

City of Detroit

CITY COUNCIL

RAQUEL CASTAÑEDA-LÓPEZ


COUNCIL MEMBER

DISTRICT 6

MEMORANDUM

TO: Thomas Lewand, Group Executive for Jobs and Economic Growth

THRU: Council President Brenda Jones

FROM: Council Member Raquel Castañeda-López 

DATE: July 26, 2016

RE: Side Lot Processes

I respectfully request the following from the JET Team:

- 1) Present before Council the processes for selling residential and commercial lots in “target neighborhoods” and non-target areas, i.e. notifying person, bidding process, factors used to determine final candidate.
- 2) Provide a list of the target neighborhoods and their boundaries.

Please contact me if you have any questions.

Cc: Honorable Detroit City Council
Thomas Lewand, Group Executive for Jobs and Economic Growth
Alexis Wiley, Chief of Staff
Aliyah Sabree, City Council Liaison
Janice Winfrey, City Clerk

City of Detroit
CITY COUNCIL
COUNCIL PRESIDENT BRENDA JONES

MEMORANDUM

TO: Arthur Jemison, Director
Housing and Revitalization Department

FROM: Council President Brenda Jones **361**

DATE: August 30, 2016

RE: Secondary Street Sign Naming: Bishop P.A. Brooks

I am requesting that the Southfield Freeway Service Drive and Fenkell Intersection be assigned the secondary street name "Bishop P.A. Brooks Drive" in celebration of his lifetime commitment to the City of Detroit residents. Please see the attached bio.

Thank you.

CC: Honorable Colleagues
Janice Winfrey, Detroit City Clerk

FIRST ASSISTANT PRESIDING BISHOP Phillip Aquilla Brooks, II
Church Of God In Christ, Inc.

Pastor, Jurisdictional Prelate, National Church Leader, Business, Civic and Community Leader, Builder, Author, Husband, Father, Friend. But, above all else, a man of great spiritual depth—a worshiper!

Bishop Brooks has rendered a lifetime of devoted service to the people of God and to the ministry of God's holy church. He is the Founding Pastor of New St. Paul Tabernacle Church of God in Christ in Detroit, Michigan, where he has served for over 60 Years; and, since 1975, the presiding prelate of the Historic First Jurisdiction of Michigan—commonly known as—Northeast Michigan Jurisdiction. In 1984, and each quadrennial since, the Lord has honored Bishop Brooks' dedication and loyalty to His work through the favor of men, by elevating him to the presidium of the Church Of God In Christ, Inc. Bishop Brooks is now serving in his eighth term. On April 11, 2007, Bishop Brooks was promoted to the Office of Second Assistant Presiding Bishop of the Church of God in Christ, Inc. by Presiding Bishop Charles E. Blake, Sr. On November 12, 2007, the Presiding Bishop placed in nomination, the name of Bishop Phillip Aquilla Brooks, to the **Episcopal Office of First Assistant Presiding Bishop, and the Civil Office of First Vice President of the Church of God in Christ, Inc.**, and the General Assembly of the Church did elect him to the office as prescribed by our Constitution. In November 2008 and November 2012, the General Assembly reaffirmed Bishop Brooks to that Office upon re-electing him to the General Board, and in response to the Presiding Bishop's re-nomination. Bishop Brooks is the Chairman of the General Board Committee on Leadership Training of New Bishops for the Church of God in Christ.

In 2015, Bishop P.A. Brooks became the longest serving jurisdictional prelate in the history of the Church of God in Christ in Michigan. He is the longest serving General Board Member in the history of the Presidium of the Church Of God In Christ, Inc. And he celebrated the 40th Anniversary of his appointment to the Apostolic Office of Jurisdictional Bishop, and as a member of the College of Bishops of the Church of God in Christ, Inc.

He was consecrated Jurisdictional Prelate of Northeast Michigan Jurisdiction in 1975 by the late Presiding Bishop J.O. Patterson, Sr. During his tenure, his programs and initiatives have benefitted laity, clergy and community alike. With such contributions as the formation of the first black-owned Mortgage Company in the Church of God in Christ—Faith Community Mortgage LLC, and most recently, COGIC Social Services of Michigan (2016), Bishop P.A. Brooks is continually working for the strength and credibility of the Church of God in Christ both regionally and nationally.

Bishop Brooks established the **nation's first Blue Cross/Blue Shield Program** for local pastors, Life Insurance for local pastors and a Compensation Program for widows of local pastors. He lead the Jurisdiction in purchasing and renovating Northeast Michigan's jurisdictional headquarters,

FIRST ASSISTANT PRESIDING BISHOP Phillip Aquilla Brooks, II
Church Of God In Christ, Inc.

Cathedral Conference Center. He is directly or indirectly responsible for purchasing, financing, renovating, or building new churches for over 50 pastors within the jurisdiction.

Bishop Brooks is the co-author of **"Understanding Bible Doctrine as Taught In The Church of God In Christ,"** the Textbook/Study Guide which brings to life the many Bible truths that are the foundation of the Church of God in Christ. "Understanding Bible Doctrine..." is widely used across the nation as a pre-requisite for Ordination Candidates, and is now available in Spanish. From 1984-1997, Bishop Brooks donated all proceeds from the book to the National Church.

Referrals
9-6-16

PUBLIC HEALTH AND SAFETY STANDING COMMITTEE

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 1204 Event Name: University of Detroit Homecoming 5K

Event Date : October 1, 2016

Street Closure: _____

Organization Name: University of Detroit Mercy

Street Address: 4001 W. McNichols Detroit

Receipt date of the COMPLETED Special Events Application:	June 30, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon
- ☐ Carnival/Circus
- ☐ Concert/Performance
- ☐ Run/Marathon
- ☐ Bike Race
- ☐ Religious Ceremony
- ☐ Political Ceremony
- ☐ Festival
- ☐ Filming
- ☐ Parade
- ☐ Sports/Recreation
- ☐ Rally/Demonstration
- ☐ Fireworks
- ☐ Convention/Conference
- ☐ Other: _____
- ☐ **24-Hour Liquor License**

Petition Communications (include date/time)

5K run through the University District

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Police assisted event - 12th precinct will secure the route
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No ROW permit required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will manage the route and soft closures
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nothing required as presented
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact on buses

MAYOR'S OFFICE

Signature: _____

Date: _____

Paul W. [Signature]
8-2-14

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 30, 2016

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
TRANSPORTATION DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER

1204 *University of Detroit Mercy, request to hold "Detroit Decade Dash" starting at 4001 W. McNichols Rd. on October 1, 2016 from 8:00 am to 4:00 pm with temporary street closure on McNichols Rd.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office. There is a 90 day review process. At the end of the 90 days, the petition could either be approved or denied by departments. Please take into consideration the amount of time it will take to plan the event when submitting the application. If submitted later than 90 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: University of Detroit Mercy, Homecoming 5K Run [working title: Detroit Decade Dash]

Event Location: University of Detroit Mercy, 4001 W McNichols Road, Detroit, MI 48221

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: University of Detroit Mercy

Organization Mailing Address: 4001 W. McNichols Road

Business Phone: 313.993.1783

Business Fax: n/a

Federal Tax ID # 38-1360586

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Deanna Blevins

Title/Role: Assistant Director, University Services & Fitness Center

Email Address: deanna.blevins@udmercy.edu

Mailing Address: Fitness Center, University of Detroit Mercy, 4001 W. McNichols Road, Detroit, MI 48221

Business Phone: 313.993.1783

Business Fax:: n/a

Event On-Site Contact Person: same

Mailing Address: same

Business Phone:

Business Fax:

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors: This is a new event and proposals are currently pending

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☒ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival (10-20 vendors)

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☒ Other: Open House

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 9/30/2016 Complete Set-up Date & Time: 10/1/2016

Event Start Date & Time: 10/1/2016 8am Event End Date & Time: 10/1/2016 4pm

Begin Tearing Down Date: 10/1/2016 Complete Tear Down Date: 10/3/2016

Event Times (If more than one day, give times for each day): This permit is for one day

Is this the first time you have held this event in the City of Detroit? ☒ Yes ☐ No

If no, what years has the event been held in Detroit?

When was the event last held in Detroit?

Where was the event last held in Detroit?

What were the hours last year?

Project Attendance This Year (Minimum -- Maximum)? 200-500

What is the basis for your projected attendance? none

Please describe your anticipated/ target audience:

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year? no

If a parade is planned. Indicate elements (check all that apply):

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☐ Other: _____

☐ Bands

If animals included, specify type, number and how used.

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: University of Detroit Mercy and the neighborhood north of Campus

Facilities to be used (circle): XXStreet XXSidewalk Park City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- [] Singers [] Magician
[] Musicians [] Story Telling
[] Comedians [X] Other: Student Organization to DJ Event

Describe the entertainment for this year's event: Student Organization to DJ Event

List proposed entertainers and/or bands performing at the event: none

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? TBD

[] Acoustic-audible, sound heard within natural range

[] Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert? ☐ Yes ☒ No

If yes, what type of music? (check all that apply)

[] Live [] Recorded [] Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

Power will be supplied by the University

How many generators will be used? TBD

How will the generators be fueled? TBD

Name of vendor providing generators:

Contact Person: TBD

Address:

Phone:

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☐ Radio (Specify stations):

☐ Television (Specific stations):

☐ Newspapers (specify papers):

☒ Web site (identify web address): udmercy.edu runmichigan.com

☒ Public Relations or Marketing Firm (Specify): Univ. of Detroit Mercy Marketing Department

Contact Info:

☐ Raffle (List Item(s)):

☐ Billboards

☒ Flyers

☐ Street Banners

☒ Other (specify): printed material to alumni, social media

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe: _____

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s): _____

Will food be sold? ☐ Yes ☐ No

If yes, please pick up Special Events Vendor Packet in Suite 105: _____

Will merchandise be sold? ☐ Yes ☐ No

If yes, describe: _____

Will a percentage of the proceeds be distributed to a charitable organization? ☒ Yes ☐ No

If yes, describe: University of Detroit Mercy

If the event is a fundraiser, identify charity or recipient of funds: University of Detroit Mercy

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food ☒ Merchandise

☒ Non-Alcoholic Beverages ☐ Alcoholic Beverages

☐ Other (specify):

Indicate type of items to be sold: food trucks, local businesses and vendors

Will these be exclusive vendors or outside vendors? (please describe): by invitation and application

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Commander Joel Gallihugh / Sgt. Edmund Black

Address: Public Safety Department, Univ. of Detroit Mercy Phone: 313.993.1234

City/State/Zip: Detroit, MI 48221

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☒ Licensed

☒ Armed

☒ Bonded

Describe the emergency evacuation plan: n/a

Describe the parking plan to accommodate anticipated attendance: on campus parking

How will you advise attendees of parking options? Personal Direction by Public Safety Department

Are you seeking a group parking rate? n/a - Free campus parking

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Traffic will be stoped as needed for runners for a short period of time

Have local neighborhood groups/businesses approved your event?

☐ Yes

☒ No

Indicate what steps you have or will take to notify them of your event:

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? _____

Size/Height _____

Booth _____

Tent (enclosed on 3 sides) _____

Canopy (open on all sides) _____

Staging/Scaffolding _____

Bleachers _____

Company:

Grill

☐ Gas

☐ Charcoal

☐ Electrical

☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial

☐ Stage

Provide Sketch:

Portable Restrooms:

☐ Standard

☐ ADA Accessible

Vehicles

Type/Weight: _____

Other: _____

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

n/a

Will additional utility services be used (power, water, etc.)? Please describe.

n/a

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

n/a

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: n/a

Address:

Phone:

City/State/Zip

Name of company providing emergency medical services?

Contact Person: University of Detroit Mercy, College of Health Professions

Address:

City/State/Zip:

Name of company providing porta-johns.

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: McNichols Raod

FROM UDM Entrance

TO

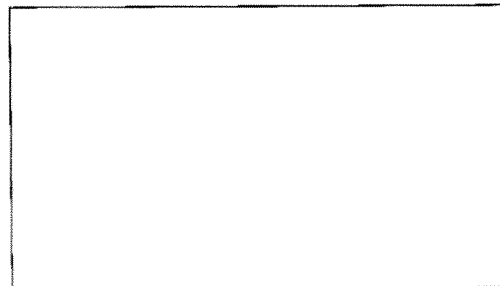
Closure Dates: 10/1/2016

Beg. Time: 9:02

End Time: 9:07

Reopen Date: 10/1

Time: 9:08



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

- ☐ Posting no parking signs ☐ Light pole
☐ Electrical Services ☐ Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Deanna C. Blevins

Signature of Applicant

6/22/2016

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

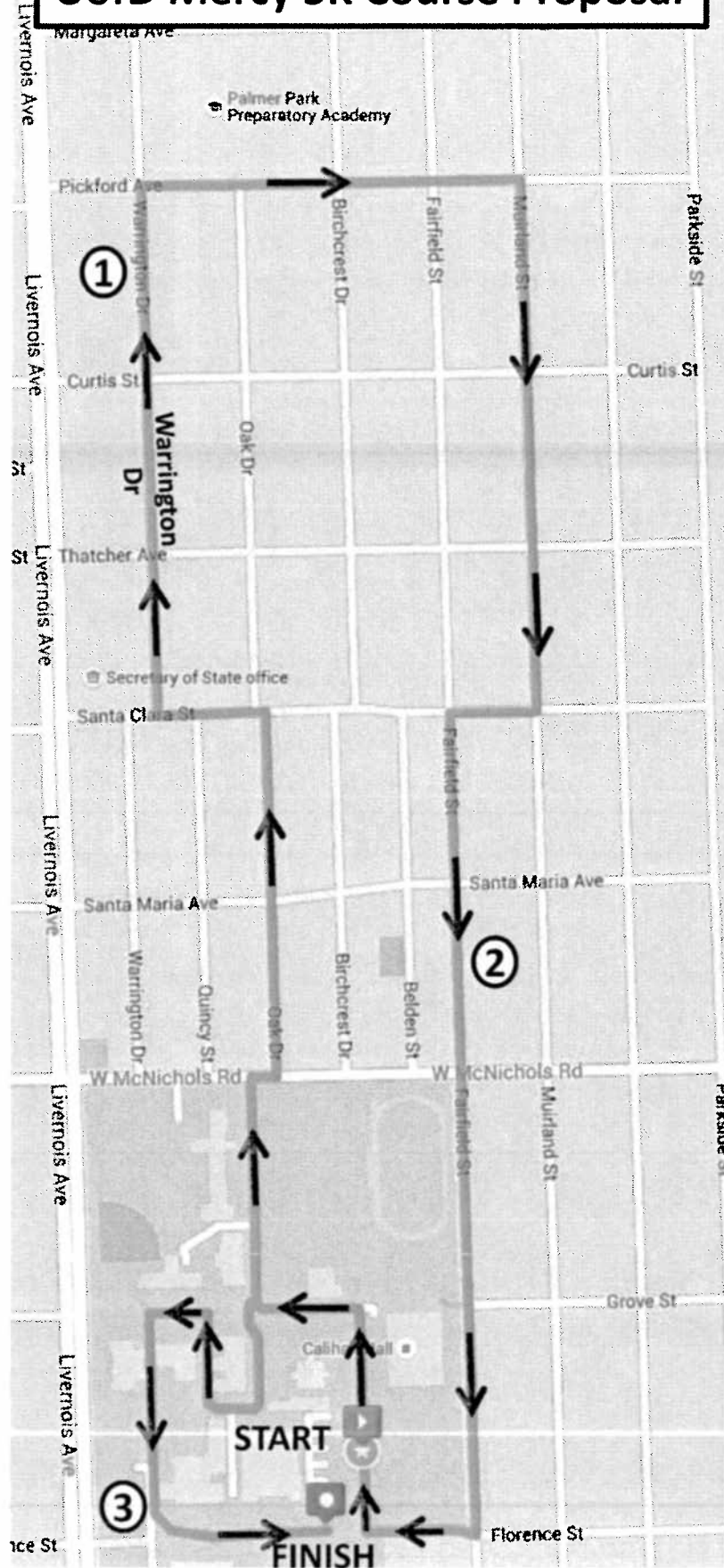
(Please Print)

Event Name: Homecoming 5K (Detroit Decade Dash) Event Date: 10/1/2016

Event Organizer: Deanna Blevins

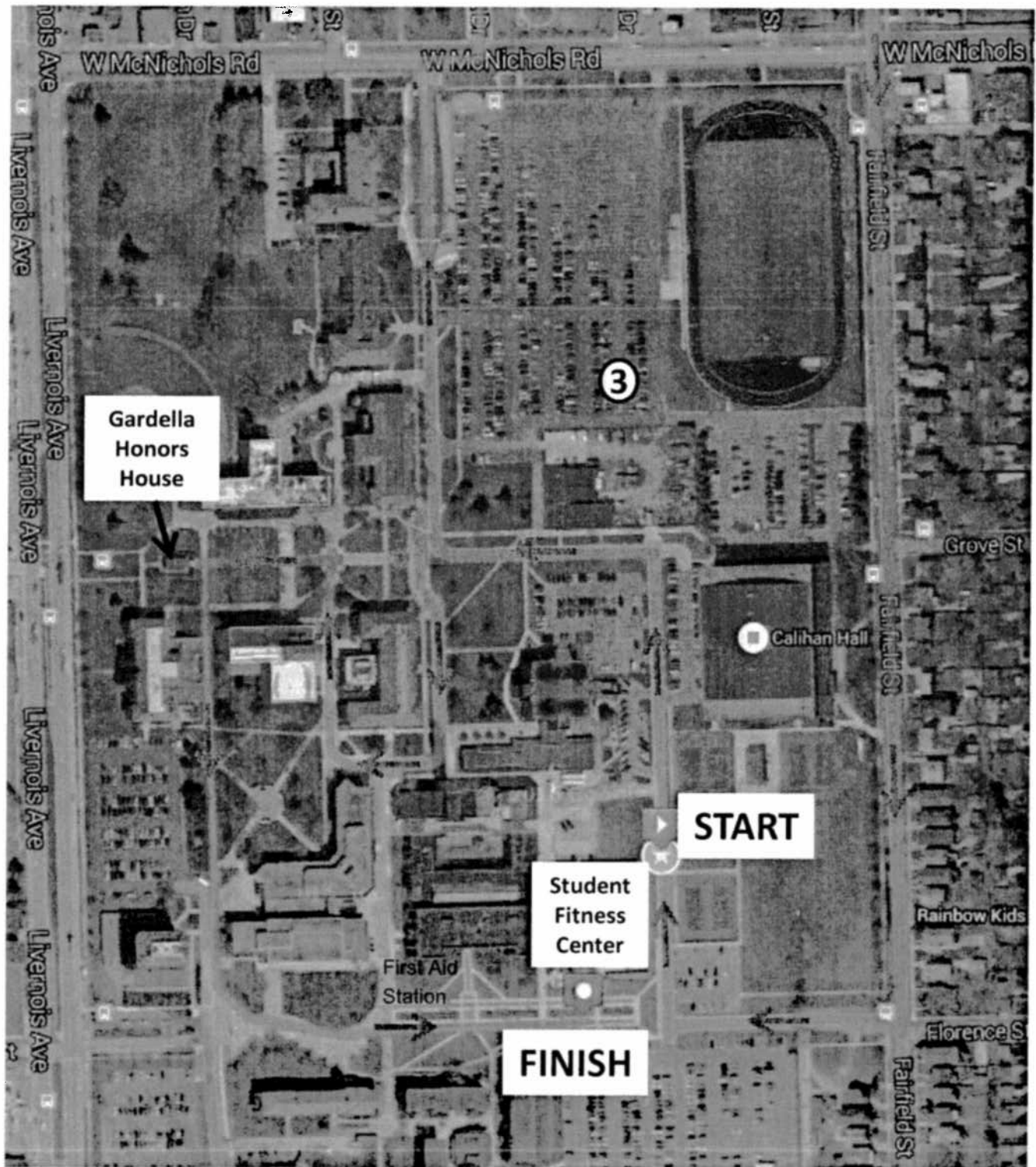
Applicant Signature: Deanna C. Blevins Date: 6/22/2016

UofD Mercy 5K Course Proposal



062316

UofD Mercy 5K Course Proposal



Restroom facilities are available throughout campus in all public buildings. Temporary Restrooms (porta johns) are not needed at this time.

062316

UofD Mercy 5K Course Proposal

5K Turn by Turn:

- Start campus road going north, on east side of Student Fitness Center, at north end of first set of tennis courts.
- Road turns left (west) at Callahan Hall.
- Turn right (north) at main entrance road.
- Turn right at McNichols Rd.
- Turn left at Oak Dr.
- Turn left at Santa Clara St.
- Turn right at Warrington Dr.
- Turn right at Pickford Ave.
- Turn right at Muirland St.
- Turn right at Santa Clara St.
- Turn left at Fairfield St.
- Turn right into campus gate just before Florence St.
- Turn right at Student Fitness Center, back across Start line.
- Road turns left at Callahan Hall.
- Turn left at main entrance road.
- Road turns right at south end of Chemistry Bldg.
- Turn right at southwest corner of Chemistry Bldg going north between Chemistry Bldg & Library.
- Turn left at sidewalk intersection south of Briggs Bldg.
- Turn left at Gardella Honors House.
- Turn left at south side of Student Center Ballroom.
- Continue east to Finish Line on the mall, in front of Student Fitness Center.

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1044 Event Name: Eleanor Walk for HopeEvent Date: October 9, 2016

Street Closure: _____

Organization Name: Focus: HopeStreet Address: 1400 Oakman Blvd., Detroit MI 48238

Receipt date of the COMPLETED Special Events Application:	March 29, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☒ Walkathon
 ☐ Carnival/Circus
 ☐ Concert/Performance
 ☐ Run/Marathon
☐ Bike Race
 ☐ Religious Ceremony
 ☐ Political Ceremony
 ☐ Festival
☐ Filming
 ☐ Parade
 ☐ Sports/Recreation
 ☐ Rally/Demonstration
☐ Fireworks
 ☐ Convention/Conference
 ☐ Other: _____
☐ 24-Hour Liquor License

Petition Communications (include date/time)

Annual Focus Hope walk

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Police assisted route - 10th Pct.
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No ROW permit required DPD secured route
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Police assisted closures
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits required for the 30x60 and 10x20 tents
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact on buses

MAYOR'S OFFICE

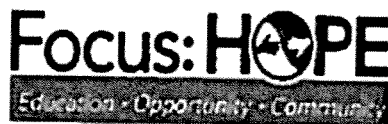
Signature: _____

Date: _____

[Handwritten Signature]
8-3-16

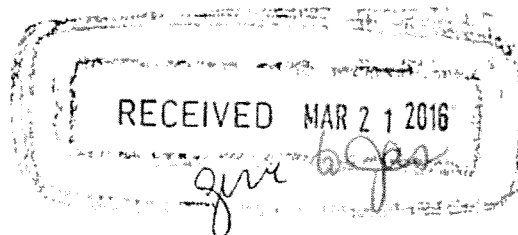
#1044

REQUEST PERMITS TO CONDUCT THE WALK.



March 16, 2016

City Council President, Brenda Jones
2 Woodward Avenue
Detroit, MI 48226



Dear Council President Jones:

On **Sunday, October 9, 2016**, thousands of metro Detroiters will join Focus: HOPE for our 42nd annual **WALK – now named Eleanor's Walk for Hope**. These walkers will continue a tradition that demonstrates the strength of our community and our united commitment to celebrating diversity and overcoming racism, poverty, and injustice.

We thank you for your past support and ask for your support again this year. Patterned after the marches of Dr. Martin Luther King, Jr., the WALK supports Focus: HOPE's work in civil and human rights, including our job training and education programs which offer so many in our community the opportunity to enter the economic mainstream.

We would like to formally request the permits to conduct the WALK. I have enclosed a map detailing the WALK route, that includes walking through Detroit & Highland Park —beginning at Focus: HOPE and proceeding along Oakman Boulevard to Linwood, heading north to McNichols, then east to Hamilton, south back to Oakman, ten back west to Focus: HOPE. We are requesting the approval to close Oakman Boulevard, from 6:00 a.m. – 3:00 p.m. to allow for the walk/run to proceed safely.

If you have any questions or concerns, you may reach me at (313) 494-4343. Along with our many colleagues, I thank you for your support of Focus: HOPE and the WALK. We look forward to your support again this year.

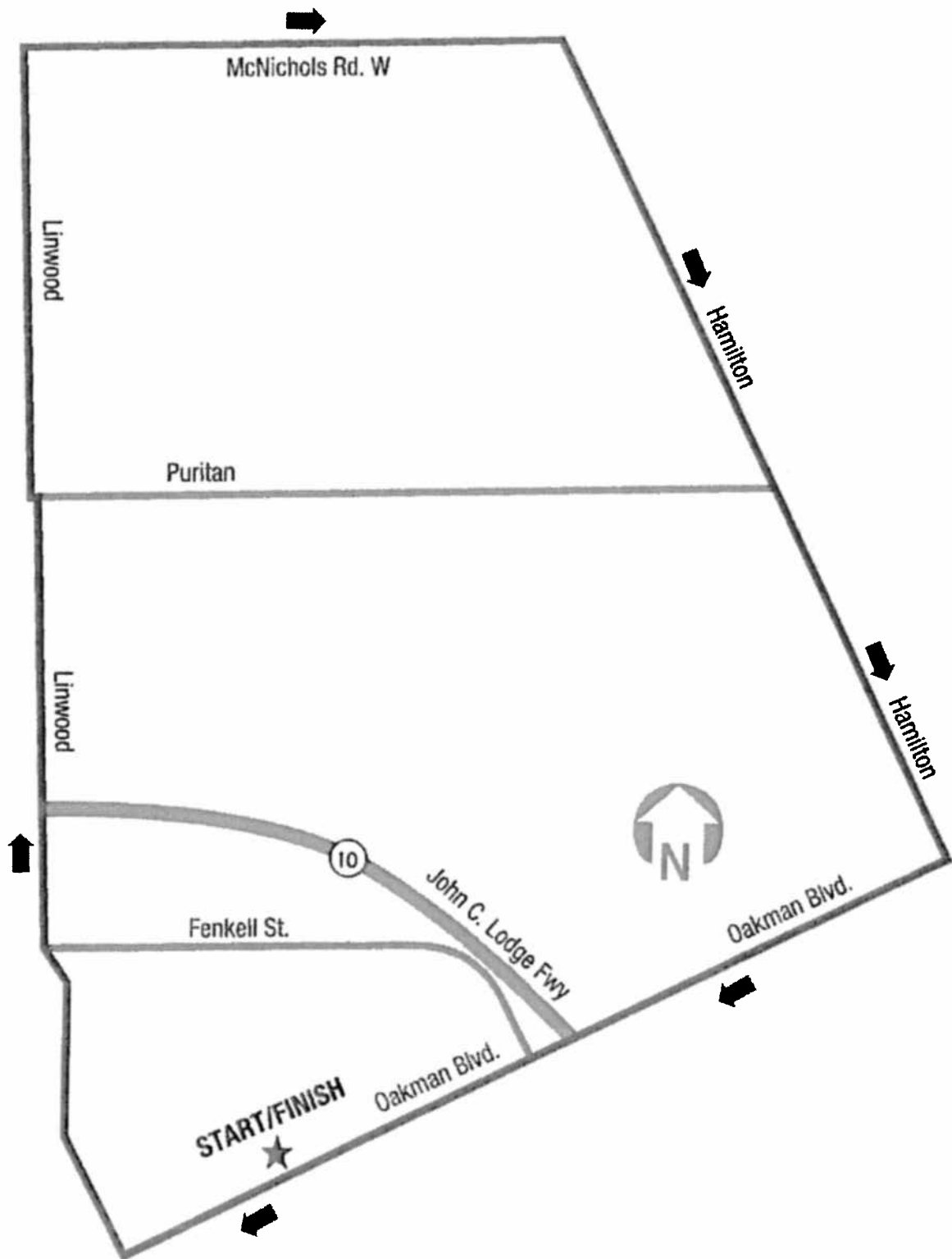
Sincerely,

A handwritten signature in dark ink, appearing to read "Bill Wenzel".

Bill Wenzel

Manager, Volunteers & Community Outreach

Focus: HOPE
1400 Oakman Boulevard, Detroit, Michigan 48238
313.494.5500 main / 313.494.4574 fax
www.focushope.edu



City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, March 29, 2016

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER

1044 *Focus: Hope, request to hold "Eleanor Walk for Hope" at 1400 Oakman Blvd. on October 9, 2016 from 11:00 am to 4:00 pm with temporary street closures.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office. There is a 90 day review process. At the end of the 90 days, the petition could either be approved or denied by departments. Please take into consideration the amount of time it will take to plan the event when submitting the application. If submitted later than 90 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Eleanor Walk for Hope

Event Location: Focus: HOPE 1400 Oakman Blvd., Detroit

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Focus: HOPE

Organization Mailing Address: 1400 Oakman Blvd., Detroit, MI 48238

Business Phone: 313-494-4343

Business Fax:

Federal Tax ID # 38-1948285

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Bill Wenzell

Title/Role: Manager of Volunteers & Community Outreach - Focus: HOPE

Email Address: wenzelb@focushope.edu

Mailing Address: 1400 Oakman Blvd., Detroit, MI 48238

Business Phone: 313-494-4343

Business Fax::

Event On-Site Contact Person:

Mailing Address: Same as Above

Business Phone: Same as Above

Business Fax:

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors:

Plastic Omnium, Magna

Event Elements (check all that apply)



Walkathon



Carnival/Circus



Concert/Performance



Run/Marathon



Bike Race



Religious Ceremony



Political Event



Festival



Filming



Parade



Sports/Recreation



Rally/Demonstration



Convention/Conference



Fireworks



Other: _____

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 10-9-16, 6 a.m. Complete Set-up Date & Time: 10-9-16- 10 a.m.

Event Start Date & Time: 10-9-16, 11 a.m. Event End Date & Time: 10-9-16, 4 p.m.

Begin Tearing Down Date: 10-9-16 Complete Tear Down Date: 10-9-16

Event Times (If more than one day, give times for each day):

One day event.

Is this the first time you have held this event in the City of Detroit? ☐ Yes ☒ No

If no, what years has the event been held in Detroit? Every year since 1975.

When was the event last held in Detroit? 2015

Where was the event last held in Detroit? 1400 Oakman Blvd/

What were the hours last year? Same as this years - 11 a.m. - 4 p.m.

Project Attendance This Year (Minimum – Maximum)? 1,500 - 3,000

What is the basis for your projected attendance? Based on previous years' attendance.

Please describe your anticipated/ target audience:

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year? Always is the 2nd Sunday in October.

If a parade is planned. Indicate elements (check all that apply):

☐ People

☐ Balloons

☐ Floats

☐ Animals

☐ Vehicles

☐ Other: _____

☐ Bands

If animals included, specify type, number and how used.

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: 1400 Oakman Blvd., Detroit

Facilities to be used (circle): Street ☒ Sidewalk ☒ Park ☐ City Facility ☐

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Singers | <input type="checkbox"/> Magician |
| <input checked="" type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Comedians | <input type="checkbox"/> Other: _____ |

Describe the entertainment for this year's event:

Live marching bands, live jazz or rock band.

List proposed entertainers and/or bands performing at the event:

U of M Fanfare Band, U of D Jesuit Band, others to be determined.

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? _____

- ☐ Acoustic-audible, sound heard within natural range
- ☒ Amplified-augmented, sound increased to broaden range

The amplified sound will be used: _____

Will the event consist of a musical concert? ☒ Yes ☐ No

If yes, what type of music? (check all that apply)

- ☒ Live ☐ Recorded ☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

All power provided by Focus: HOPE. Electrical - plugged in from Focus: HOPE buildings.

How many generators will be used? Zero.

How will the generators be fueled? _____

Name of vendor providing generators: _____

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

- ☐ Radio (Specify stations): _____
- ☐ Television (Specific stations): _____
- ☒ Newspapers (specify papers): _____
- ☒ Web site (identify web address): _____
- ☒ Public Relations or Marketing Firm (Specify): MCCI

Contact Info:

- ☐ Raffle (List Item(s)): _____
- ☐ Billboards
- ☒ Flyers
- ☐ Street Banners
- ☒ Other (specify): Social Media, mailings

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe: _____

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s): _____

Will food be sold? ☐ Yes ☒ No

If yes, please pick up Special Events Vendor Packet in Suite 105: _____

Will merchandise be sold? ☒ Yes ☐ No

If yes, describe: Basic gift shop items - t-shirts, polos, cups, hats, etc.

Will a percentage of the proceeds be distributed to a charitable organization? ☒ Yes ☐ No

If yes, describe: 100% of proceeds goes to Focus: HOPE

If the event is a fundraiser, identify charity or recipient of funds:

Yes, for Focus: HOPE.

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

- ☐ Food ☐ Merchandise
- ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages
- ☐ Other (specify): _____

Indicate type of items to be sold: _____

Will these be exclusive vendors or outside vendors? (please describe): _____

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Arnold Pirtle - Focus: HOPE has its own in-house security department.

Address: 1355 Oakman Blvd.

Phone: 313-494-4356

City/State/Zip: Detroit, MI 48238

Number of Private Security Personnel Hired Per Shift: 20-25 will be on-sight for the event.

Are the private security personnel (check all that apply):

☐

Licensed

☐

Armed

☐

Bonded

Describe the emergency evacuation plan: Attached.

Describe the parking plan to accommodate anticipated attendance: On-sight, private parking on Focus: HOPE property.

How will you advise attendees of parking options? Security staff will direct vehicles.

Are you seeking a group parking rate? No fee for parking.

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Pedestrian Traffic

Have local neighborhood groups/businesses approved your event?

☒

Yes

☐

No

Indicate what steps you have or will take to notify them of your event: The local neighborhood groups are part of the

Indicate contact names and phone numbers (for verification) or attach approved letter(s): Attached.

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

19

Size/Height

Booth

16 (12x12)

Tent (enclosed on 3 sides)

Canopy (open on all sides)

2 (one 30x60, one 10x20)

Staging/Scaffolding

stage is 8x34, 19 ft. high

Bleachers _____

Company:

Grill

☐

Gas

☒

Charcoal

☐

Electrical

☐

Propane

Fireworks (Pyrotechnics)

☐

Aerial

☐

Stage

Provide Sketch:

Portable Restrooms:

☒

Standard

☒

ADA Accessible

Vehicles

Type/Weight:

Standard. Provided by Lang's On Site Services of Southfield.

Other:

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

No.

Will additional utility services be used (power, water, etc.)? Please describe.

Using on site power outlets from Focus: HOPE buildings.

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

No.

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Republic Services - Craig Lantto

Address: 14620 Dequindre

Phone: 800-966-2660

City/State/Zip: Detroit, MI 48212

Name of company providing emergency medical services?

Contact Person: Community EMS

Address:

City/State/Zip: 25400 West Eight Mile Road, Southfield, MI 48034

Name of company providing porta-johns. Lang's On Site Services

Contact Person:

Address: 26490 w. 8 mile Road, Southfield, MI 48033

Phone:

City/State/Zip:

Name of private catering company? Touch of Class

Contact Person:

Address: 10612 W. Nine Mile Road,

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Oakman Blvd.

FROM

Linwood

TO

Rosa Parks Blvd.

Closure Dates:

10/9/16

Beg. Time:

6 a.m.

End Time:

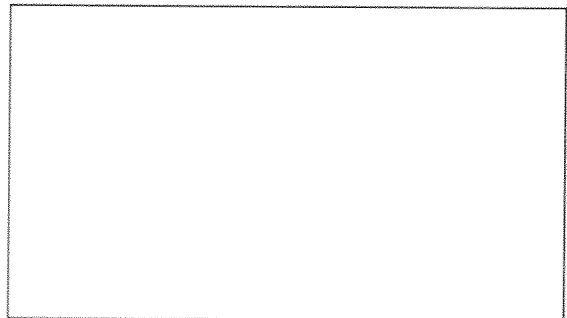
3 p.m.

Reopen Date:

10/9/16

Time:

3 p.m.



STREET NAME: Linwood

FROM Oakman Blvd.
TO McNichols

Closure Dates: 10/9/16
Beg. Time: 1 p.m.
End Time: 1:30 p.m.
Reopen Date: 10/9/16
Time: 1:30 p.m.

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

☐ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

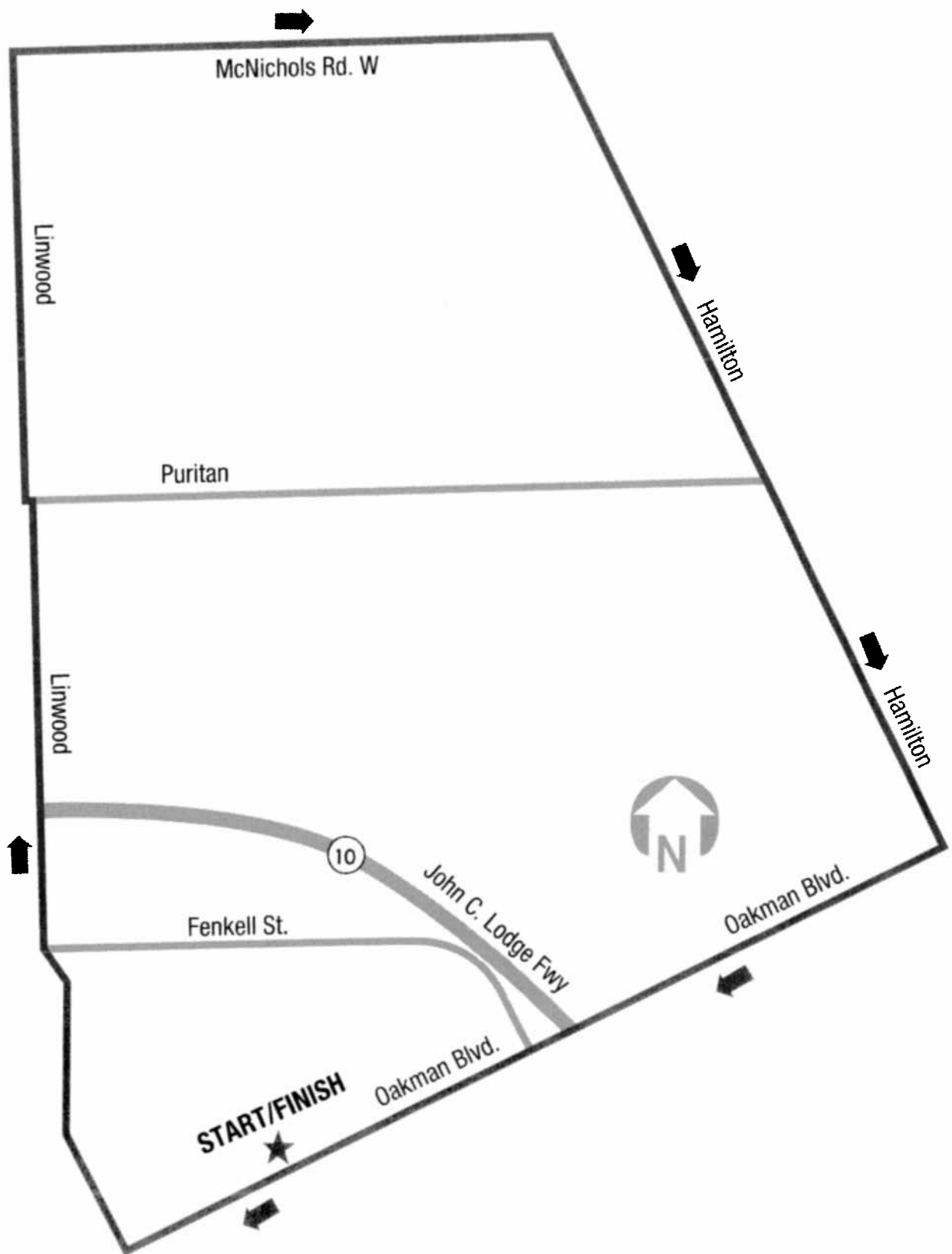
Signature of Applicant

Date

William M. Wenzell, Manager
Volunteers & Community Outreach
Focus: HOPE

3-15-16

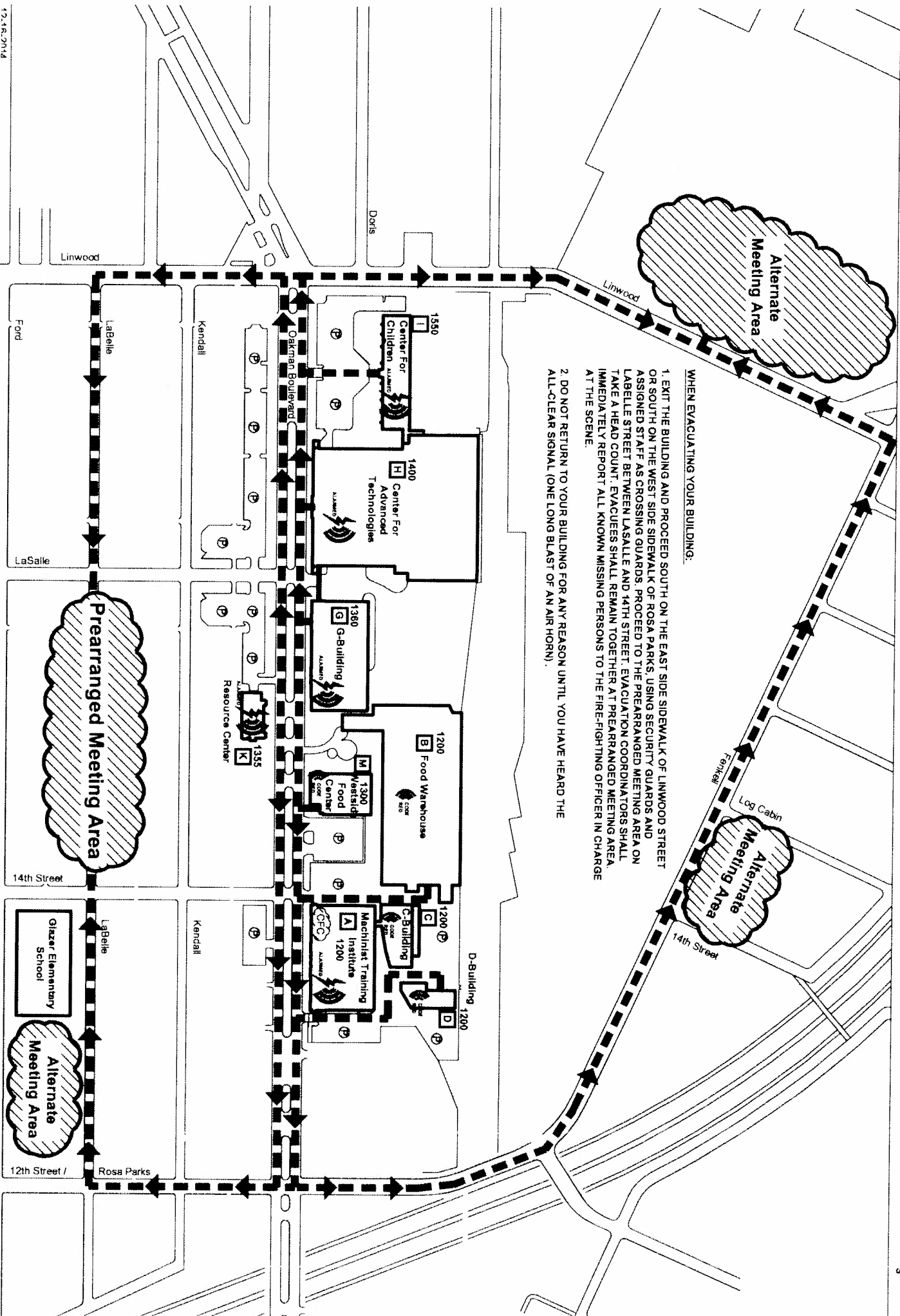
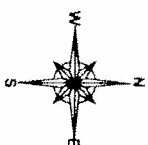
NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.





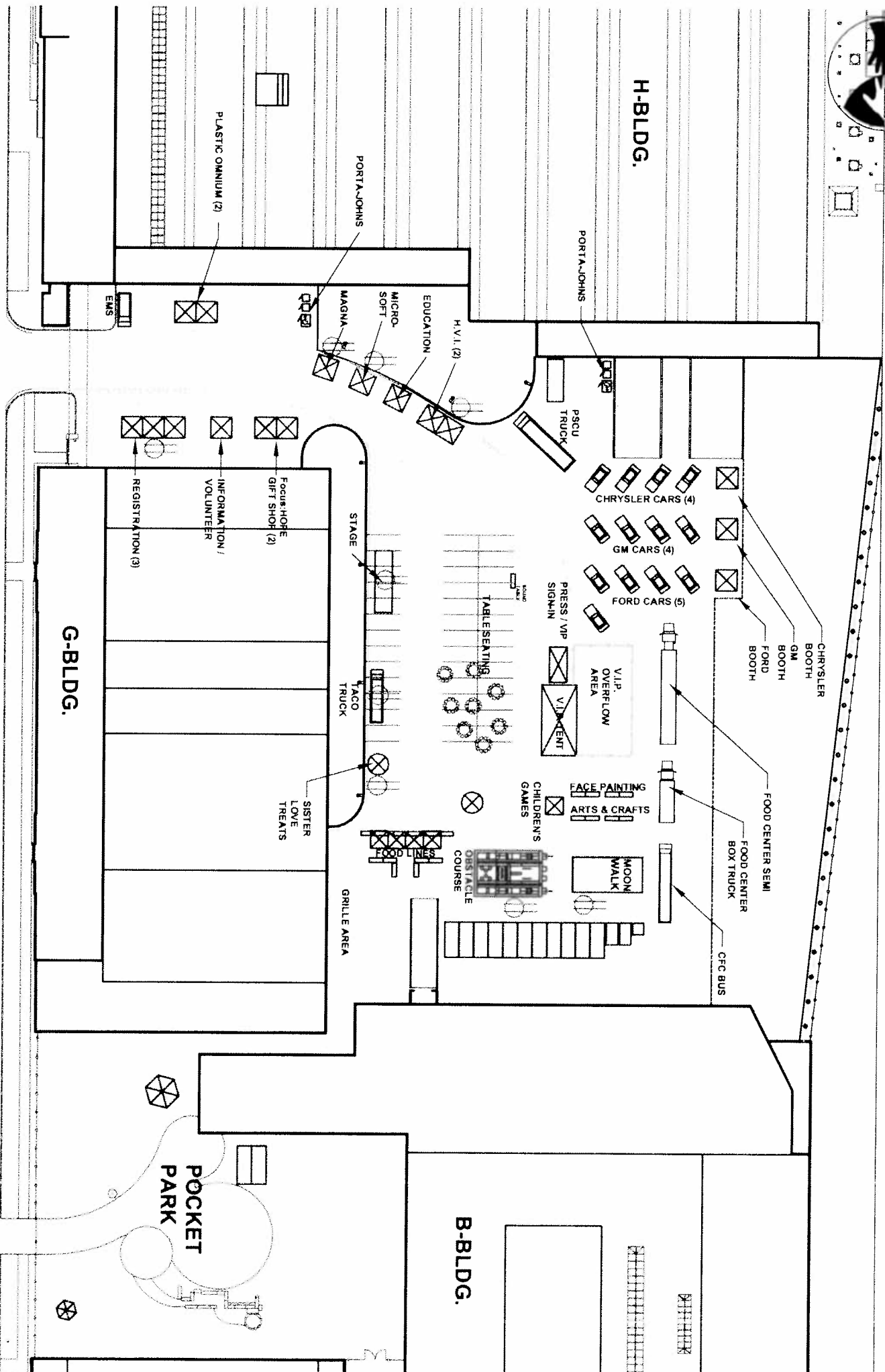
EVACUATION MAP

Focus:HOPE





Focus: HOPE



Walk 2015 - Layout

Revision Date: 10-05-15

Celebrating Diversity Since 1968

**LODGE ■ DAVISON ■ LINWOOD ■ OAKMAN
L. D. L. O. BLOCK CLUB ASSOCIATION**

c/o Focus: HOPE
1355 Oakman Blvd.
Detroit, MI 48238

March 11, 2016

Officers:

Stephanie Johnson- Cobb
President

Helen Adams
Vice President

Katrina Rice
Treasurer

Marchioness Taylor
Financial Secretary

Alvin Horton
Sergeant of Arms

Warren Black
Chaplain

Members:

Annie Brown
Lucy Butts
Johnnie R. Cleveland
Roderick Grey
Laura Moore

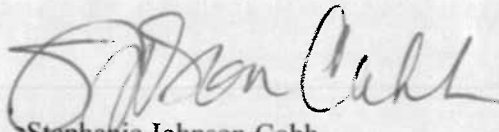
To whom it may concern,

My name is Stephanie Johnson-Cobb and I am the president of the Lodge, Davison, Linwood, Oakman Block Club Association. I am writing this letter in support of the annual Focus: HOPE Walk. This event has become a staple event in our community and it attracts visitors from Southeast Michigan to rally in support of our neighborhood Anchor Institution, Focus: HOPE.

This organization provides food for seniors, education programs, early childhood education, and they have adopted 100 blocks of community around their campus with a long term goal to improve the lives of the residents educationally, economically, and environmentally.

Focus: HOPE is an asset to both our local community and city at large. The LDLO requests that the City of Detroit approves Focus: HOPE's request to have their 2016 Annual Walk.

Sincerely,



Stephanie Johnson-Cobb,
President

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1196 Event Name: Detroit Free Press Marathon

Event Date : October 16, 2016

Street Closure: _____

Organization Name: Michigan.com

Street Address: 160 W. Fort Street

Receipt date of the COMPLETED Special Events Application:	June 27, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input checked="" type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

A running and walking fitness event through the streets of Detroit

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Police assisted event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DMC Express and Region 2S will be providing medical services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW permits required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type 3 Barricades required for closures with detour signs
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	building permits required for the bleachers, stages, start and finish apparatus and power supplies
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Police assisted event - buses re-routed

MAYOR'S OFFICE

Signature: _____

Date: _____

Richard V. ...

8-12-16

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Vincent A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, June 27, 2016

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
POLICE DEPARTMENT FIRE DEPARTMENT

1196 *Michigan.com, request to hold the "Detroit Free Press/Talmer Bank Marathon" in various areas of Downtown Detroit and Windsor, ON on October 16, 2016 from 6:58am to 2:00pm with various street closures.*