suite 200 (2<sup>nd</sup> Floor), Menasha, WI 549252

Email: [lwalbrun@menashawi.gov](mailto:lwalbrun@menashawi.gov)

1. Will you be reserving a park?

Confirm your requested date with the Parks Department as soon as possible to ensure facility availability.

☒ Yes ☐ No

2. Will you be selling alcoholic beverages?

All multi-day events and events that plan to sell beer and/or wine to the public must also appear before the Parks and Recreation Board.

☒ Yes ☐ No

### Menasha Police Department – Phone: (920) 967-3500

430 First Street, Menasha, WI 54952

Email: [ahanchek@menashawi.gov](mailto:ahanchek@menashawi.gov)

3. Event Coordinator will need to submit a plan for emergency situations.

If you do not have a plan, one will be provided to you to sign and submit with a map.

4. Does your event require traffic control or services provided by our Police Department?

☐ Yes ☒ No

### Public Works Department – (920) 967-3610

100 Main Street, Suite 200 (2<sup>nd</sup> Floor), Menasha, WI 549252

Email: [alee@menashawi.gov](mailto:alee@menashawi.gov)

5. Will you be using City streets or other public right of way?

Please submit the \$25 Street Use Fee with your special event paperwork. Street Use requires Board of Public Works and Common Council approval. You (or a representative for your event) will be required to attend a Common Council meeting to answer any questions regarding this potential street closure. Please be aware the entire approval process may take more than 60 days.

☒ Yes ☐ No

6. Does your event require street closure?

If your event requires street closure, barricade and signage requests will be discussed at a Special Events Meeting. This information will be noted on the Fee Schedule and Breakdown Worksheet. Special Events requiring street closure need Council approval. It is highly recommended that information regarding your event is not published or advertised until you have received Common Council approval.

☒ Yes ☐ No

PLEASE NOTE: If you are requesting a street closure, it is also your responsibility to notify residents and businesses (including Gold Cross and Valley Transit) that are directly affected (we can provide a sample "Notification of Request to Close a City Street"). This will need to be done at least 7 days prior to your appearance at the required Common Council meeting. Event Holder to submit one copy of the completed notification to the Director of Public Works.

### Neenah-Menasha Fire Department - (920) 886-6200

125 E. Columbian Ave., Neenah, WI 54956

Email: [skrueger@nmfire.org](mailto:skrueger@nmfire.org)

7. Will there be fireworks at your event?

Please complete the Fireworks Permit Application. Contact Neenah-Menasha Fire Department.

☐ Yes ☒ No

8. Will you be putting up a tent?

Some tents require a Certificate of Fireproofing and Inspections by the Fire Department. All tents with stakes require diggers Hotline clearance by calling 811 at least five (5) days prior to the event.

☒ Yes ☐ No

### Clerk's Office - (920) 967-3603

100 Main Street, Suite 200 (2<sup>nd</sup> Floor), Menasha, WI 54952

Email: [ksnyder@menashawi.gov](mailto:ksnyder@menashawi.gov)

9. Will you be selling/serving alcoholic beverages?

Please complete the Application for Temporary Class "B" Retailer's License and the Addendum to Application for Temporary Class "B"/"Class B" Retailer's License. Permit needs to be submitted to the City Clerk.

☒ Yes ☐ No

10. Will there be inflatables or carnival rides at your event?

Please complete the Carnival Permit. Permit needs to be submitted to the City Clerk at least 10 days prior to your event.

☐ Yes ☒ No

### Health Department - (920) 967-3522

100 Main Street, Suite 100 (1<sup>st</sup> Floor), Menasha, WI 54952

Email: [tdrew@menashawi.gov](mailto:tdrew@menashawi.gov)

11. Will you or vendors at your event be selling or serving food?

Please see the information regarding Mobile Restaurant Operators/Mobile Retail Food Operators/Temporary Restaurant Operators.

☒ Yes ☐ No

**EVENT INFORMATION – SECTION 2**

*Permit Fee: A \$25 Special Event Administrative Fee plus a Street Use Application Fee of \$25 (if applicable) must be submitted with the application at least 60 days prior to your event. Please make checks payable to City of Menasha.*

Event Name Twisted Pistons Scholarship Cruise-In Total Anticipated Attendance 1,000  
 Sponsoring Organization Twisted Pistons Inc.  
 Organization Address P.O. Box 153 - Menasha WI 54952  
 Event Location Main St & Racine to Jitters "see map"  
 Date of Event (list each date if a multi-day event) August 21, 2025  
 Event Set-up Time noon Event Start Time 2:00pm Event End Time 10:00pm

**EVENT COORDINATOR – SECTION 3**

*Please list the main contact for questions pertaining to your event. Any other individuals authorized to speak with City Staff regarding your event and/or its billing should also be listed. At least one of the contacts listed MUST be on site at the event during all event operating hours.*

- Event Facilitator/Responsible Person Randy Thomson  
 Email randy@randallsautohaus.com Phone 920-727-1826
- Day of Event Contact Name (person on site) Nicholas Jerne  
 Email nickdevilletwo@aol.com Phone 920-427-3736

**EVENT DETAILS – SECTION 4**

*Please list the main contact for questions pertaining to your event. Any other individuals authorized to speak with City Staff regarding your event and/or its billing should also be listed. At least one of the contacts listed MUST be on site at the event during all event operating hours.*

What type(s) of activities will be part of your event (please check all that apply):

- |                                                                                  |                                                                                      |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Amplified Music                              | <input type="checkbox"/> Amusement Rides, Inflatables, Dunk Tank, and/or Petting Zoo |
| <input type="checkbox"/> Baseball/Softball Tournament                            | <input type="checkbox"/> Fireworks                                                   |
| <input checked="" type="checkbox"/> Food Trucks                                  | <input type="checkbox"/> Parade or Run/Walk Event (On-Street)                        |
| <input type="checkbox"/> Run/Walk (using trail system-no streets)                | <input checked="" type="checkbox"/> Sell Beer/Wine/Fermented Malt Beverage           |
| <input checked="" type="checkbox"/> Sell Concessions/Food other than Food Trucks | <input checked="" type="checkbox"/> Set Up Temporary Tent/Structure                  |
| <input type="checkbox"/> Vendor Show Number of Vendors? _____                    | <input type="checkbox"/> Other                                                       |

Describe any Street Use your event will require. (Please attach a detailed map; map MUST include exact location of event, route/street closure (if applicable), barricade placement, etc.)

See attached map  
 rent marina terrace & Curtis Reed

### FERMENTED MALT/WINE BEVERAGE PERMIT

For Consumption Only! SALE of fermented malt beverages and wine requires a Temporary Class "B" License in addition to this permit  
(Allowed only at Barker Farm, Jefferson, Koslo and Curtis Reed Square)

The below named assumes responsibility for exercising control over attendees behavior at the event. This person or designee must be present for the duration of the event. The Menasha Police Department will contact the permittee if any problem arises. Unruly/illegal group behavior will jeopardize future reservation privileges. This permit allows fermented malt beverages and wine only. No hard liquor or glass containers.

Permittee Name(please print): THOMPSON RANDALL R  
Last First M.I.

Area that fermented malt beverages and wine will be consumed: Curtis Reed Square

Signature: Handwritten Signature

### INSURANCE – SECTION 5

A Certificate of Liability Insurance and Endorsement, each naming the City of Menasha as additional insured, must be submitted with your completed Special Events Application in order for your event to be considered for approval by the Board of Public Works and the Common Council. This is your primary insurance.

Name of Insurance Company Hy International Policy Number 103 GL 002 1111

Email special event @ hyinternational . com Phone 925 609 6500

Applicant Signature Handwritten Signature Date 6-25-2025

### PERSON, GROUP, CLUB OR ORGANIZATION TO BE INVOICED – SECTION 6

Please complete this section if the information is different from what you entered in Sections 1 and 2.

Person or Organization Name N/A

Address N/A

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### HOLD HARMLESS AGREEMENT – SECTION 7

I agree to hold the city of Menasha harmless from any claim for damage or injury arising out of our activities in connection with the date of this event. I further understand this agreement to indemnify is for any and all liability of the City of Menasha, including costs of defense and attorneys' fees, including: Damage or injury caused in part by the City's negligence, unless I demonstrate by clear and convincing evidence, that such damage or injury was caused solely by the City's negligence. I further agree to exercise due care in the preservation of the premises. I further agree to pay for all damages to park property or grounds beyond what the Department determines to be normal wear and tear. I further agree that I will ensure compliance with all rules, regulations, or ordinances applicable to the use of City of Menasha parks and choose not to negotiate any terms of this agreement.

Applicant Signature Handwritten Signature Date 1-15-2025

Completed applications can be mailed to or dropped off at: Menasha City Center, 100 Main Street, Suite 200, Menasha, WI 54952 or e-mailed to [lwalbrun@menashawi.gov](mailto:lwalbrun@menashawi.gov). For any questions regarding this application or the permitting process, contact Lori in Parks and Recreation at (920) 967-3640.

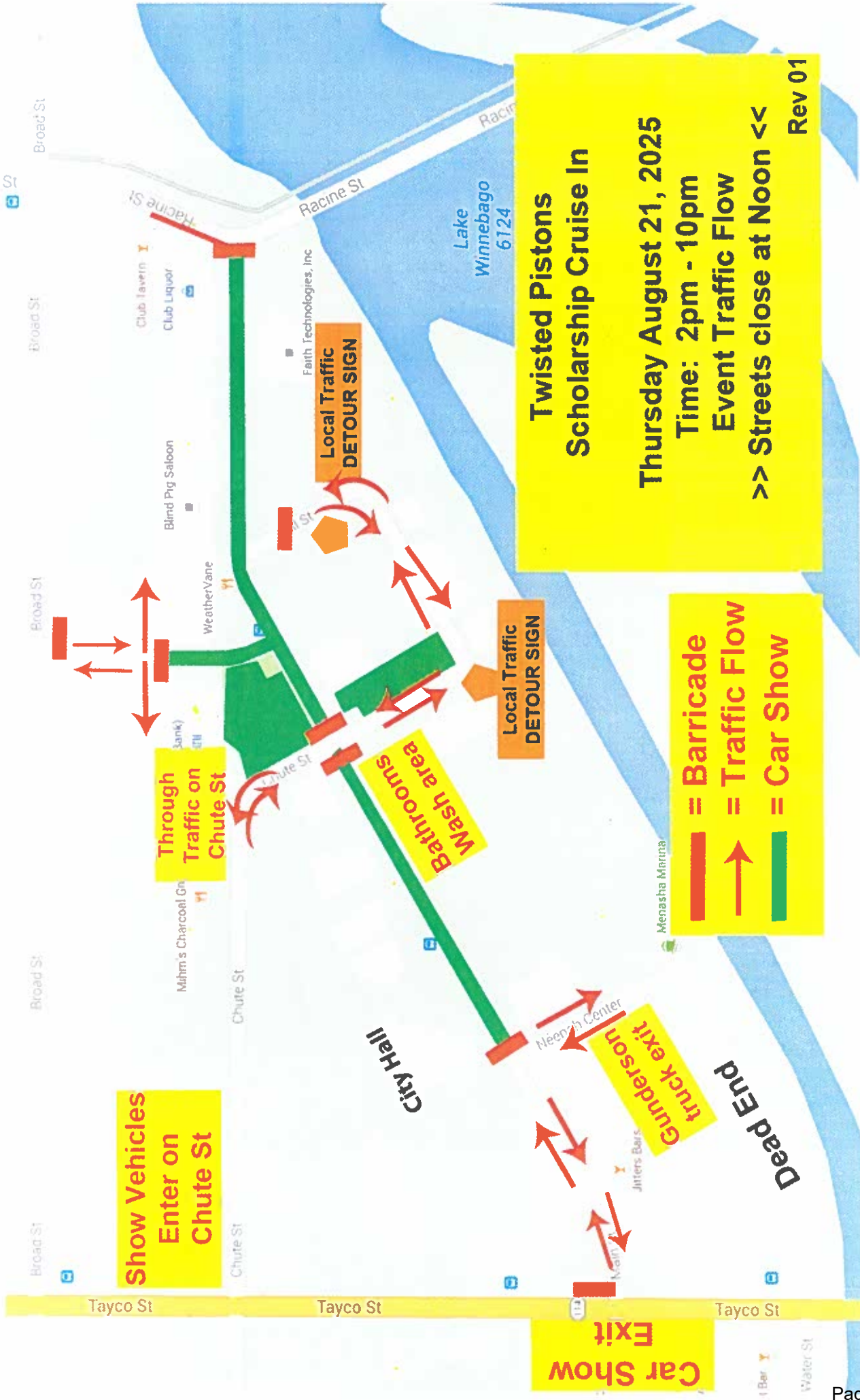
### STAFF USE ONLY

Scheduled Board of Public Works Review Date: July 21, 2025

Scheduled Parks & Recreation Board Review Date: July 8, 2025

Scheduled Common Council Review Date: Aug. 4, 2025

Staff Approval: Police Dept. AT Fire Dept. Handwritten Signature Public Works Dept. TB City Attorney Handwritten Signature



Rev 01

**CERTIFICATE OF INSURANCE ENDORSEMENT  
SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST, A RISK PURCHASING GROUP**

|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      |                                         |                    |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------|--------------------|-------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                | <b>Certificate #</b> | <b>240493</b>                           |                    |                         |
| <b>FACILITY OWNER: (Additional Insured)</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                                                                                                                                                                                                                                                                                        | <b>PRODUCER:</b>                                                                                                                                                                                                               |                      | <b>CA License #0757776</b>              |                    |                         |
| City of Menasha<br>100 Main Street, Suite 200<br>Menasha, WI 54952                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                                                                                                                                                                                                                                                                        | HUB International Insurance Services Inc.<br>3000 Executive Parkway, #300<br>San Ramon, Ca 94583<br>PH: 925 609 6500 FX: 925 609 6550 <a href="mailto:specialevent@hubinternational.com">specialevent@hubinternational.com</a> |                      |                                         |                    |                         |
| <b>EVENT HOLDER: (Named Insured)</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                                                                                                                                                                                                                                                                        | <b>EVENT INFORMATION</b>                                                                                                                                                                                                       |                      |                                         |                    |                         |
| Twisted Pistons, Inc.<br>PO Box 153<br>Menasha, WI 54952                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                                                                                                                                                                                                                                                                                        | <b>TYPE OF EVENT:</b>                                                                                                                                                                                                          |                      | Auto Show                               |                    |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        | <b>EVENT DATE(S):</b>                                                                                                                                                                                                          |                      | 8/12/2025                               |                    |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        | <b>EVENT LOCATION:</b>                                                                                                                                                                                                         |                      | Downtown Menasha, WI 54952              |                    |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        | <b>ATTENDANCE:</b>                                                                                                                                                                                                             | 1,000                | <b>CLASS:</b>                           | I                  |                         |
| This is to certify that the policies of insurance listed below have been issued to the insured named above for the event date(s) indicated above. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      |                                         |                    |                         |
| This insurance contract is with an insurer which has not obtained a certificate of authority to transact a regular insurance business in the state of Wisconsin, and is issued and delivered as a surplus lines coverage pursuant to s.618.41 of the Wisconsin Statutes. Section 618.43(1), Wisconsin Statutes requires payment by the policyholder of 3% tax on gross premium.                                                              |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      |                                         |                    |                         |
| <b>INSURER A:</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | <b>COLONY INSURANCE COMPANY</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      |                                         |                    |                         |
| <b>INSR LTR</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Type of Insurance</b>                | <b>Policy Number</b>                                                                                                                                                                                                                                                                                   | <b>Effective</b>                                                                                                                                                                                                               | <b>Expiration</b>    | <b>Policy Limits</b>                    |                    |                         |
| <b>A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Commercial<br/>General Liability</b> | <b>103 GL<br/>0021111</b>                                                                                                                                                                                                                                                                              | <b>1/1/2025</b>                                                                                                                                                                                                                | <b>1/1/2026</b>      | Each Occurrence                         | <b>\$1,000,000</b> |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      | General Aggregate                       |                    | <b>\$2,000,000</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      | Personal & Advertising Injury           |                    | <b>\$1,000,000</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      | Products/Completed Operations Aggregate |                    | <b>\$2,000,000</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      | Damage to Premises Rented to You        |                    | <b>\$1,000,000</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      | Medical Payments                        |                    | <b>\$5,000</b>          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      | Liquor Liability Each Occurrence        |                    | <b>\$1,000,000</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      | Liquor Liability Aggregate              |                    | <b>INCL. IN GL AGG.</b> |
| <b>COVERAGE TERMS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      |                                         |                    |                         |
| Occurrence Form (CG 0010)<br>Host Liquor Liability <u>Included.</u><br>Full Liquor Liability Included <u>when a separate premium has been charged.</u>                                                                                                                                                                                                                                                                                       |                                         | <b>The coverage afforded by this insurance is primary and non-contributing with any insurance held by the "Additional Insured" as Named Insured, when the "Additional Insured" is shown on this Certificate of Insurance Endorsement as "Additional Insured" or WHEN REQUIRED BY WRITTEN CONTRACT.</b> |                                                                                                                                                                                                                                |                      |                                         |                    |                         |
| <b>COVERAGE EXCLUSIONS: (REFER TO POLICY FOR COMPLETE LISTING OF EXCLUSIONS)</b>                                                                                                                                                                                                                                                                                                                                                             |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      |                                         |                    |                         |
| -- Communicable Diseases<br>-- Sexual Abuse & Molestation<br>-- Terrorism                                                                                                                                                                                                                                                                                                                                                                    |                                         | Specific Events are excluded from coverage. Please see second page for list of excluded events.<br>On behalf of the Risk Purchasing Group and each Member, the Trustee has declined coverage for the Terrorism Risk Insurance Act (TRIA).                                                              |                                                                                                                                                                                                                                |                      |                                         |                    |                         |
| <b>OTHER ADDITIONAL INSURED:</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      |                                         |                    |                         |
| City of Mensaha<br>100 Main Street, Suite 200<br>Menasha, WI 54952                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      |                                         |                    |                         |
| <b>CANCELLATION:</b> Should the above described policy(s) be canceled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the insured event holder and additional insureds listed.                                                                                                                                                                                                       |                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                      |                                         |                    |                         |
| <b>AUTHORIZED REPRESENTATIVE:</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                | <b>DATE ISSUED:</b>  | 3/13/2025                               |                    |                         |

Second Page of Certificate

Certificate #

240493

**SPECIFIC EVENT POLICY EXCLUSIONS**

The following types of events are specifically excluded and no coverage for them exists under the policy(ies) listed on the front page of this Certificate of Insurance:

Aircraft / Aviation  
 All Terrain Boarding  
 Ballooning / Balloon Rides  
 Base Jumping  
 Bouldering  
 Boxing, Wrestling  
 Bungee Jumping  
 Carnival Rides  
 Circuses  
 Concerts over 6 hours in music length  
 Contact Karate / Martial Arts  
 Contact Sports  
 Diving  
 Football (except passing camps with no contact drills)  
 Hang Gliding  
 Hockey  
 Jousting  
 Kayaking, Rafting or Canoeing in greater than Class 3 rapids  
 Lacrosse / Rugby  
 Mechanical Amusement Rides or Services and Gyroscopic Rides  
 Motorized Sporting Equipment  
 Mosh Pits  
 Mountain Biking  
 Power Boat Racing  
 Professional Sporting Activity; Games, Races, Contests of a professional nature  
 Pyrotechnics / Explosives  
 Rap or Heavy Metal Concerts  
 Raves  
 Rock Climbing  
 Rodeo / Roping Events (includes practice)  
 Scuba Diving  
 Tractor / Truck Pulls  
 Ziplines / Ziplining



## MEMORANDUM

**Date:** July 15, 2025

**To:** Board of Public Works

**From:** Corey Gordon – Deputy Director of Engineering

**RE:** Recommend to Award – Contract Unit No. 2025-05 Asphaltic Concrete Pavement Chip Sealing

The City of Menasha publicly opened bids on Tuesday, July 15, 2025 for Contract Unit No. 2025-05. One bid was received as indicated on the enclosed bid tabulation.

This project will consist of the chip sealing of various City streets.

**Recommendation**

Motion to recommend to Common Council awarding Contract Unit No. 2025-05, Asphaltic Concrete Pavement Chip Sealing to Fahrner Asphalt Sealers, LLC in the amount of \$64,368.00.

| CITY OF MENASHA                                                                 |                           |                              |                              |                                |
|---------------------------------------------------------------------------------|---------------------------|------------------------------|------------------------------|--------------------------------|
| Contract Unit No. 2025-05                                                       |                           |                              |                              |                                |
| Asphaltic Concrete Pavement Chip Sealing - Various City Streets                 |                           |                              |                              |                                |
| <b>Base Bid</b>                                                                 |                           |                              |                              | <b>Fahrner Asphalt Sealers</b> |
| <b>Item</b>                                                                     | <b>Street</b>             | <b>From</b>                  | <b>To</b>                    | <b>Lump Sum</b>                |
| 1                                                                               | Grandview Ave (2,594± SY) | Tayco St                     | Pacific St                   | \$ 7,243.00                    |
| 2                                                                               | Ninth St (7,698± SY)      | Melissa St                   | Meadowview Dr                | \$ 20,449.00                   |
| 3                                                                               | Sixth St (1,972± SY)      | Tayco St                     | 17'± W. of Railroad Crossing | \$ 9,589.00                    |
| 4                                                                               | Sixth St (4,704± SY)      | 17'± E. of Railroad Crossing | 35'± W. of Racine St         | \$ 11,354.00                   |
| 5                                                                               | Sixth St (5,456± SY)      | 35'± E. of Racine St         | De Pere St                   | \$ 15,733.00                   |
| <b>Total Base Bid Unit 2025-05 - Chip Seal Various City Streets (Items 1-5)</b> |                           |                              |                              | <b>\$ 64,368.00</b>            |