

* is Sheridan in WLR? *



Parks Amenities Matching Fund Program Application Form

Please print to complete or enter the information and save the document. Please provide all information requested. You may attach additional sheets and/or materials to support your request.

1. Grantee Information

Name of Individual or Organization: Sheridan Park Friends

Contact Name:

Sylvia Gear, Applegear
4467 S. Sheridan Drive, Cudahy WI 53110

Mailing Address:

Street			
City	State	Zip	

Phone: 414-769-7689

Fax: --

Email:

applegear0414@gmail.com

2. Project Title:

Removal of Invasive Species along bluff in Sheridan Park

3. Funding Requested: \$ 5,000.00

(Funding matches are granted up to a dollar-for-dollar match.)

Sheridan Friends will spend \$5,000.00 from their account held by the Park People and is asking for a match of \$5,000.00 from the amenities fund held by Parks Dept.



Parks Amenities Matching Fund Program Application Form

4. Project Description:

Provide a detailed description of your project. Provide as much detail as possible to assist evaluators in clearly understanding the proposal. You may attach drawings or specifications of materials. If educational or marketing materials are proposed, provide a mock up or example of how the product will look, how it will be posted or distributed, and an example of the content. Other acceptable attachments include detailed map and other visual materials, site plans, drawings, photos, cross sections or mock ups of your project and what the finished product will look like.

Our Sheridan Friends have done a number of weed outs along the bluff. We have mostly found Garlic Mustard, Burrdock and Honey Suckle among others. The Old Timers in our group remember the days when the Parks Dept. kept the bluff line free of these weeds. Unfortunately, the Parks Dept. is understaffed and can no longer devote the man-hours needed to keep the bluff head free of these invasives.

Because of these invasives, the view of Lake Michigan is also choked off. The main attraction of Sheridan Park is the fantastic view of Lake Michigan from one of the highest vantage points available to park goers. It is a favorite of bird watchers.

Need to better define area
After our own weed-outs, we have found that these invasives often grow back. To really address this problem, we need to have professional application of herbicides. For this reason, we are seeking to hire a professional landscaper to remove the invasive species and apply herbicide to the root system of these noxious plants. Our group would like to start with a \$10,000 project and go as far as possible along the park bluff. Next, year we envision completing this project with additional funding. We anticipate that the entire bluff head would cost perhaps \$20,000 based on estimates. Starting North, the project would proceed along the bluff as far South as our current funding would carry this year's application.

Once a herbicide is used, the Friends Group believes that annual weed-outs could maintain the view shed by keeping any new sprouts at bay. It would open up the view to the Oak Leaf Trail that was just repaved last year. Sheridan Park would have new life for both the Trail and the world-class view of our Great Lake.



Parks Amenities Matching Fund Program Application Form

5. Public Benefits

Explain why your project is important and why it is needed. Who are the intended users? How will the public benefit? How many and what different types of users do you expect? How does this project provide new recreational opportunities for the intended users? Does your project solve a problem or provide important missing services? If your project provides for people with disabilities, in what way?

Please see explanation in item 4. The users that would be appreciative of the invasive removal include the following listed in no particular order:

1. All users of the Oak Leaf Trail including bikers, walkers and runners.
2. Bird Watchers. This bluff line is world-famous for the migratory route of birds along the bluff head. It is listed on many birders sites for the quality of the view and also because it is on the migratory route.
3. Elderly who can no longer walk or use the Oak Leaf Trail. Sheridan Park is somewhat unique for the elderly drivers (both operators or passengers) because the paved drive (road) along the parkway follows the line of lake Michigan. This view shed is much appreciated by the elderly on their Sunday drive or other casual driving pleasure.
4. Plant lovers will appreciate the removal of the Invasives. There are healthy stands of Sumac along lake Michigan bluff as well as many trees. These plants would be healthier if their root systems were not crowded out by the invasives.
5. All public users of our Park system including picnic parties, the rental of the pavilion and even concert goers will appreciate the removal of the invasives and the re-introduction of the great views of Lake Michigan.



Parks Amenities Matching Fund Program Application Form

6. Sponsor Commitment

What experience do you or the organization have in accomplishing similar projects? Who will be responsible for organizing and assigning the work to insure successful project completion? You will need to document all project expenditures. What is your plan for documenting the work (photos, video, written?) What is your plan, if any, for long term maintenance of your project after it is completed?

Sheridan Park Friends has been in existence since approximately 2005. We successfully organized a Centennial Celebration for the park in 2014. Our group does an annual weed-out, and participates annually in the Arbor Day Clean-up of the park each Spring. We work with the elected officials in Cudahy and this year both the Mayor and the Budget Director joined our group for the annual Arbor Day Clean up.

Our group currently has \$5,000.00 in its fund held by the Park People. We held our annual meeting in September and voted as a Friends Group to support this request. Our group also takes care of plantings around the Pavilion and places flowers each Spring in the Parick Cudahy memorial flower box. Our Friends group pays for all the shrubs and flowers and weeds and waters these plants all summer long. We have established volunteers that watch-over these areas. We have a proved track records of doing these extras for the Parks. As a group, we are known by your own employees who assist with picking-up or litter bags and bringing mulch.

The project responsibility will be taken on by our Officers, Sylvia Gear, President, Colleen Grundy, Secretary, Pat Jursik, Parliamentarian and Barb Johnson, Board Member

Regarding Long-term maintenance: We will continue our annual weed outs. Our group believes that if we can get the herbicide application done, our task of just maintaining the view shed will be much easier once the mature invasives have been removed and after application of herbicide to kill the root system. We are not so naive as to believe this takes care of the problem once and for all. But it will give us a fighting chance to be successful which we are not without the application of the herbicide.



Parks Amenities Matching Fund Program Application Form

7. Return on Investment

How will this project maintain or enhance core services provided by the Parks Department? Is there a budgetary savings or increased revenue potential as a result of this project? Will there be long term operating, capital, maintenance, or replacement expenses with this project and what is that estimated cost?

Please see previous answers for the enhancement answer. Our group helped advocate for the newly remodelled pavilion which has shown increased usage. We believe that removing the invasives and opening u-p the Lake Michigan views along the bluff will provide a substantial enhancement of this Park for public enjoyment.

There will be no long-term costs to the Parks Dept. in terms of the capital costs. Our group knows that we will need to annually continue to fight these invasives, but this project would give us the fighting chance to win this battle.

Costs have been previously addressed, but here is a run-down of the thinking.

We currently have \$5,000 in our budget for this project (we do hold additional resources but will save some for other projects in the park). Our members have already approved this project by a vote taken at the annual meeting.

We are asking your Parks Dept. to match our \$5,000. This would provide a total of \$10,000.00 for initiation of the bluff restoration.

Our group has asked for quotes from reputable landscaping, licesned groups (we intend to use either Bud and Blossom or Choice Landscapping). We will contract with the best bid provider to do as much of the bluff as we can with this years funding. Our group will obtain good experience in providing this year's project. It is anticipated that the remaining bluff all the way South would be completed with additional spending next year and as needed.

Our group will continue to do fund raising for future projects. We have the stated \$5,000.00 for this year.

what if they set-up something like Lake Park?



Parks Amenities Matching Fund Program Application Form

8. Proposed Budget

Provide a detailed and complete budget with enough detail for evaluators to understand exactly what grant funds will be used for, how you arrived at the prices for services, labor, materials, equipment, etc. and the same level of detail about the amount and source of matching funds. If matching funding is already in place, provide necessary documentation to show balance in designated account. Please check one of the following:

Sheridan Park Friends:	\$5,000.00
Parks Dept. Match	5,000.00
Total Budget	\$10,000.00

At least two reputable landscaping firms will be providing bids. The officers of the Friends will review the bids. The winning firm will be hired and given a contract for \$10,000.00 of work.

Landscapper will provide all tools and herbicide product to complete removal of invasive species along bluff head. It is anticipated that additional services will be needed to complete this project. The project will be started at the North line of the Sheridan bluff, (Bottsford Ave. in Cudahy is the intersecting street) and proceed South along the bluff. This project is expected to get as far South in the Park to at least S road or further for the 2016 season.

*It is understood that any future contracts would have to be requested and that no commitment is made by the Parks Dept. beyond 2016. While the Friends Group would like to complete the entire bluff line, we need to do it incrementally



Parks Amenities Matching Fund Program Application Form

The Parks Department prefers to reimburse grantees after the work is completed. *(Please note that projects that were begun or completed prior to Parks approval are ineligible for funding. All third party funding must be present in a designated account prior to grant award)*

We understand payment by the Parks will occur after project completion.

We must have Parks Amenities Matching Funds prior to start of the project.

Please include W-9 for requesting agency/group. We use Park People as our Fiduciary Agent. Their Fed. ID No is: 39-1285098

w-9 attached.

Sylvia Gear
Printed Name Sylvia Gear

5/2/2016
Date May 2, 2016

President, Sheridan Park Friends
Title/Position

For Office Use Only:

Date received _____

Copy distribution _____

Approval _____ Date _____

FT Cycle _____

Check Request

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. The Park People of Milwaukee County, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) 1845 N. Farwell Ste.100	Requester's name and address (optional) Milwaukee County Parks
6 City, state, and ZIP code Milwaukee, WI 53202	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number																					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>										
OR																					
Employer identification number																					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;">3</td> <td style="width: 20px;">9</td> <td style="width: 20px;">-</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">8</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">9</td> <td style="width: 20px;">9</td> </tr> </table>	3	9	-	1	2	8	5	0	9	9											
3	9	-	1	2	8	5	0	9	9												

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 5-6-2016
-----------	----------------------------	-----------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.