SPECIAL MEETING
PROPOSED AGENDA
JUNE 18, 2024

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Declaration of Conflict of Interest
5. Brief Public Comment
6. Agenda Approval
7. New Business
    a. Public Safety Presentation/Proposal to Upgrade to Provide Advanced Life Support Through Elmwood Fire and Rescue
    b. Cherry Bend Park Site Plan
8. Extended Public Comment
10. Adjournment

CHARTER TOWNSHIP OF ELMWOOD
10090 E. LINCOLN ROAD
TRAVERSE CITY, MI 49684
231-946-0921

NOTICE OF SPECIAL MEETING

PLEASE TAKE NOTE that the Township Board of the Charter Township of Elmwood will hold a special meeting on June 18, 2024 at 6:00 p.m. at the Elmwood Township Hall, 10090 E. Lincoln Road, Traverse City, Michigan. The purpose of the meeting is to consider the following:

a. Public Safety Presentation/Proposal to Upgrade to Provide Advanced Life Support Through Elmwood Fire and Rescue
b. Cherry Bend Park Site Plan Proposal

The public is invited to attend this special meeting.

Individuals with disabilities who are planning to attend and require reasonable auxiliary aids should contact the Township Clerk by calling 231-946-0921.

Posted: 6-12-24
4:00 p.m.
Elmwood Township Hall
Connie Preston, Clerk

Numbers and Costs for EFD ALS Transition

Millage Information

- Fire Millage: Current 2.6 (Back on the ballot August 2026)
- 12/2/25 Millage expires
- Taxable value $458,170,476
- Proposed ALS Millage: 1.2 mils ($549,000)

$26/h base wage	$219,200
$39/h OT wage	$21,000
Life Insurance	$1,100
Health & HSA	$30,000
Work Comp	$18,000
Retirement	$22,000
FICA	$19,000
EMS Director (salary and benefits)	$98,600
Education total (see below for breakdown)	$102,000
TOTAL	**$530,900**

Approximate cost to send people to school hourly
Course cost: $10,000
Hours: 1200
Total per person: $24,000
Total with course cost: $102,000

Projected ALS Revenue (Based on 2023 billed amount & fee schedule)

Payor	Number of Patients	Amount
Medicare	43	$21,457
Medicaid	4	$1,456
Commercial	10	$6,680
Private Pay	4	$2,640
TOTALS	**61**	**$32,233**

Projected revenue for this year (total): $170,000

Numbers and Costs for EFD ALS Transition

Payor Mix Breakdowns

Payor	Number of Patients	Amount
Medicare	43	$21,457
Medicaid	4	$1,456
Commercial (BCBS)	10	$6,680
Private Pay	4	$2,640

Fee Schedule (Current vs. Proposed)

Level of Service	Current Fee	Proposed Fee
BLS Emergency	$525.00	$650.00
ALS Emergency	$660.00	$800.00
ALS II Emergency	$870.00	$1,100.00
Oxygen	$48.00	$50.00
Mileage	$13.00	$16.00

*Addition of a third-party collection service for any unpaid ambulance bills would be utilized for any non-residents of the township. All township residents will only have their insurance billed and would not be billed for anything insurance doesn't cover.

*Revenue is difficult to predict due to payor mix changes and changes in types of calls. ALS Emergency revenue requests will increase when we are able to do ALS interventions ourselves.

Question: why should a department so close to the hospital upgrade ambulance response services from BLS to ALS?

Upgrading ambulance response services from Basic Life Support (BLS) to Advanced Life Support (ALS) can offer several advantages, particularly for a department close to a hospital. Here are some reasons why such an upgrade might be beneficial:

1. **Enhanced Patient Care**: ALS ambulances are staffed with paramedics who have advanced training and can perform more advanced medical procedures and administer a wider range of medications compared to EMTs in BLS ambulances. This allows for a higher level of care to be provided to patients, especially those with complex medical conditions or in critical situations.

2. **Reduced Transit Time**: Being close to the hospital, ALS ambulances can quickly transport patients who require advanced interventions directly to the hospital, potentially reducing the time it takes to receive definitive care. This is crucial for patients with time-sensitive medical emergencies such as strokes, heart attacks, or severe trauma.

3. **Seamless Continuity of Care**: ALS ambulances can provide a higher level of care continuity from the prehospital setting to the hospital. Paramedics can communicate more effectively with hospital staff, providing detailed patient assessments and treatment information, which can lead to smoother transitions and better outcomes for patients.

4. **Expanded Scope of Practice**: ALS paramedics have a broader scope of practice compared to BLS providers. This includes the ability to perform procedures such as advanced airway management, cardiac monitoring, defibrillation, and administration of various medications. These interventions can be crucial in stabilizing patients before they reach the hospital.

5. **Improved Outcomes**: Studies have shown that ALS interventions can lead to improved patient outcomes in certain medical emergencies, such as cardiac arrest or severe trauma. By upgrading to ALS services, the department may contribute to better survival rates and overall patient care within the community.

6. **Resource Optimization**: By providing ALS services, the department may reduce the need for hospital resources to provide certain critical interventions upon patient arrival. This can help hospitals allocate their resources more efficiently and effectively, leading to better overall healthcare delivery.

7. **Community Expectations**: In communities where ALS services are the standard of care, residents may expect access to advanced medical interventions from emergency medical services. Upgrading to ALS can help meet these expectations and enhance public satisfaction with the quality of emergency medical care provided.

Overall, upgrading ambulance response services from BLS to ALS can lead to improved patient care, better outcomes, and enhanced coordination between prehospital and hospital-based healthcare providers, particularly in areas close to hospitals where rapid access to advanced medical interventions is essential.

Question: How do I justify upgrading services versus keeping an intercept agreement with a local ALS ambulance service?

When deciding whether to upgrade ambulance services from Basic Life Support (BLS) to Advanced Life Support (ALS) or maintain an intercept agreement with a local ALS ambulance service, it's essential to consider several factors and weigh the advantages and disadvantages of each option. Here are some points you can use to justify upgrading services rather than relying solely on an intercept agreement:

1. **Response Time**: Upgrading to ALS services may reduce response times compared to relying on intercept agreements. While intercept agreements can be effective in certain situations, they often require coordination between multiple agencies, which can lead to delays in patient care. By having ALS ambulances stationed directly within the department, you can ensure faster response times, especially in critical emergencies.

2. **Clinical Autonomy**: Maintaining ALS capabilities within the department provides greater clinical autonomy and control over patient care. With ALS-trained paramedics on staff, the department can initiate advanced interventions promptly without waiting for assistance from external ALS providers. This can be crucial in situations where immediate medical intervention is necessary to stabilize patients.

3. **Cost-effectiveness**: While intercept agreements may initially seem cost-effective since they avoid the expense of purchasing and maintaining ALS ambulances and equipment, they can incur additional costs over time. These costs may include fees for each intercept, ongoing training and certification requirements for BLS providers, and administrative overhead associated with managing the agreement. In the long run, upgrading to ALS services within the department may prove more cost-effective, especially if there is a high demand for ALS-level care in the community.

4. **Resource Allocation**: Relying solely on intercept agreements may strain the resources of the local ALS ambulance service, particularly during peak demand periods or simultaneous emergencies. By upgrading services, the department can contribute to a more equitable distribution of ALS resources within the community and reduce the burden on external providers.

5. **Quality of Care**: While intercept agreements can facilitate access to ALS interventions, they may not always guarantee the same level of consistency and quality of care as in-house ALS services. By upgrading to ALS within the department, you can ensure that paramedics receive regular training, maintain proficiency in advanced skills, and adhere to standardized protocols, leading to higher quality patient care.

6. **Community Expectations**: Depending solely on intercept agreements may not meet the expectations of the community, particularly if ALS services are readily available in neighboring jurisdictions. Upgrading to ALS within the department demonstrates a commitment to providing comprehensive emergency medical services and may enhance public confidence in the department's capabilities.

7. **Emergency Preparedness**: Having ALS capabilities within the department enhances emergency preparedness and resilience. In situations where external resources may be limited or unavailable due to factors such as inclement weather, mass casualty incidents, or infrastructure failures, having in-house ALS services ensures that the department can continue to provide critical care to the community independently.

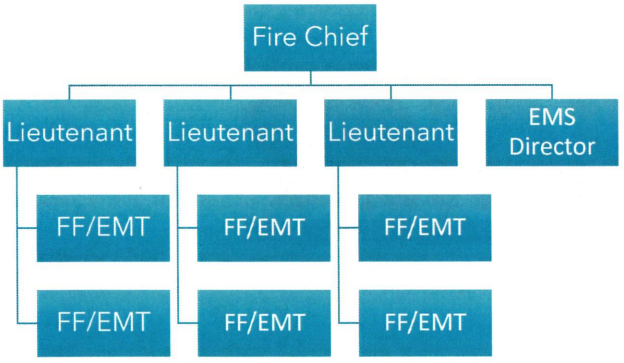
Ultimately, the decision to upgrade services versus maintaining intercept agreements should be based on a thorough assessment of local needs, resources, and operational considerations. While intercept agreements can be valuable supplements to existing capabilities, upgrading to ALS services within the department may offer greater flexibility, control, and responsiveness in meeting the evolving demands of emergency medical care.

Advanced Life Support Proposal

Upgrading EMS Services for Elmwood Township

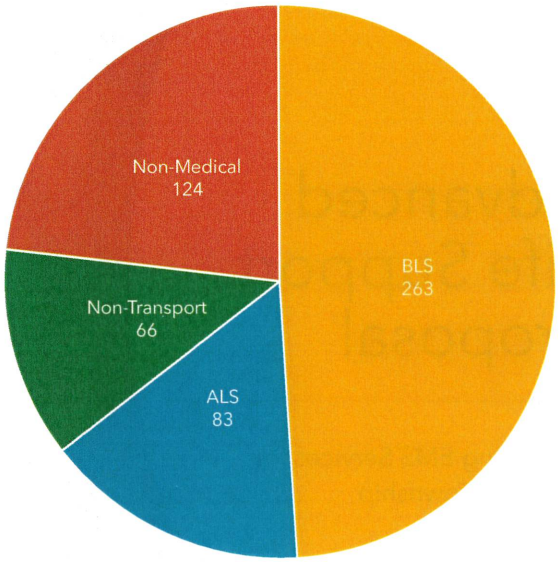
Elmwood Township Fire & Rescue: Today

Licensed Transporting Basic Life Support
3 Firefighter/EMTs on each day
- 1 Lieutenant or Shift Supervisor
- 2 Line Personnel



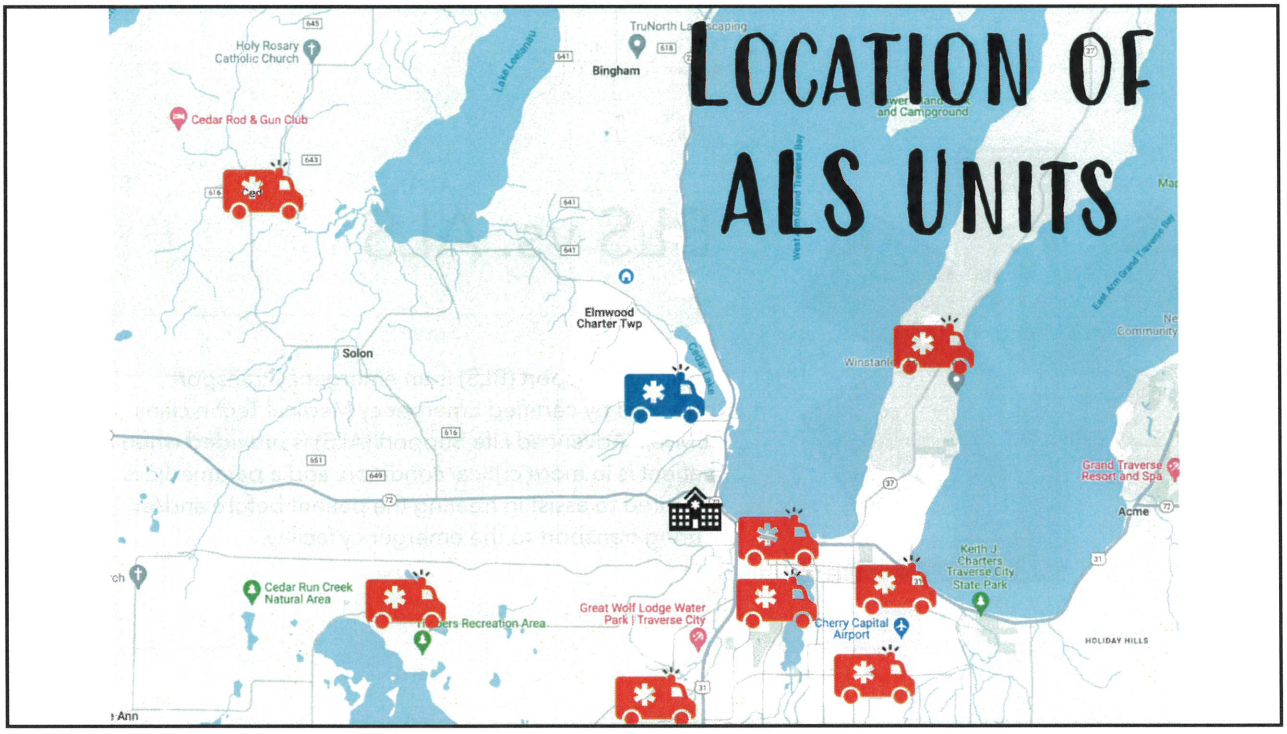
Elmwood by the Numbers (2023)

- 514 calls for service (all run types)
- 390 of those calls required EMS response
- 324 patients were transported
- 263 of those patients were transported BLS
  - Some of these were transported without ALS due to unavailability or proximity issues with our intercepting agencies
- 83 of those patients required ALS



Current ALS Response

- MMR
  - Availability & location
  - Contract costs ($250/intercept)
  - Transfers in addition to 911 calls
- Other Recent ALS Agency Intercepts (MMR Unavailable)
  - TC Fire
  - Suttons Bay-Bingham Fire



Our Primary Providers are EMTs... What Does That Mean?

According to the National EMS Scope of Practice Model

"An EMT is a health professional whose primary focus is to respond to, assess, and triage emergent, urgent, and non-urgent requests for medical care, ***apply basic knowledge and skills necessary to provide patient care and medical transportation*** *to/from an emergency or health care facility.[6]"*

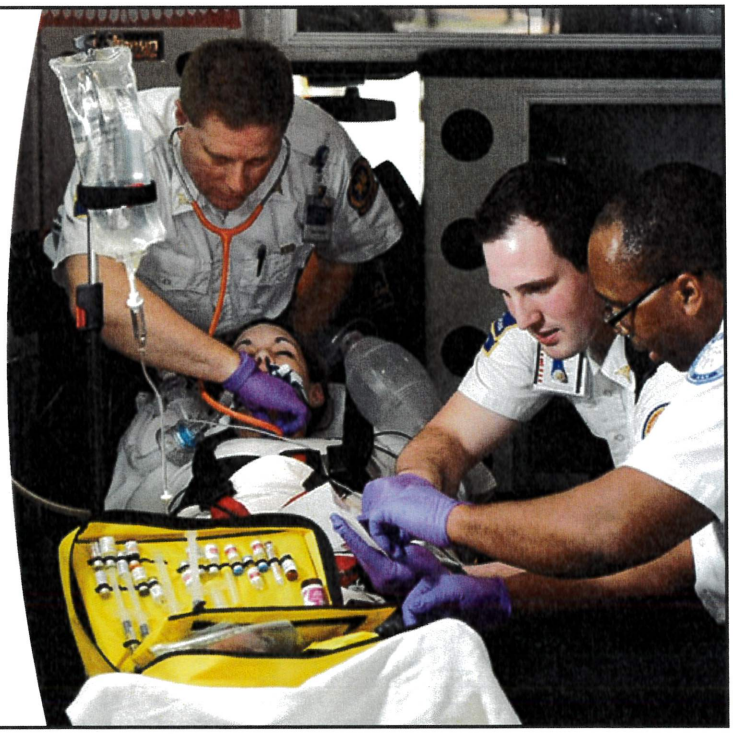
BLS vs. ALS

Basic Life Support (BLS) is an emergency transport provided by certified Emergency Medical Technicians (EMTs). Advanced Life Support (ALS) is provided when a patient is in more critical condition, and a paramedic is required to assist in treating the patient before and/or during transport to the emergency facility.

So... What Does a Paramedic Do?

<u>According to the National EMS Scope of Practice Model</u>

"The paramedic is a health professional whose primary focus is to respond to, assess, and triage emergent, urgent, and non-urgent requests for medical care, ***apply basic and advanced knowledge and skills*** *necessary to determine patient physiologic, psychological, and psychosocial needs,* ***administer medications, interpret and use diagnostic findings to implement treatment, provide complex patient care****, and facilitate referrals and/or access to a higher level of care when the needs of the patient exceed the capability level of the paramedic.[6]"*

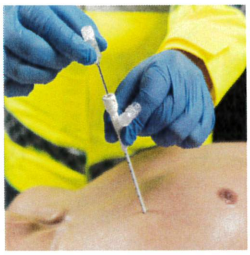


To Simplify Things...

- EMTs work in a *BLS* capacity
- Paramedics work in an *ALS* capacity
  - Paramedics know/do everything EMTs do *and*...
    - Provide complex advanced care to patients requiring specialty interventions

	Number of Approved Interventions/Skills	Number of Medication Administration Routes	Number of Medications Available for Administration
EMT	**48**	**7**	**11**
Paramedic	**67**	**16**	**31**

Day to Day ALS Benefits

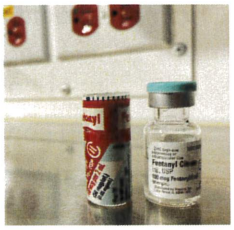


Advanced Procedures

- Rapid ECG interpretation
- Electrical therapy
- Intubation & surgical airway
- Vascular access & fluid resuscitation
- Advanced pathophysiology knowledge for field diagnosis
- Needle decompression for blunt force trauma to the chest to relieve lung collapse

More Medication Options

- Pain management
- Sedation
- Antiarrhythmics
- Respiratory support medications
- Anti-seizure medications
- Blood pressure management
- Many more...

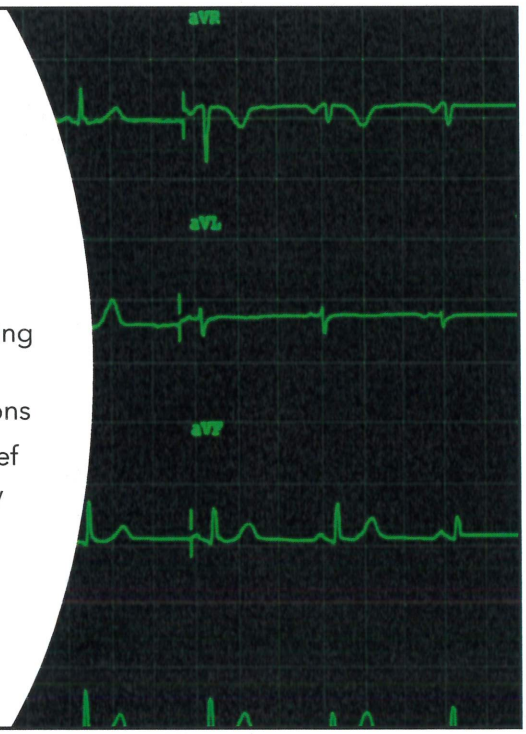


Benefits of ALS: Peer-Reviewed Evidence

- Improved treatment for patients with severe medical conditions[1]
- Increased odds of getting a patient's heart to beat again (ROSC) in cardiac arrest (with early epinephrine)[2]
- More interventions available for trauma care management[5]

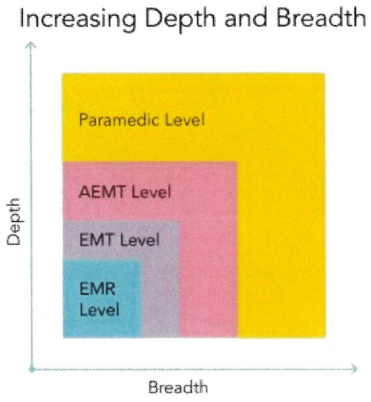
Life Saving Interventions

- Manual defibrillation & early epinephrine
  - Increased odds of neurological intact survival following out-of-hospital cardiac arrest[2]
- Bleeding control via tourniquet and advanced medications
- Advanced airway management & airway obstruction relief
  - Increased odds of survival in cardiac arrest with early intubation[3]
- Glucose for hypoglycemia (IV glucose for unresponsive patients)



Initial Education Requirements for Paramedics

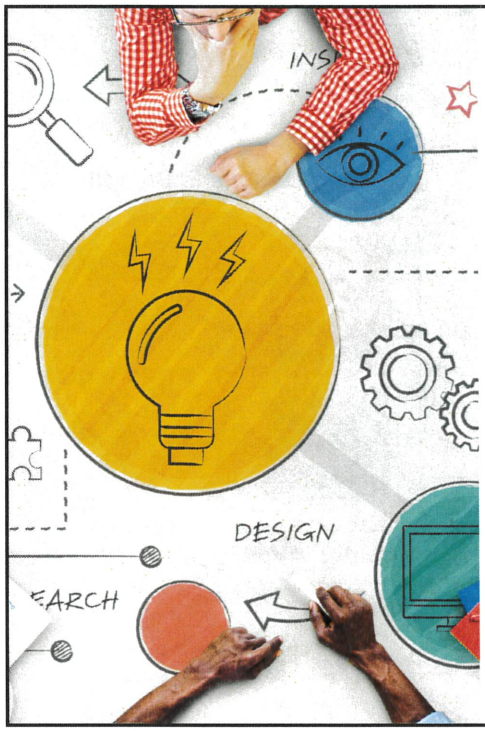
- A current EMT license is required to enroll in a Paramedic program
  - The EMT program is typically 6 months long and requires 194 hours
- Paramedic Program Requirements
  - The Paramedic Program is typically 1-2 years in length depending on course organization.
  - Minimum of 1026 hours with at least 250 hours of those being clinicals



Why Do We Need a Full-Time EMS Director?

A full time EMS Director ensures the patient care activities performed by EMS providers are appropriate, within their scope of practice, and within operational expectations.

- Provide quality assurance and improvement
- Training for personnel
- Evidence-based guidelines and relationships with the MCA
- Facilitation of EMS revenue stream (working with Accumed)
- Holds EMS providers to a high standard of care with oversight
- Assistance on critical incidents
- Positive relationship with our receiving facility (Munson Medical Center)
- Assurance of equipment maintenance and timely, appropriate replacement
- Assistance in other duties needed to keep the department running smoothly
- Provides long-term goals for EMS



Proposed Staffing Model

- Hiring Needs
  - 3 Full-Time Experienced Paramedics
  - 1 Full-Time EMS Director
- Proposed Staffing Model
  - 3 Full-Time Firefighter/EMTs per shift
  - 1 Full-Time Paramedic per shift
  - 1 Paramedic and 1 Firefighter/EMT assigned to ambulance
  - 2 Firefighter/EMTs available for fire/rescue response and other duties

Timeline for Implementation

- Application for Temporary License Upgrade (Bennett Bill)
  - We qualify for a temporary upgrade license which allows us to transition to ALS without any gaps in service over the course of 2 years.
- Hiring for Paramedics
  - Hiring process/interviews in December 2024
- Sending 3 FF/EMTs to Paramedic School in Fall 2024
- ALS "Go-Live" Date
  - January 1, 2025

Estimated Costs

Personnel

3 Paramedics: $330,300 (wages and benefits)

1 EMS Director: $98,600 (wages and benefits)

Equipment

Start-up ALS equipment: $9,000 (will be included in existing budget)

Our existing equipment is sufficient for a solid foundation for equipment

Training

Paramedic School for 3 EMTs is approximately $102,000

Includes base cost for school and time paid during the program

ALS additional certifications (ACLS & PALS): $150/class/person

How Costs Were Calculated

- Comparables
  - Paramedic wage ranges in region: $20-34/hour
  - EMS Director wage ranges in region: $65,000-100,000+/year
  - Departments sending personnel to school
    - Pay for in-class time
    - Pay for course
    - Pay for testing

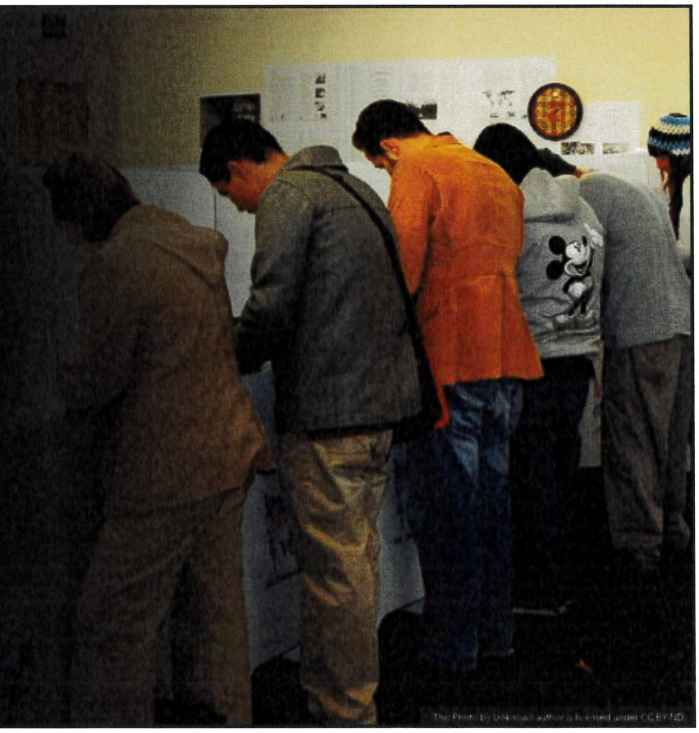
Estimated Revenue and Cost Recovery

- Estimated Revenue Changes
  - Increased revenues from billing for ALS patients
  - Difficult to predict accurate future revenue due to potential payor mix changes
  - About 40% of calls from other departments were billable as ALS
    - Given this information based on current run volume and payor mix, we're estimating an additional $33,000 in revenue for ALS interventions (on top of our current revenue)
- Cost Recovery
  - No longer paying $250 per intercept with MMR
  - Savings: Approximately $30,000/year (budgeted)

the AccuMed Group
EMS Medical Claims Management • Consultation • ePCR Optimization

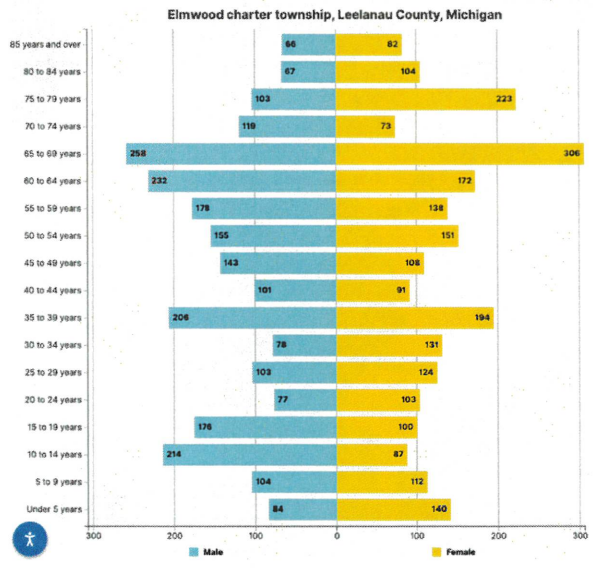
Proposed Millage Request

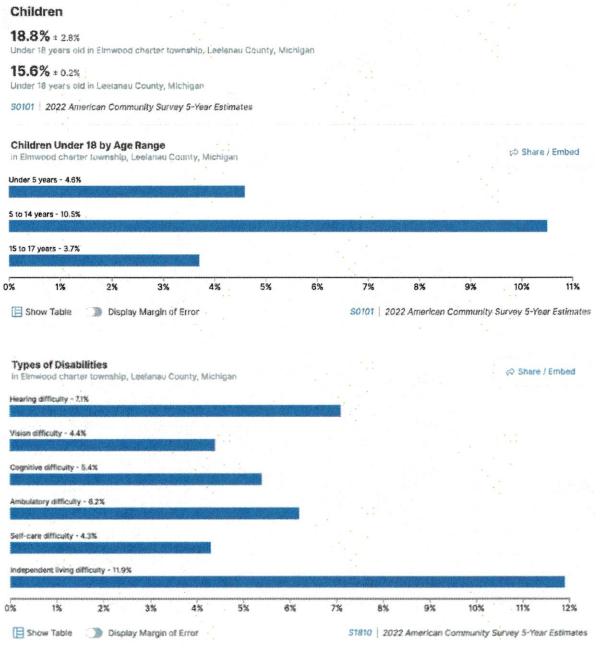
- Proposed Millage for ALS
  - 1.2 mils
  - Approximate millage fund collection: $549,000
- This millage will fund
  - The hiring and staffing of 3 experienced Paramedics
  - The hiring and staffing of 1 EMS Director
  - Education and wage costs associated with sending EMTs to Paramedic school

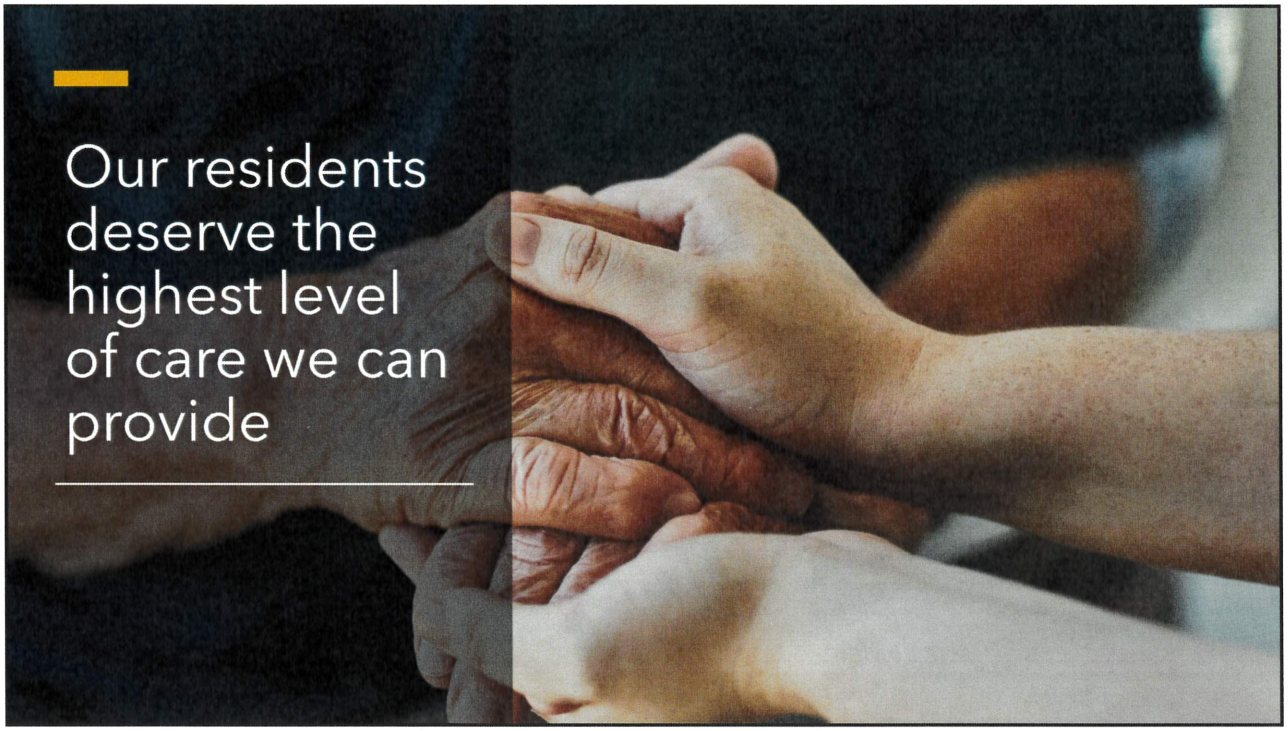


So... Why Should We Go ALS?

- Response times
  - Decreased response times to get ALS to our 911 calls
- Aging population
- Increasing population
- Increased revenue is great, but it isn't everything
  - EMS is an important service, not a money-making venture
- All about service to our residents
  - Our residents deserve to have the best possible prehospital care, and providing advanced life support allows us to provide that to our citizens






Our residents deserve the highest level of care we can provide


Questions?

References

1. Kristi L. Koenig & David C. Cone (2022) ALS and BLS, an Historical Perspective: Time for a New Paradigm!, Prehospital Emergency Care, 26:3, 323-325, DOI: 10.1080/10903127.2022.2060394
2. Perkins, G. D., Ji, C., Deakin, C. D., Quinn, T., Nolan, J. P., Scomparin, C., Regan, S., Long, J., Slowther, A., Pocock, H., Black, J. J. M., Moore, F., Fothergill, R. T., Rees, N., O'Shea, L., Docherty, M., Gunson, I., Han, K., Charlton, K., ... Lall, R. (2018). A randomized trial of epinephrine in out-of-hospital cardiac arrest. *New England Journal of Medicine*, *379*(8), 711–721. https://doi.org/10.1056/nejmoa1806842
3. Carney, N., Totten, A. M., Cheney, T., Jungbauer, R., Neth, M. R., Weeks, C., ... Daya, M. (2021). Prehospital Airway Management: A Systematic Review. *Prehospital Emergency Care*, *26*(5), 716–727. https://doi.org/10.1080/10903127.2021.1940400
4. Hiromichi Naito, Tetsuya Yumoto, Takashi Yorifuji, Yoshio Tahara, Naohiro Yonemoto, Hiroshi Nonogi, Ken Nagao, Takanori Ikeda, Naoki Sato, Hiroyuki Tsutsui. Improved outcomes for out-of-hospital cardiac arrest patients treated by emergency life-saving technicians compared with basic emergency medical technicians: A JCS-ReSS study report. Resuscitation, Volume 153, 2020, Pages 251-257. ISSN 0300-9572. https://doi.org/10.1016/j.resuscitation.2020.05.007.
5. Kondo, Y., Fukuda, T., Uchimido, R., Kashiura, M., Kato, S., Sekiguchi, H., Zamami, Y., Hifumi, T., & Hayashida, K. (2021). Advanced Life Support vs. Basic Life Support for Patients With Trauma in Prehospital Settings: A Systematic Review and Meta-Analysis. *Frontiers in medicine*, *8*, 660367. https://doi.org/10.3389/fmed.2021.660367

Planning/ Zoning Department
planner@elmwoodmi.gov

Elmwood Charter Township
10090 E. Lincoln Rd.
Traverse City, MI 49684

Contact Information
Ph: (231) 946-0921
Fax: (231) 946-9320

To: Elmwood Township Board
From: Sarah Clarren, Planner/Zoning Administrator
Date: June 4, 2024
RE: Cherry Bend Park Site Plan

As the Board may recall from Staff reports, the Parks and Recreation Committee has been discussing improvements regarding facilities within Cherry Bend Park, which were identified through the Township's approved Open Space and Recreation Plan. Discussion at the Committee level has centered around adding play equipment that is accessible and aimed at younger users, as well as considering the addition of pickleball courts. Most recently, the Committee discussed connecting the trail that is currently being designed by our Engineers to the existing sidewalk within Cherry Bend Park.

The Committee recognizes that space (and funds) are limited, so prior to proceeding, they have suggested that the Township develop a conceptual plan as well as estimated cost of completion of the following:

1) Location and approximate sizing of a connection from the existing cement sidewalk in our park to the existing entrance to the park on E Avondale Ln;
2) Examination of the parking spaces located between our tennis courts and playground. We want to ensure the spaces are appropriately designed. They also may need to be redesigned for the trail (above);
3) Reviewing the feasibility (and cost associated) with the placement of up to 4 pickleball courts on land that now contains undersized little league fields or the area where we currently have basketball courts;
4) Additional parking by the possible pickleball locations. Additional parking may not be necessary if pickleball is located where the basketball courts are.

Staff requested cost proposals regarding the above from three firms (WadeTrim, Beckett & Raeder, and Gourdie Fraser, Inc.). Enclosed the Board will find the cost proposals that were submitted.

If the Board is agreeable with pursuing a conceptual site plan for Cherry Bend Park improvements, please feel free to use the prepared motion.

> Motion to accept the *[insert dollar amount]* proposal submitted by *[insert selected firm]* to develop a conceptual site plan for Cherry Bend Park improvements.

Wade Trim Associates, Inc.
500 Griswold Street, Suite 2500 • Detroit, MI 48226
313.961.3650 • www.wadetrim.com

June 4, 2024

Elmwood Township
10090 East Lincoln Road
Traverse City, MI 49684

Attention: Sarah Clarren
Planner/Zoning Administrator

Re: Proposal for Conceptual Design Services for Cherry Bend Park

Dear Sarah Clarren:

Thank you for the opportunity to present this proposal to provide the Charter Township of Elmwood with professional landscape architectural and engineering services for the Cherry Bend Park conceptual site plan, also known as Elmwood Charter Township Park. The following Scope of Services outlines our understanding of the project and our role on project tasks as we work with your team through the entire conceptual planning process.

STATEMENT OF UNDERSTANDING

Parks are typically viewed as special places in most communities, and we know that Cherry Bend Park certainly fits that description for Elmwood Township. Parks are a destination that attract people, create gathering spaces, and provide important green space. As we assist the Township in their discussion of potential upgrades and improvements to Cherry Bend Park, we will be mindful of the magnitude and responsibility of these ideas.

The location of the park in the heart of the Township and the proximity to Traverse City gives this park the potential to be the home to many more community events and gatherings. The redesigned park will include the location and appropriate sizing of the trail connection, existing parking adjustments as well as additional parking, pickleball court layout, and other potential improvements that are discussed as we delve into the design.

SCOPE OF WORK

Wade Trim is prepared to perform the following services as part of the Master Planning Process:

Task 1: Kickoff Meeting

This task and overall project will begin with a virtual kickoff meeting with the Township and to review and affirm project goals and objectives, gather and review pertinent site information, establish clear lines of communication, and refine the schedule. We will review how the park is generally used by the public and how it is used during events. We will also evaluate scope elements and discuss how we can further develop the community's affection for this park.

Task 2: Data Collection and Base Plan Development

Wade Trim will create a base plan of the site using a NearMap aerial image or available survey data and background information from the Township. The base map will approximately show hardscape surfaces, parking areas, site amenities, trees, landscape areas, and visible utilities.

Task 3: Preliminary Concept Plan Alternatives Development

Using the information gathered in Tasks 1 and 2, we will prepare two to three Concept Plan Alternatives for the park. The Preliminary Concept Plan Alternatives will consist of site plan concepts showing the layout and circulation within the modified areas of the park. In addition, rough construction cost estimates will be included for each alternative plan to assist in the discussion and evaluation of the proposed concepts.

At the end of this step, we will meet virtually with the Township to review and discuss the Preliminary Concept Plan Alternatives.

Task 4: Final Master Plan Development

Wade Trim will refine the Preliminary Concept Plan Alternatives into one Final Master Plan based on the comments received from the Township. This will include a site plan rendering and an updated preliminary construction cost estimate. We will meet virtually with the Township one final time during this task to receive final input before finalizing the Final Master Plan deliverables.

To better position the Township for future grant applications, our team can provide a birds-eye aerial or perspective rendering of the park as an additional service. The fees for these services are per rendering as noted below.

EXCLUSIONS

At this time, this scope does not include a topographic survey or construction documents to be used for any type of bidding or construction. This scope also does not presently include perspective or "Birds-Eye" renderings which can be added upon request.

SCHEDULE

We are prepared to complete the above-described Scope of Services within approximately six to eight weeks from receipt of authorization to proceed. If additional renderings are desired, those would be completed after the original duration of the project as decided upon by the project team and Township.

FEE SUMMARY

Wade Trim is prepared to complete the above-described tasks for Cherry Bend Park as authorized by Elmwood Township for a total fee of **$15,800**. Below is our lump sum cost estimate for each of the above-described tasks. The cost for each task is inclusive of all task-related costs, including indirect expenses (printing, shipping, mileage, etc.). Wade Trim would invoice monthly for effort expended that month.

Task	Description	Lump Sum Amount*
1	Kickoff Meeting	$800
2	Data Collection and Base plan Development	$3,400
3	Preliminary Concept Plan Alternatives Development	$7,600
4	Final Master plan Development	$4,000
Total Fee		**$15,800**
Alternate Tasks: Additional Perspective or Birds-Eye Renderings		$4,000 (each)

We look forward to working with Elmwood Township on this project. If you have any questions concerning this proposal, please contact us.

Very truly yours,

Wade Trim Associates, Inc.

Scot A. Lautzenheiser, PLA
Vice President, Landscape Architecture Area Lead

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Beckett&Raeder

P R O P O S A L

DATE: 06.04.2024

TO: Sarah Clarren, Planning and Zoning Administrator, Elmwood Township

FR: Tim Knutsen, Principal

Purpose:	Site Planning Cherry Bend Park
Professional Involvement:	Tim Knutsen, RLA, ASLA, Principal, Landscape Architect
	Sophia Bonk, Project Landscape Architect
Professional Roles:	Landscape Architecture

Project Understanding:

Elmwood Township is seeking a Site Plan for Cherry Bend Park, located on Cherry Bend Rd. between Lincoln Rd. and Avondale Lane, adjacent to the Township offices. The primary purpose of the exercise is to determine feasibility for two new pickleball courts, and to determine a nonmotorized link between the proposed trail on M-22 and the project site.
The project site currently contains a softball field complex, soccer fields, basketball court, sand volleyball court, tennis courts, a playground area and restroom building. The park is adjacent to and shares parking with Township offices. As a result, identifying additional parking opportunities will be a critical component of this exercise.
The site plan should accomplish the following objectives:

- Identify and propose a trail connection between the proposed non-motorized trail along M-22 to Cherry Bend Park. Include proposed improvements to the circulation system within park.
- Analyze current parking capacity, stall size, aisle width, and accessibility.
- Identify cost and feasibility for location of 1-2 pickleball courts in locations identified in attached reference map.
- Propose additional parking to serve the proposed pickleball courts. Based on additional capacity and analysis of current parking, this objective may include reconfiguration of existing parking facilities.
- Propose landscape enhancements as necessary to complement improvements, increase safety and visibility and improve aesthetics.

- Prepare preliminary opinion of construction cost to identify cost of proposed improvements.

Scope of Work:

1. Conduct a project kickoff meeting with Township representatives. BRI will confirm or adjust the work scope and schedule, identify project stakeholders, receive any past and current planning and engineering documents related to the facility's development; and receive design input.

2. Visit the subject property to perform a physical inventory and analysis. The purpose of the exercise will be to gain a better understanding of the existing condition and use of the park and adjacent public properties and to document information that may inform the site plan, including but not necessarily limited to:

   - Functional Relationships and Existing and Potential Conflicts
   - Physical and Environmental Factors
   - Aesthetic Influences
   - Existing and Anticipated Circulation
   - Safety and Accessibility

   BRI will present inventory and analysis findings in a graphic plan to the Township for confirmation or additional input.

3. Prepare a preliminary plan, plans, and/or variations on a plan for Cherry Bend Park, including but not necessarily limited to the following:

   - Proposed accessible trail connection, bike parking and internal pedestrian connections
   - Proposed pickleball court location(s)
   - Relocation of existing park elements as needed to facilitate pickleball court addition
   - Proposed parking and vehicular access improvements
   - Preliminary construction cost estimates

   Plans will be loose and diagrammatic in nature but will be based on available aerial imagery and GIS info.

4. Present preliminary plan(s) and accompanying opinion of preliminary construction costs for the improvements to Township representatives during a scheduled meeting.

5. Prepare a final site plan that fulfills the objectives listed in the Project Understanding. Update the opinion of preliminary construction cost for the park. The final plan will be in the form of a 24"x36" or larger color plan prepared to scale, using available aerial imagery and GIS info. Include a precedent images plan to help define the appearance and character of proposed site elements.

The final plan will identify the type, size and location of all proposed improvements, and will be developed to a degree sufficient for application to MDNR recreation grants and for marketing and fundraising purposes. The opinion of preliminary construction cost will be informed by recent or real-time bid pricing as available.

6. Present the final 24" x 36" colored site plan and accompanying opinion of preliminary construction cost for the proposed improvements to Township representatives during a scheduled meeting. Receive input and finalize the plan and estimate accordingly based on input received during the meeting.

Professional Services Fee: $10,500

Optional Additional Services:

Prepare a color-rendered, elevated perspective drawing of the parking facility improvements proposed in the Schematic Plan. Provide 24" x 36" or larger printed copy mounted on foam-core board. Include digital copy. Rendering is in addition to the colored plan-view rendering included in this proposal.

Optional Additional Services Fee: $2,500

Not Included In Proposal: Topographic Survey
Geotechnical Inventory
3-D Renderings

Timeframe: Commencement upon Contract Authorization

Completion within 10 weeks of Contract Authorization

Submitted

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Dated: June 4, 2024

Accepted

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Dated: _____