

New Business
9.25.2018

**PUBLIC HEALTH
AND SAFETY
STANDING
COMMITTEE**

25

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 519 Event Name: Anniversary Party at Eastern Market Brewing Co.

Event Date : October 20, 2018

Street Closure: Riopelle Street

Organization Name: Eastern Market Brewing Co.

Street Address: 2515 Riopelle Street Detroit, MI 48207

Receipt date of the COMPLETED Special Events Application:	
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: Anniversary Event
- 24-Hour Liquor License**

Petition Communications (include date/time)

Eastern Market Brewing Co. One Year Anniversary Celebration from 12:00pm - 12:00am with temporary street closure on Riopelle Street.

**** 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"/>	Contracted with Zeus Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	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"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Lusher

Date: September 19, 2018

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, August 31, 2018

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 BUILDINGS SAFETY ENGINEERING
POLICE DEPARTMENT FIRE DEPARTMENT
DPW - CITY ENGINEERING DIVISION BUSINESS LICENSE CENTER

519 *Eastern Market Brewing Co., request to host the "Anniversary Party at Eastern Market Brewing Co" at 2515 Riopelle Street, on 10/20/18 from 12 Noon to Midnight, Set-up on 10/20/18 @9 am and Tear down is at 10/20/18.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. 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 at least 60 days prior to the first day of the event. If submitted later than 60 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: Anniversary Party at Eastern Market Brewing Co

Event Location: 2515 Riopelle Street, Detroit, MI 48207

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Eastern Market Brewing Co

Organization Mailing Address: 2515 Riopelle Street, Detroit, MI 48207

Business Phone: 313-502-5165

Business Fax:

Federal Tax ID # 81-1373046

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

Applicant Name: Dayne Bartscht

Title/Role: Owner

Email Address: dayne@easternmarket.beer

Mailing Address: 4779 Five Mile Road, Ann Arbor, MI 48105

Business Phone: 313-348-1628

Business Fax::

Event On-Site Contact Person: Jacqui Spears

Mailing Address: 2515 Riopelle Street, Detroit, MI 48207

Business Phone: 734-834-2015

Business Fax:

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

List Event Sponsors: N/A

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: _____

CITY CLERK 80 BUS 2018 08 08 10 10

Provide a brief description of your event:

This is our one year anniversary party. Set-up will be exactly the same as the Eastern Market After Dark event.

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

Begin Set-up Date & Time: 10/20/2018 @ 9am Complete Set-up Date & Time: 10/20/2018 @ Noon

Event Start Date & Time: 10/20/2018 @ Noon Event End Date & Time: 10/20/2018 @ Midnight

Begin Tearing Down Date: 10/20/2018 Complete Tear Down Date: 10/20/2018

Event Times (If more than one day, give times for each 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? 2017

When was the event last held in Detroit? October 20th, 2017

Where was the event last held in Detroit? Same location - Eastern Market Brewing Co

What were the hours last year? Same hours

Project Attendance This Year (Minimum – Maximum)? 250-750

What is the basis for your projected attendance? Last year's attendance

Please describe your anticipated/ target audience: All our supporters the past 12 months!

Is this going to be an annual event? Yes No

If yes, do you have a preferred/proposed for next year? Same thing!

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: Block of 2515 Riopelle Street, Detroit, MI 48207

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 merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- 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 Other: _____

Describe the entertainment for this year's event: We plan to have a couple live acts (small bands of one to three people)

List proposed entertainers and/or bands performing at the event: TBD - someone we've used before at the brewery

Will a sound system be used? Yes No

If yes, what type of sound system? Just a standard PA system that's also been used inside the brewery

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: _____

We have outlets on the side of our building they can plug into if necessary

How many generators will be used? _____

N/A

How will the generators be fueled? _____

N/A

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): www.easternmarket.beer

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): _____

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: _____

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

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: Just the usual sales we make inside the brewery. We're just allowing people into the street.

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

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Zeus Security

Address: Detroit, MI

Phone: 313-400-8080

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: Two

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan: Easily accessible exits at each end of the block.

Describe the parking plan to accommodate anticipated attendance: Existing Eastern Market Corporation parking

How will you advise attendees of parking options? N/A

Are you seeking a group parking rate? N/A

Section 8- COMMUNITY IMPACT INFORMATION

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

Similar impact to regular Saturday experiences

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event: Alerted neighbors and Eastern Market Corporation

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

Dan Carmody, President of Eastern Market Corporation: (313) 833-9300

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

None

Size/Height

None

Booth

None

Tent (enclosed on 3 sides)

None

Canopy (open on all sides) None

Staging/Scaffolding None

Bleachers None

Company:

Grill
 Gas Charcoal Electrical Propane

Fireworks (Pyrotechnics)
 Aerial Stage

Provide Sketch:

Portable Restrooms:

Standard ADA Accessible

Vehicles Food Truck

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.

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Shawn Maxwell

Address: 14620 Dequindre St

Phone: 248-884-0968

City/State/Zip Detroit, MI 48212

Name of company providing emergency medical services?

Contact Person:

Address:

City/State/Zip:

Name of company providing porta-johns.

Contact Person: Scotties Potties

Address: 27940 Wick Rd

Phone: 734-421-1400

City/State/Zip: Romulus, MI 48174

Name of private catering company? N/A

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: Riopelle Street

FROM Winder

TO Adelaide

Closure Dates: 10/20/2018

Beg. Time: 9am

End Time: Midnight

Reopen Date: 10/20/2018 at Midnight

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: _____

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 & AFFDAVIT 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.

Dayne Bartscht

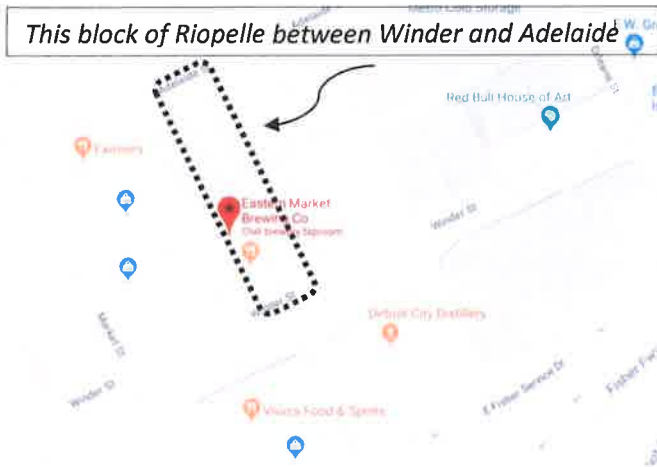
8/17/2018

Signature of Applicant

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.

This block of Riopelle between Winder and Adelaide



2018-08-31

519

519 *Petition of Eastern Market Brewing Co., request to host the "Anniversary Party at Eastern Market Brewing Co" at 2515 Riopelle Street, on 10/20/18 from 12 Noon to Midnight, Set-up on 10/20/18 @9 am and Tear down is at 10/20/18.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 534 Event Name: 10th Annual Michigan Brewers Guild Detroit Fall Beer Festival

Event Date : October 27, 2018

Street Closure: None

Organization Name: Michigan Brewers Guild, Inc.

Street Address: 225 W. Washtenaw Suite C. Lansing, MI 48933

Receipt date of the COMPLETED Special Events Application:	
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 type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input checked="" 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)

Annual Michigan Beer Tasting Festival located at Eastern Market from 4:00pm - 10:00pm.

**** 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"/>	Contracted with Rock Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with the American Red Cross to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Ausher

Date: September 19, 2018

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 21, 2018

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.

TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

534 *Michigan Brewers Guild, Inc., request to hold "10th Annual Michigan Brewers Guild Detroit Fall Beer Festival" at Eastern Market on October 26 and 27, 2018 with various times each day, set up begins 10-25-18, tear down complete 10-28-18,*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 10th Annual Michigan Brewers Guild Detroit Fall Beer Festival

Event Location: Eastern Market, 2934 Russell St, Detroit MI Shed 5, Shed 6 and parking lot

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Michigan Brewers Guild, Inc.

Organization Mailing Address: 225 W Washtenaw Ste C, Lansing MI 48933

Business Phone: 517-327-5004

Business Website: mibeer.org

Applicant Name: Scott Graham

Business Phone: 517-515-1444

Cell Phone: same

Email: director@michiganbrewersguild.org

Event On-Site Contact Person:

Name: Scott Graham

Business Phone: 517-515-1444

Cell Phone: 517-515-1444

Email: director@michiganbrewersguild.org

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: _____

Please provide a brief description of your event:

Michigan Beer Tasting Festival

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

Begin Set-up Date : October 25, 2018 Time: 8am Complete Set-up Date: October 26, 2018 Time: 2pm

Event Start Date: October 26, 2018 Time: 4pm Event End Date: October 27, 2018 Time: 7pm

Begin Tearing Down Date: October 27, 2018 Complete Tear Down Date: October 28, 2018

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

Friday, October 26, 2018 4pm-10pm Saturday, October 27, 2018 12pm-7pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: Eastern Market, 2934 Russell, Detroit, Shed 5, Shed 6, Parking Lot

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

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: Primary entertainment is beer samples. There will

also be a live band on a small riser.

Will a sound system be used? Yes No

If yes, what type of sound system Limited PA system for bands

Describe specific power needs for entertainment an

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Event contained within north area of Eastern Market. Some foot traffic on sidewalk at entrance time. Minimal effect on community

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event: Working closely with Eastern Market

Corp to ensure a safe and successful event

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	18	see attached diagram, various sizes
Canopy (open on all sides)	8	10x10
Staging/Scaffolding	1	12x16 riser
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? American Red Cross

Contact Person: Emily

Address: 4624 Packard

City/State/Zip: Ann Arbor MI 48108

Name of company providing port-a-johns. American Rentals, Inc

Contact Person: Mike Heinritz

Address: 4901 W Grand River

Phone: 800-637-1110

City/State/Zip: Lansing MI 48906

Name of private catering company? Palate

Contact Person: Joe Hibbert

Address: 449 N Main St

Phone: 248-977-0480

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. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure. N/A no street closures

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:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

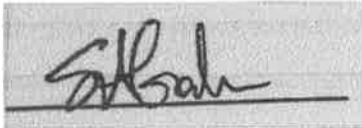
REOPEN DATE: _____ **TIME:** _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT 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, understood and agreed 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 regulations 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.



8-22-2018

Signature of Applicant

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

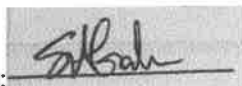
The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and 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)

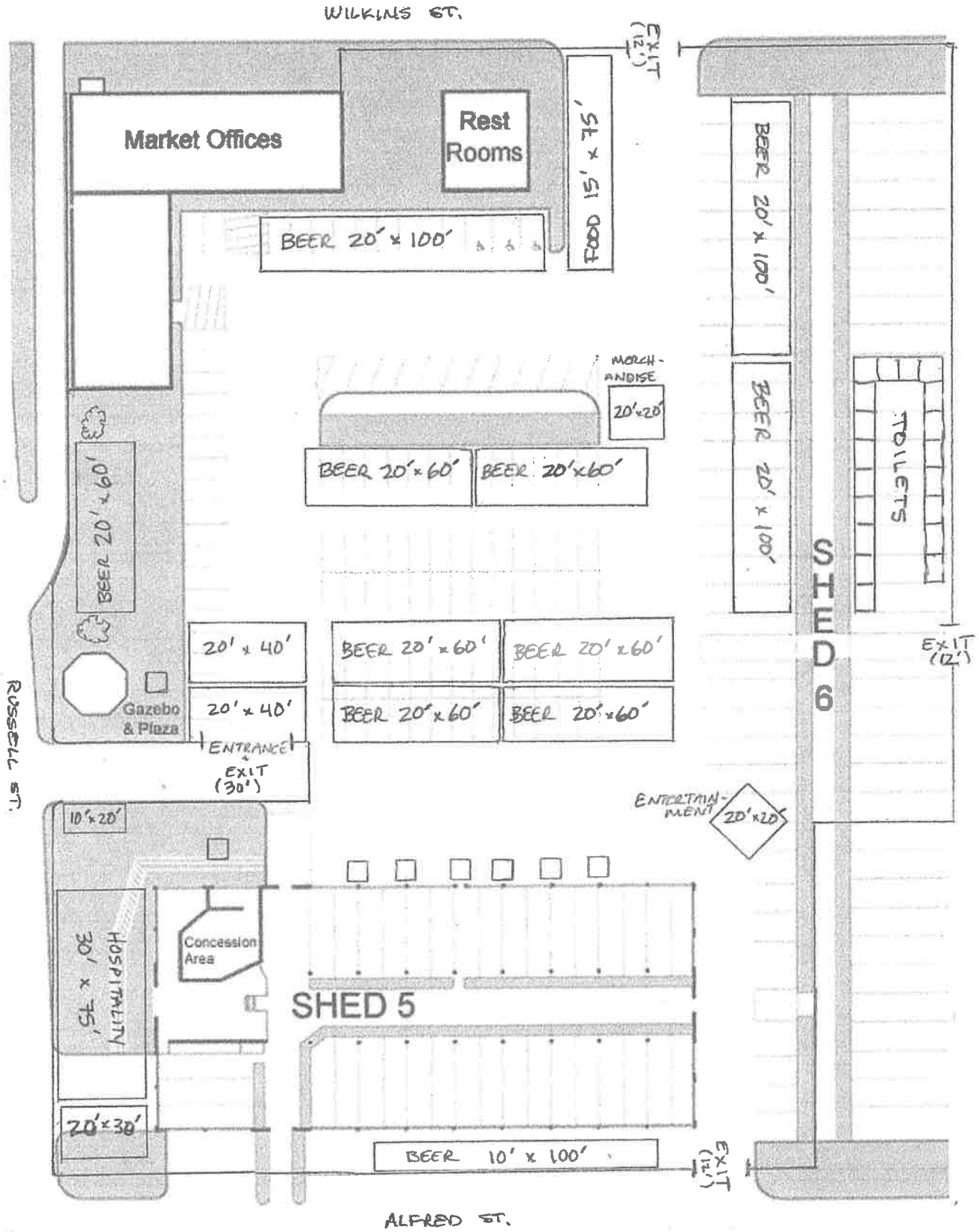
Event Name: 10th Annual Michigan Brewers Guild Detroit Fall Beer Festival Event Date: 10/26-27, 2018

Event Organizer: Scott Graham



Applicant Signature:

Date: 8-22-2018





Lansing Office:
 4901 W. Grand River
 Lansing, MI 48906
 517-321-1110
 800-637-1110
 FAX 517-323-7446

Traverse City Office:
 6546 M-37 South
 Kingsley, MI 49649
 231-263-1777
 800-858-7533
 FAX 517-323-7446

Tents & Canopies
 Tables & Chairs
 Portable Chemical Toilets
 Royal Flush Toilet Trailers
 Staging & Dance Floors
 Paper Products
 Linens
 China & Flatware

RENTAL 554961

Customer# 16707

Date 08/16/2018

MICHIGAN BREWER'S GUILD
 225 W. WASHTENAW
 SUITE C
 LANSING MI 48933

DETROIT, MI-EASTERN MARKET
 TAKE 69 E. TO 75 S. TO MACK
 TRN LFT TWO BLOCKS TO RUSSELL
 TRN RHT TO WILKINS TRN LFT
 TO EASTERN MARKET

CustPO#: Billing: OneTime LAN MH
 Deliver: 10/25/18 THU Start: 10/26/2018 Concrete SCOTT GRAHAM
 Pickup: 10/27/18 SAT End: 10/27/2018 517-515-1444

Quantity	Description	Price	Amount
	TOILETS		
60	AMERI-CAN PORTABLE TOILET	70.00 EA	4,200.00
3	HANDI-CAP PORTABLE TOILET	130.00 EA	390.00
4	TWO STATION SINK	110.00 EA	440.00
2	PORTABLE HOLDING TANK 55 GAL. (BLUE OR WHITE DRUMS)	150.00 EA	300.00
68	SERVICE UNITS ON SAT. 10/27/18	20.00 EA	1,360.00
	TOTAL:		6,690.00



First Aid Services Team
4624 Packard St., Ann Arbor, Michigan 48108
248-2-EVT-MED

Agreement for the Provision of First Aid Services

This is an agreement (“Agreement”) for the provision of first aid services between Michigan Brewers Guild (“**Event Sponsor**”) and the American Red Cross (“**Red Cross**”):

1. Event:

- a. Name and Purpose/Nature of Event:** Detroit Fall Beer Fest
- b. Location of Event:** Eastern Market, Detroit, MI 48207
- c. Expected Number of Participants:** 3,000 – 5,000
- d. First Aid Situations Anticipated by Event Sponsor:** Minor first aid, dehydration, sudden illness
- e. Event Date(s):** 10/26/18 – 10/27/18
- f. Times of On-Site First Aid Services:**
 - i. 10/26/18 from 3:30pm – 10:00pm**
 - ii. 10/27/18 from 11:30am – 7:00pm**

2. First Aid Services: Red Cross will provide the following first aid services for the Event including but not limited to at least two (2) first aid personnel:

One (1) roaming first aid team

Within the guidelines of local and state regulations, the level of care provided at a Red Cross first aid station will be consistent with the first aid procedures taught in Red Cross courses and will not exceed the procedures in the current and most advanced national Red Cross first aid training course, Emergency Medical Response. While operating under these guidelines, first aid station team members are limited by their respective levels of certification; however, first aid station team members regardless of their individual health professional licensure or certification will not operate above the scope of a Red Cross Emergency Medical Responder.



- 3. Responsibilities of Event Sponsor:** Red Cross personnel will be granted full access to the Event grounds and registrant information as and when needed to provide first aid services.
- 4. Payment and Terms:** The Event Sponsor will pay \$190 to the Red Cross within 45 days after the Event.
- 5. Publicity:** The Event Sponsor agrees that the Red Cross may list this Event as a serviced Event and the Event Sponsor as a client in any of its marketing and reference materials.

AGREED:

American Red Cross

By: _____
Emily Feuka, Program Director

Date Signed

Michigan Brewers Guild

By: _____

Date Signed

Print Name: _____

Title: _____

EASTERN MARKET CORPORATION

July 12, 2018

Re: Michigan Brewers Guild

Michigan Liquor Control Commission:

The Eastern Market Corporation is granting The Michigan Brewers Guild permission to serve alcohol in Detroit Eastern Market's Shed 5 & Parking Lots. This event will take place on October 26 & 27, 2018 from 11am until 11 pm. Please contact Melissa Thomas, Event Manager, at (313) 833-9300, ext. 224 with any additional questions or concerns.

Sincerely,



Melissa Thomas
Event Manager
EASTERN MARKET CORPORATION
2934 Russell Street | Detroit MI 48207

|

Rock Security & Events, Inc.

3876 Silver Valley Dr.
Lake Orion, MI 48359
Office #: 586-803-4210
Fax #: 888-313-5511
www.rockse.com
Brian@rockse.com



Proposal for Agreement to Perform Security Services to Michigan Brewers Guild

Date

August 22, 2018

Services Performed by:

Rock Security & Events, Inc.
3876 Silver Valley Dr.
Lake Orion, MI 48359
Office #: 586-803-4210
Fax #: 888-313-5511
www.rockse.com
Brian@rockse.com

Services Performed for:

Michigan Brewers Guild
Michigan Brewers Guild
Phone #: 517-515-1444
Fax #:
e-mail:
director@michiganbrewersguild.org

I would like to take this opportunity to thank you for considering Rock Security & Events, Inc. for providing security for **Detroit Fall Beer Festival**. Rock Security & Events, Inc. is a fully licensed, insured and bonded company in the State of Michigan and can provide you with trained, professional, uniformed agents to meet your needs. We can provide security guards, crowd management, concert tour security, festival security, armed guards, vehicle patrol and parking attendants.

This Proposal is issued pursuant to the Security Services Master Agreement between Michigan Brewers Guild ("Client") and Rock Security & Events, Inc. ("Contractor"), effective October 25, 2018 (the "Agreement"). This proposal is subject to the terms and conditions contained in the Agreement between the parties and is made a part thereof. Any term not otherwise defined herein shall have the meaning specified in the Agreement. In the event of any conflict or inconsistency between the terms of this proposal and the terms of this Agreement, the terms of this proposal shall govern and prevail.

Rock Security & Events, Inc., its agents and representatives shall provide all safeguards and shall assume no liability for accident, life, damage to property, theft of property, or any other loss due to factors beyond our control. The sole intent of Rock Security & Events, Inc. is to provide a visible deterrent.

Period of Performance

The Services shall commence on October 25, 2018, and shall continue through October 27, 2018.

Scope of Work

Rock Security & Events, Inc. Shall provide guards that act as a visible deterrent to vandalism, damage, and or theft of client's property. Guards will patrol property, check ID's/credentials of persons wishing to gain access to property, report suspicious activity.

Fee Schedule

This engagement will require payment by end of event. The total value for the Services pursuant to this proposal shall not exceed \$16.50 per guard per hour and \$25.00 per Armed guard per hour unless otherwise agreed to by both parties. As needed, an adjusted invoice will be issued specifying the amended value based on actual hours worked verse proposed hours.

There is a four (4) hour minimum for all events. Holidays will be billed at a time and one-half rate. Holidays included will be: New Years' Eve (beginning at 1800 hours), New Years' Day, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve (beginning at 1800 hours), and Christmas Day.

Payment may be made via cash, check (made payable to Rock Security & Events, Inc.), or credit card (MasterCard, Visa, Discover, Amex). There will be a 3% processing fee for all credit card transactions.

Date	#	Description	Hours	Cost	Total Cost
10/25/18	2	Overnight Guards (1800-1000)	32	\$16.50	\$528.00
10/26/18	1	Event Manager (1200-2300)	11	\$16.50	\$181.50
10/26/18	1	Armed Guard (1200-2200)	10	\$25.00	\$250.00
10/26/18	2	Gate Guards (1500-2200)	14	\$16.50	\$231.00
10/26/18	6	ID and Beer Tent Guards (1530-2200)	39	\$16.50	\$643.50
10/26/18	2	Parking Guards (1800-2300)	10	\$16.50	\$165.00
10/26/18	2	Overnight Guards (2200-1000)	24	\$16.50	\$396.00
10/27/18	1	Event Manager (0900-2000)	11	\$16.50	\$181.50
10/27/18	1	Armed Guard (0900-2000)	11	\$25.00	\$275.00
10/27/18					

	2	Gate Guards (1030-2000)	19	\$16.50	\$313.50
10/27/18	9	ID & Beer Tent Guards (1100-2000)	81	\$16.50	\$1,336.50
10/27/18	2	Parking Guards (1730-0000)	13	\$16.50	\$214.50
10/27/18	1	Overnight Guard (2000-1000)	14	\$16.50	\$231.00
TOTAL AMOUNT DUE					\$4,947.00

At any time during this agreement, if the Client wishes to add services, manpower, or equipment, the agreement may be altered with the Clients approval and the additional resources will be added to the final adjusted invoice delivered to the Client upon completion of this contract.

Bill To Address	Client Contact	P.O. Number
Michigan Brewers Guild Phone #: 517-515-1444 Fax #: e-mail: director@michiganbrewersguild.org	Scott Graham	

Invoice Procedures

Client will be invoiced weekly for the security services and gas expenses. Standard Contractor invoicing is assumed to be acceptable. Invoices are due upon receipt unless other terms are specified.

Invoices shall be submitted immediately following the event to the address indicated above. Each invoice will reflect charges for the time period being billed and cumulative figures for previous periods, if any. Terms of payment for each invoice are due upon receipt by Client of a proper invoice. Contractor shall provide Client with sufficient details to support its invoices, including time sheets for services performed and expense receipts and justifications for authorized expenses, unless otherwise agreed to by the parties. Payments for services invoiced that are not received within 30-days from date of invoice will be subject to a 5% penalty per calendar month.

If you have any questions, requests, changes or need further information, please feel free to contact me at 248-202-4980.

Brian Monahan
Rock Security & Events, Inc.

IN WITNESS WHEREOF, the parties hereto have caused this proposal to be effective as of the day, month and year first written above.

Michigan Brewers Guild

Rock Security & Events, Inc.

By: _____
Name: _____
Title: _____

By: _____
Name: _____
Title: _____

Non-competition: Client acknowledges the Company's employee's valuable training as well as the Company's expense thereof. Client shall not, for a period of one (1) year after termination of this agreement, or any extension(s) hereof, induce or entice a Company employee to leave the Company's employment, nor will Client, directly or indirectly, assist any other person or entity requesting or inducing any such employee of the Company to leave his/her employment. The Company shall be entitled to preliminary injunctive relief, without bond, and, in addition to any other remedy, the recovery by Company from Client of liquidated damages in the amount of Five Thousand Dollars (\$5000) in the event of a violation of this provision.

2018-09-21

534

534 *Petition of Michigan Brewers Guild, Inc. request to hold "10th Annual Michigan Brewers Guild Detroit Fall Beer Festival" at Eastern Market on October 26 and 27, 2018 with various times each day, set up begins 10-25-18, tear down complete 10-28-18,*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER MUNICIPAL PARKING DEPARTMENT
PLANNING AND DEVELOPMENT DEPARTMENT

TRANSPORTATION DEPARTMENT MUNICIPAL
PARKING DEPARTMENT

27



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

September 6, 2018

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to accept an increase in appropriation for the FY 2018 Comprehensive Agreement, Surge Capacity for Targeted Intervention of Hepatitis A Program

The Michigan Department of Health and Human Services (MDHHS) has awarded an increase in appropriation to the City of Detroit Health Department for the FY 2018 Comprehensive Agreement, Surge Capacity for Targeted Intervention of Hepatitis A Program, in the amount of \$50,000.00. There is no match requirement for this program. This funding will increase appropriation 20490, previously approved in the amount of \$206,000.00 by council on January 24, 2018, to a total of \$256,000.00.

The FY 2018 Comprehensive Agreement, Surge Capacity for Targeted Intervention of Hepatitis A Program is a reimbursement grant. The objective of the grant is to coordinate a response and intervention to the recent rise in Hepatitis A cases in Southeast Michigan.

I respectfully ask your approval to accept the increase in appropriation funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

CITY CLERK 2018 SEP 24 AM 11:02

RESOLUTION

Council Member _____

WHEREAS, the Detroit Health Department is requesting authorization to accept an increase in appropriation for the FY 2018 Comprehensive Agreement, Surge Capacity for Targeted Intervention of Hepatitis A Program from the Michigan department of Health and Human Services, in the amount of \$50,000.00, in order to coordinate a response and intervention to the recent rise in Hepatitis A cases in Southeast Michigan. This funding will increase appropriation 20490, previously approved in the amount of \$206,000.00 by council on January 24, 2018, to a total of \$256,000.00; and

WHEREAS, there is no match requirement for this program, now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the modified grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to increase the budget accordingly for appropriation number 20490, in the amount of \$50,000.00, for the FY 2018 Comprehensive Agreement, Surge Capacity for Targeted Intervention of Hepatitis A Program.

**Amendment Number: 4 to the
Between
Michigan Department of Health and Human Services
and
City of Detroit
hereinafter referred to as the "Local Governing Entity"
on Behalf of Health Department
Detroit Health Department**

AMENDMENT PURPOSE AND JUSTIFICATION

1. The purpose of this amendment is to:

1. Add/revise information in Attachment I - Annual Budget Instructions;
2. Add/revise information in Attachment III - Program Specific Assurance and Requirements; and
3. Incorporate Attachment IV- Funding/Reimbursement Matrix as revised for the Essential Local Public Health Service (ELPHS) and categorical budget details, output measures and performance criteria.
4. Increase the Department's agreement amount from \$12,541,389 to \$12,649,578 as shown on the Attachment B budget pages.

2. Amendment Revisions:

The following are the additions/revisions to Attachment I and III

The following projects include additions/revisions as highlighted in Attachment I - Annual Budget Instructions

No Change

The following projects include additions/revisions as highlighted in Attachment III - Program Specific Assurance and Requirements

No Change

Following are adjustments to funding levels of the Local Health Department agreement as reflected in Attachment IV:

Budget line item changes are reflected in the attached budgets for the following elements:

<u>Project Title</u>	<u>Current Amount</u>	<u>Amended Amount</u>	<u>New Project Amount</u>
Childhood Lead Poisoning Prevention	173,750	100,000	273,750
Hepatitis A Response:	206,000	50,000	256,000
Public Health Emergency Preparedness (PHEP) CRI 7/1/18 - 9/30/18	0	58,189	58,189
Public Health Emergency Preparedness (PHEP) CRI 7/1/18 - 9/30/18	0	58,189	58,189
Total Comprehensive Funding	379,750	266,378	646,128

Performance Level Adjustments

N/A

Budget category Adjustments

<u>Contract #</u>	<u>Project Title</u>
E20182715-001	Climate Health Adaptation
E20181369-001	CSHCS Medicaid Elevated Blood Lead Case Mgmt
E20181380-001	Hearing ELPHS
E20182326-001	HIV & STD Testing and Prevention
E20181383-001	Infant Safe Sleep
E20181386-001	Vision ELPHS

It is understood and agreed that all other conditions of the original agreement remains the same.

3. Signing this amendment

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board official or agency.

Signature Section

For Detroit Health Department

Joneigh Khaldun

Executive Director

Name

(please print)

Title

For the Michigan Department of Health and Human Services

Christine H. Sanches

09/06/2018

Christine H. Sanches, Director
Bureau of Purchasing

Date

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ATTACHMENT IV - Local Health Department - 2018
 CONTRACT MANAGEMENT SECTION
 Detroit Health Department

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Minimum Percent	Contractor / Subrecipient (f)
Hearing ELPHS	Reg Alloc	P	0	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Hearing ELPHS	Reg Alloc	S	0	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Hearing ELPHS	ELPHS Hearing	S	173,947	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Hepatitis A Response	Reg. Alloc.	S	256,000	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Recipient
HIV & STD Testing and Prevention	Reg Alloc	S	250,000	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Contractor
	ELPHS MDHHS Other	S	500,000							
HIV Data to Care	Reg Alloc.	P	326,378	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Recipient
HIV Ryan White Part B MAI	Reg Alloc	F	75,951	Staffing (6)	N/A	N/A	N/A	N/A	N/A	N/A
Immunization Action Plan (IAP)	Reg. Alloc.	F	312,331	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization ELPHS	Reg. Alloc.	S	0	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Immunization ELPHS	ELPHS MDHHS Other	S	1,200,000	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Infant Safe Sleep	Reg. Alloc.	F	9,000	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	81,000							
Local Tobacco Reduction	Reg. Alloc.	S	30,000	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Public Health Emergency Preparedness (PHEP) 10/1/17 - 6/30/18	Reg. Alloc.	F	169,920	Staffing (6), (14), (18)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Public Health Emergency Preparedness (PHEP) 7/1/18 - 9/30/18	Reg. Alloc.	F	52,544	Staffing (6), (15), (18)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Public Health Emergency Preparedness (PHEP) CRI 10/1/17 - 6/30/18	Reg. Alloc.	F	187,821	Staffing (6), (14), (18)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Public Health Emergency Preparedness (PHEP) CRI 7/1/18 - 9/30/18	Reg. Alloc.	F	58,189	Staffing (6), (15), (18)	N/A	N/A	N/A	N/A	N/A	Subrecipient

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2018 / Hepatitis A Response			DATE PREPARED 9/6/2018	
CONTRACTOR NAME Detroit Health Department			BUDGET PERIOD From: 12/1/2017 To: 9/30/2018	
MAILING ADDRESS (Number and Street) City Treasurer 1151 Taylor Ste 333-C			BUDGET AGREEMENT <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment	
			AMENDMENT # 4	
CITY Detroit	STATE MI	ZIP CODE 48202-1732	FEDERAL ID NUMBER 38-6004606	

	Category	Amount	Total
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	250,278.00	250,278.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
Total Program Expenses		250,278.00	250,278.00
TOTAL DIRECT EXPENSES		250,278.00	250,278.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	5,722.00	5,722.00
2	Cost Allocation Plan / Other	0.00	0.00
Total Indirect Costs		5,722.00	5,722.00
TOTAL INDIRECT EXPENSES		5,722.00	5,722.00
TOTAL EXPENDITURES		256,000.00	256,000.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Amount	Cash	Inkind	Total
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	256,000.00	0.00	0.00	256,000.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	256,000.00	0.00	0.00	256,000.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION	0.0000	0.000	0.000		200,278.00
	Subcontracting Agency- SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION	0.0000	0.000	0.000		50,000.00
Total for Contractual						250,278.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
Total Program Expenses						250,278.00
TOTAL DIRECT EXPENSES						250,278.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
	De Minimis Rate - up to 10%	0.0000	3.000	190741.000		5,722.00
2	Cost Allocation Plan / Other					
Total Indirect Costs						5,722.00
TOTAL INDIRECT EXPENSES						5,722.00
TOTAL EXPENDITURES						256,000.00

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COUNCIL MEMBER AT-LARGE

JANEÉ L. AYERS

MEMORANDUM

Coleman A. Young Municipal Center
2 Woodward Avenue, Suite 1340
Detroit, Michigan 48226

Phone 313-224-4248
Fax 313-224-1787
www.detroitmi.gov/janeeyers

TO: Brian Farkas,
Detroit Building Authority
David Bell,
Building, Safety Engineering and Environmental Department.

VIA: Scott Benson, Chair
Public Health and Safety Standing Committee

FROM: Janeé' Ayers, Vice Chair
Public Health and Safety Standing Committee

DATE: September 24, 2018

RE: Dangerous Buildings Status Update

Please provide a report from the Detroit Building Authority, LIEN Team and BSEED updating the Public Health and Safety Standing Committee on the status of the fire damaged homes discussed for demolition during Dangerous Buildings Hearings on January 22nd, 2018.

Thank you for your time and effort,

Janeé' Ayers
Detroit City Council

cc: Colleagues
City Clerk

CITY CLERK 2018 SEP 24 PM12:33



MEMORANDUM

TO: Lawrence Garcia, Corporation Counsel

Thru: President Brenda Jones, Detroit City Council

FROM: Scott Benson, City Council District 3

DATE: 24 September 2018

RE: Post Construction Stormwater Management Ordinance

I am requesting that the Post Construction Stormwater Management Ordinance be approved to form for introduction. We are seeking a three week turnaround so we can have a discussion on October 15th. If you have any questions please call my office at (313) 224-1198.

SRB

CITY CLERK 2018 SEP 24 PM12:34

Chapter 48 (Previously Chapter 56)

UTILITIES

Cross reference

State law reference

Article III. Sewers and Drains

Division 1. Generally

Section 48-3-2. Definitions.

Division 2. Lateral Sewers

Division 3. Wastewater Discharge Control

Division 4. Stormwater Management

Section 48-3-101. Applicability

Section 48-3-102. Exemptions

Section 48-3-103. Stormwater Management Design Manual

Section 48-3-104. Post Construction Stormwater Management Plan Required

Section 48-3-105. Post Construction Stormwater Management Requirements

Section 48-3-106 Waiver

Section 48-3-107. Performance Bond

Section 48-3-108. Maintenance Required

Section 48-3-109. Operations and Maintenance Plan

Section 48-3-110. Easements

Section 48-3-111. Record Drawings and Final Approval

Section 48-3-112. Right of Entry for Compliance Inspections

Section 48-3-113. Periodic Self-Inspections Required

Section 48-3-114. Right of Appeal

Section 48-3-115. Notice

Section 48-3-116. Civil Penalty

Section 48-3-117. Fines

Section 48-3-118. Additional Remedies

ARTICLE III. SEWERS AND DRAINS

DIVISION 1. GENERALLY

Section 48-3-2. Definitions.

Applicant: A person or persons acting as owners or operators of a Regulated Construction Activity on a Development Site who is seeking Post Construction Stormwater Management Plan approval under this Division.

1 stormwater runoff from the surfaced area, as further described in the Stormwater Management Design
 2 Manual.

3 *Post Construction Stormwater Management Plan:* A document of a form set forth by the Department
 4 that identifies all actions to be taken by an Applicant in conjunction with a Regulated Construction Activity
 5 to comply with the requirements and standards set forth in this Article.

6 *Regulated Area:* The portion of a Development Site used as the basis to determine compliance with the
 7 performance standards set forth in this Division.

8 *Stormwater Control Measure:* Any structure, feature or appurtenance that is designed, constructed,
 9 operated, practiced, or adopted to reduce the quantity, lower the rate, improve the quality, or otherwise
 10 control stormwater runoff through retention, detention, infiltration, reuse, or other stormwater management
 11 techniques.

12 *Stormwater Management Design Manual:* A document or documents promulgated by the Department,
 13 which may be amended from time to time, specifying criteria, standards, and procedures by which an
 14 Applicant may comply with the provisions of this Division.

15 *Volume, Regulatory.* The total quantity of stormwater runoff that must be retained in a Stormwater
 16 Control Measure in order for a Regulated Construction Activity to comply with the performance standards
 17 in this Division.

18 *Volume, Water Quality.* The volume of stormwater runoff generated by the 90th percentile storm over
 19 the Regulated Area of a Development Site.

20 DIVISION 2. LATERAL SEWERS

21 DIVISION 3. WASTEWATER DISCHARGE CONTROL

22 DIVISION 4. STORMWATER MANAGEMENT

23 **Section 48-3-101. Applicability**

- 24 (a) Subject to Section 48-3-102, this Division applies to all Construction Activities that involve the
 25 replacement or creation of twenty one thousand seven hundred eighty (21,780) square feet or more of
 26 Impervious Surface.
- 27 (b) This Division shall also apply to any Construction Activity that is not subject to Section 48-3-101 but,
 28 may create a condition that would result in runoff that would exceed the safe capacity of the receiving
 29 public sewer or body of water, cause undue channel erosion, increase water pollution by scouring or
 30 the transport of particulate matter, or endanger property or public safety.
- 31 (c) Notwithstanding the foregoing provisions, the discharge from a Regulated Construction Activity may
 32 be determined by the Department to have previously been authorized and to have incorporated
 33 stormwater control measures that are sufficient to satisfy the performance standards in this Division. In
 34 such cases, the Applicant may request a review by the Department for a determination of whether
 35 additional stormwater management is required for the Development Site.

36 **Section 48-3-102. Exemptions**

37 Notwithstanding Section 48-3-101, the following activities shall be exempt from the requirements of
 38 this Division:

- 39 (a) The improvement or construction of an individual Single Family Detached Dwelling as defined in
 40 the City Zoning Ordinance.

1 Certificate of Occupancy is issued for the development associated with the Regulated Construction
 2 Activity.

3 **Section 48-3-105. Post Construction Stormwater Management Requirements**

4 (a) Stormwater Control Measures shall not be constructed within the floodway or floodplain as defined in
 5 Sec. 20-1-1 or within Michigan Coastal Flood Hazard Zones.

6 (b) A buffer strip with a minimum width of twenty-five (25) feet shall be established and maintained, or
 7 preserved, along the edge of any surface water and any regulated wetland as defined by the State of
 8 Michigan PART 303. Exemptions may be granted for construction activities that are within twenty-
 9 five feet of a surface water and regulated wetland that remain consistent with the intent of the
 10 development.

11 (c) The Department is authorized to require any such additional Stormwater Control Measures as it deems
 12 necessary to control the rate and volume of stormwater runoff discharged from the Development Site
 13 in order to prevent drainage, flooding or water quality impacts upon public or private property.

14 (d) Performance Standards for Combined Sewer Areas

15 (1) Water Quality

- 16 a. The Water Quality Volume shall be the 90th percentile annual non-exceedance storm.
- 17 b. The Regulated Area for purposes of complying with the Water Quality Performance
 18 Standard for Combined Sewer Areas shall be defined as follows:
 - 19 i. If the Regulated Construction Activity will disturb fifty percent (50%) or more
 20 of the Development Site, the Regulated Area shall be defined as the entire
 21 Development Site.
 - 22 ii. If the Regulated Construction Activity will disturb less than fifty percent
 23 (50%) of the Development Site, the Regulated Area shall be defined as the
 24 area of the Regulated Construction Activity.
- 25 c. The runoff volume and peak flow rate of stormwater runoff leaving the Regulated Area
 26 post-construction shall not exceed the runoff volume and peak flow rate leaving the
 27 Regulated Area under Natural Conditions. This volume is the Regulatory Volume.
- 28 d. The Water Quality Volume shall be treated to remove a minimum of eighty percent
 29 (80%) of the total suspended solids as compared to uncontrolled runoff, or to a
 30 discharge concentration which does not to exceed eighty milligrams per liter (80 mg/L)
 31 of total suspended solids.

32 (2) Combined Sewer Infrastructure Protection

- 33 a. For Regulated Construction Activities discharging to the Combined Sewer Area, the
 34 entire Development Site shall be defined as the Regulated Area for purposes of
 35 complying with the Combined Sewer Infrastructure Protection Standards.
- 36 b. The peak flow rate(s) of stormwater runoff leaving the Development Site shall not
 37 exceed the allowable discharge rates established in the Stormwater Management
 38 Design Manual for the geographic location within the combined sewer system where
 39 the discharge occurs.

40 (e) Performance Standards for Storm Sewer Areas

41 (1) Water Quality

- 42 a. The Water Quality Volume shall be based on the 90th percentile annual non-exceedance
 43 storm.
- 44 b. The Regulated Area for purposes of complying with the Water Quality Performance
 45 Standard for Separate Sewer Areas shall be the area of the Regulated Construction
 46 Activity.

- 1 (b) In all cases, the Applicant shall demonstrate, to the satisfaction of the Department, that the
- 2 Extraordinarily Difficult Site Conditions cannot be overcome or mitigated through reasonable re-design
- 3 of the Regulated Construction Activity, or without substantial interference with the present or intended
- 4 use of the Development Site.
- 5 (c) Any such application for a finding of Extraordinarily Difficult Site Conditions shall quantify the degree
- 6 to which the specific provisions of the performance standards set forth in 48-3-105(d)(1)(c), as
- 7 applicable, cannot be met on the Development Site, using the form of analysis set forth in the
- 8 Stormwater Management Design Manual.

9 **Section 48-3-107. Performance Bond**

- 10 (a) Applicant shall provide a performance bond or other financial guarantee in the amount of the estimated
- 11 cost of construction of the Stormwater Control Measures and all landscaping associated therewith for
- 12 a duration of two (2) years after the issuance of the certificate of occupancy to ensure that all
- 13 Stormwater Control Measures have been established and installed correctly and function as designed
- 14 and permitted.
- 15 (b) The Department shall have the authority to require a performance bond or other financial guarantee of
- 16 a greater or lesser amount, or duration of time, where such an adjustment is warranted to reflect unique
- 17 site conditions or to ensure the function and performance of the Stormwater Control Measures in the
- 18 Post Construction Stormwater Management Plan.
- 19 (c) A final inspection and approval of the Stormwater Control Measures by the Department, the Buildings,
- 20 Safety Engineering and Environmental Department, or other authorized agent shall be issued before
- 21 the release of the performance bonds or other financial guarantee.

22 **Section 48-3-108. Maintenance Required**

- 23 (a) Any Stormwater Control Measure installed pursuant to this Division shall be operated and maintained
- 24 in accordance with the requirements of the approved Operations and Maintenance Plan and associated
- 25 provisions in the Stormwater Management Design Manual.
- 26 (b) No area of land specified or designated to comply with the performance standards in this Division shall
- 27 be altered in a manner which reduces or alters its infiltration rate, unless the Department approves an
- 28 amendment to the previously approved Post Construction Stormwater Management Plan for the Site,
- 29 showing how the reduced or altered infiltration rate will be offset to maintain compliance with the
- 30 performance standards specified in this Division.

31 **Section 48-3-109. Operations and Maintenance Plan**

- 32 (a) Prior to the conveyance or transfer of any portion of a Development Site to be served by a Stormwater
- 33 Control Measure(s) pursuant to this Division the Applicant shall provide the Department with evidence
- 34 of transfer of the associated Operation and Maintenance Plan.
- 35 (b) The Operation and Maintenance Plan shall be binding on the record owner of the property or properties
- 36 subject to the Post Construction Stormwater Management Plan and their owners, heirs and assigns. Said
- 37 Operation and Maintenance Plan shall be developed by a professional engineer or landscape architect
- 38 properly licensed to practice in the State of Michigan and shall include maintenance requirements and
- 39 protocols for each Stormwater Control Measure, including an associated schedule of inspection and
- 40 maintenance activities, and procedures and checklists for each Stormwater Control Measure consistent
- 41 with the provisions in the Stormwater Management Design Manual and a signed certification statement
- 42 accepting responsibility for the operation, maintenance and inspection of the Stormwater Control
- 43 Measures.

1 (c) An appeal shall be in writing, shall be addressed to the DWSD Stormwater Appeals Board c/o the
2 Stormwater Management Group, and shall be received within thirty (30) days of the determination that
3 is the subject of the appeal. The appeal shall set forth the specific act or matter complained of and in
4 dispute, and shall include all documentation that supports the appellant's position.

5 (d) Within thirty (30) days of receipt of a written appeal, the Stormwater Management Group, or its
6 designee, shall acknowledge such receipt in writing, and shall set a date and time for an appellate hearing
7 to be conducted in accordance with Department policy.

8 (e) The decision of the DWSD Stormwater Appeals Board shall be final and enforceable at law. A
9 person aggrieved by a final decision of the Stormwater Appeals Board may seek judicial review of the
10 decision by the Wayne County Circuit Court. A petition for judicial review shall be filed not later than
11 sixty (60) days following the receipt of the final decision of the Stormwater Appeals Board. An aggrieved
12 person shall exhaust all administrative remedies provided in this Chapter before seeking judicial review.

13 **Section 48-3-115. Notice**

14 If any Stormwater Control Measure is found upon inspection to be arranged, damaged, clogged, or in
15 such disrepair as to impede, obstruct, or hinder the flow of surface water in a manner which conflicts with
16 acceptable engineering practices, or if a planned and permitted Stormwater Control Measure has not been
17 installed per an approved Post Construction Stormwater Management Plan, within 30 days of inspection
18 the certifying party shall give written notice to the Department of the conditions found, the actions to be
19 taken to bring conditions into conformance with the approved Operation and Maintenance Plan, and the
20 timeframe for such measures to be completed. Should the Department find any such condition upon its own
21 investigation, whether as a result of or independent of a period inspection report, the Department shall give
22 written notice to the owner of the property of the findings. Said notice shall specify the problem and action
23 necessary to remedy it, as well as the time frame for taking such corrective action and the potential for
24 additional action under civil penalty or other penalty or remedy in Section 48-3-116.

25 **Section 48-3-116. Civil Penalty**

26 Whenever the Department has reasonable grounds to believe that any person is violating, or has
27 violated, any requirement of this division, the Department may commence a civil action to compel
28 compliance in a court of competent jurisdiction to enjoin said person from discharging, or to obtain
29 appropriate relief to remedy the violations. The Department or Board also may seek additional legal or
30 equitable relief. The commencement of suit neither constitutes an exclusive election of remedies nor
31 prohibits the Department, Director, Board, or City of Detroit from commencing action in federal court for
32 discharges believed to be in violation of this division, state and federal requirements contained in the Clean
33 Water Act, the City's NPDES permit, or other applicable laws or requirements. In addition, the City of
34 Detroit may recover the reasonable attorney fees, court costs, court reporters' fees, and other unusual
35 expenses related to enforcement activities or litigation against the person found to have violated this
36 division, or the orders, rules, regulations and permits issued hereunder.

37 **Section 48-3-117. Fines**

38 All fines, costs, and penalties which are imposed by any court of competent jurisdiction shall be payable
39 to the Detroit Water and Sewerage Department.

40 **Section 48-3-118. Additional Remedies**

41 (a) The Buildings, Safety Engineering & Environmental Department or other authorized agent may refuse
42 to issue a Certificate of Occupancy for any Regulated Construction Activity on a Development Site and
43 served by Stormwater Control Measures until such time as the Applicant or other responsible person
44 has taken remedial measures set forth in the notice of violation or has otherwise cured the violations
45 described therein.

11 Walk Dr 11

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City of Detroit

CITY COUNCIL

JAMES E. TATE, Jr.
COUNCIL MEMBER

TO: Ron Brundidge, Director
Department of Public Works

FROM: Hon. James E. Tate, Jr. *J.E.T.*
Detroit City Council – District 1

DATE: September 19, 2018

RE: *Request for Traffic Study along W. McNichols between Southfield Rd. and Grand River Ave.*

Our office has received a complaint regarding speeding along the aforementioned road. Per business owners and the West McNichols Business Association, there have been numerous accidents along this stretch of McNichols Rd. especially at the corner of W. McNichols Rd. and Greenview Ave. and W. McNichols Rd. and Evergreen Ave. Despite requests to DPD-Eight Precinct for additional traffic enforcement, residents and business owners have not seen much progress towards this issue and are concerned for the safety of customers, business owners and their businesses. We are requesting that the department conducts a traffic analysis for the possible installation of traffic calming devices including signage, traffic lights and any other measure deemed necessary.

A response is requested by October 8, 2018. If you have any questions, please contact my Policy Analyst, Edwina King, at 313.224.9530.

Thank you for your cooperation.

Cc: Honorable Colleagues

9-20-18 - MTWB