October 16, 2018 Formal Agenda

NEIGHBORHOOD AND COMMUNITY SERVICES STANDING COMMITTEE



MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELE	<u>:D</u>							
Petition #: 550 Event Name: 11th Precinct Veterans Day Parade & Luncheon								
Event Date: November 11, 2018								
Street Closure: Ryan & E. Outer Drive								
Organization Name: Detroit Police Department - 11th Precinct	_							
Street Address: 5100 E. Nevada Detroit, MI								
	_							
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:								
24-Hour Liquor License								
Petition Communications (include date/time)								
Annual Veterans Day Parade & Luncheon from Farwell Recreation Center to American Serbian								
Memorial Hall from 9:00am - 10:30am.								
** ALL permits and license requirements must be fulfilled for an approval status **								
Date Department N/A APPROVED DENIED Additional Comments								
DPD Assisted Event								
DPD								
No Permits Required								
DFD/ L L L L .								
DPD Assisted Closure; No Permit								
DPW Required								
DPW								

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		✓		Type III Barricades Required
	Recreation		✓		Application Received & Approved as Presented
	Bldg & Safety	✓			No Jurisdiction
	Bus. License	✓			No Jurisdiction
	Mayor's Office		✓		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking		7		No Purchase of Parking Meters Required
	DDOT		✓		No Impact on Buses
MAYOR'S	5	,	1		

Date: <u>Deptember 26, 2018</u>

City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, October 11, 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 DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
BUILDINGS SAFETY ENGINEERING

Detroit Police Department 11th Pct, request to hold "11th Precinct Veterans Day Parade & Lucheon" starting at American Serbian Memorail Hall on 11/11/18 from 9:00 am - 10:30 am, Set-up from 11/11/18 @ 8am and Tear down on 11/11/18 at 11:00 am. With various street closure.



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.

Sec	ction 1- GENERAL EVENT I	NFORMATION				
Event Name: 11th Precipit Veterons Day Porrade & Luncheon						
Event Location: American	Seption Memory	al Holl 19940 Vandyke				
Detimi	480-34	/				
Section 2-	ORGANIZATION/APPLIC	ANT INFORMATION				
Organization Name:	Police Dept	11" Pct				
Organization Mailing Address: 57	100 E. Neuroda					
Business Phone: 313 - 596 - 1	1/18	Business Fax:				
Federal Tax ID #						
If registered as a not	n-profit, indicate non-profit ID numbe	er and attach a copy of the certificate.				
Applicant Name: Don &	Pohinson SR					
Title/Role: NPO						
Email Address: Robinson	d921 @detroitmigo					
Mailing Address: 5100 E.	Neunda					
Business Phone: 313-600-	3354	Business Fax::				
Event On-Site Contact Person:						
Mailing Address: 5/00 E.A	Jevada	_				
Business Phone: 3/3-596 -	- U18 on 313-600-3354	Business Fax:				
List name/phone number of person(s)	authorized to make decisions for the c	organization/event (indicate role/responsibility).				
	Ct, Sat Spruce					
	3 3					
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:				

Annual Veterans Day Parade & Luncheast Parade will Sonrist of Military, Lawrencement & Supporters. Parade will stant at
Ryon & E. Outor DR And will Proceed E/B Outor DR to Vandyke Whose it will Conclude. The Lunchen will then toke place.
What are the projected set-up, event and tear down dates and times (must be completed)?
Begin Set-up Date & Time: 11-11-18 84 Complete Set-up Date & Time: 11-11-18 94 Event Start Date & Time: 11-11-18 94 Event End Date & Time: 11-11-18 110:304
Begin Tearing Down Date: 10.30 4 Complete Tear Down Date: 11.00 4
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?
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? Smile / Mound Rel
What were the hours last year? 10A-12P
Project Attendance This Year (Minimum - Maximum)?
What is the basis for your projected attendance? Veterans Day France & Continued
Support.
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? Veterans Day Parade & Lunchen
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: Ryan / E. Outer DR E/B to Vandyke
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 food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of sound stages -Location of hand washing sinks -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 [] Other: Manding Dand
Describe the entertainment for this year's event: List proposed entertainers and/or bands performing at the event: Pershing High
Will a sound system be used?
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
If yes, what type of music? (check all that apply)
[] Live [] Recorded [] Karaoke/Lip-synch
Describe specific power needs for entertainment and/or music:
How many generators will be used?
How will the generators be fueled?
Name of vendor providing generators:
Contact Person:

Address:			P	hone:	
City/State/Zip:					
					200
Section	n 5- COM	MUNICATIO:	N/ADVERTI	SING STRATEG	Y
Check all applicable boxes that desc	ribe the type o	f promotion you plan	n to use to attract p	articipants:	
[7] Radio (Specify stations):					
Television (Specific stations):					
[] Newspapers (specify papers):					
Web site (identify web address):					
Public Relations or Marketing F	irm (Specify):				
Contact Info: [] Raffle (List Item(s)):					
[] Billboards					
Flyers					
[] Street Banners					
[] Other (specify):					
NOTE: All raffles subject to laws of	of State/City.			V	ta
	Sec	tion 6- SALES	INFORMAT	ION	WWW.
Will there be advanced ticket sales? If yes, please describe:	☐ Yes	No.			
Will there be on-site ticket sales? If yes, list price(s):	☐ Yes	/ECNo			
Will food be sold? If yes, please pick up Special Events	☐ Yes Vendor Packe	t in Suite 105:			
Will merchandise be sold? If yes, describe:	□ Yes	S CNo			
Will a percentage of the proceeds be	distributed to	a charitable organiza	tion? 🗖 Yes	E No	
If yes, describe:		-		•	
If the event is a fundraiser, identify charity or recipient of funds:					
Will there be vending or sales? If yes, check all that apply:	☐ Yes	⇔ o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
[] Food	[] Me	rchandise			
[] Non-Alcoholic Beverages	[] Alc	oholic Beverages			
1 1 CWhoe tenneifile			,		
Indicate type of items to be sold:			NIT	7	

Canopy (open on all sides)		_	
Staging/Scaffolding		_	
Bleachers		_1	
Сотрапу:			
Grill [] Gas [] Charcoal	[] Electrical	[] Propane	
Fireworks (Pyrotechnics) [] Aerial [] Stage			
Provide Sketch:			
Portable Restrooms: [] Standard [] ADA Acc	essible		
Vehicles 10			
Type/Weight:		2 Floats, bu	1585 + VAN
Other:	Q		
NOTE: Specific requirements must	e met and special approval must	be received by the Detroit Fire De	partment.
Will additional electrical wiring need	I to be installed? Specify location	ns, voltage, amperage, and phase.	ala
Will additional utility services be use	ed (power, water, etc.)? Please do	escribe.	70.5
Do you plan a fireworks display? Li	র dates, time, location, vendor, আ	nd attach certificate of insurance.	NO
		541	
	100	11011	

Allt these be exclusive vehicles of or	utside vendors? (please describe):	VA
Sectio	on 7- PUBLIC SAFETY & PARKING II	NFORMATION
Name of Private Security Company	y: Existing park contract security will be used.	
Contact Person:	Det Police //	th Pet
Address: .5/00	6. Neada Pho	one: 3/3-576-///8
City/State/Zip:	MI 48234	4 H
Number of Private Security Person	nnel Hired Per Shift:	
Are the private security personnel	(check all that apply):	
[] Licensed	[] Armed	[] Bonded
Describe the emergency evacuation	a plan: 1/one Left Open	For Emorgany Vehicles
		Praking Lot at Sechia Hot
How will you advise attendees of p	- 1 ^h	I media, word of Mouth
Are you seeking a group parking r	11/4	
		All the second s
Se	ection 8- COMMUNITY IMPACT INFO	ORMATION
How will your event impact the su pedestrian traffic, sound carryover	errounding community (i.e.	ic Detopues & Delays
Have local neighborhood groups/b	ousinesses approved your event?	☐ Yes ☐ No
	, i	1 1/2 11
Indicate what steps you have or w	ill take to notify them of your event: Meeh-	gs, Letters, Flyers
	ill take to notify them of your event:	gs, Letters, Flyers
website	numbers (for verification) or attach approved letter(s):	59t. Spruce
website		59t. Spruce
website		59t. Spruce
website	numbers (for verification) or attach approved letter(s):	59t. Spruce
website		59t. Spruce
website	numbers (for verification) or attach approved letter(s): Section 9- EVENT SET-UP	59t. Spruce
Indicate contact names and phone Complete the appropriate categoria	numbers (for verification) or attach approved letter(s): Section 9- EVENT SET-UP	59t. Spruce
Indicate contact names and phone Complete the appropriate categoristructure	numbers (for verification) or attach approved letter(s): Section 9- EVENT SET-UP	Sgt. Spruce
Indicate contact names and phone Complete the appropriate categori Structure How Many?	numbers (for verification) or attach approved letter(s): Section 9- EVENT SET-UP	5gt. Spruce

	0- COMPLETE ALL THAT APPLY
Name of Sanitation Company collecting refuse a	and garbage?
Contact Person:	<u> </u>
Address:	Phone:
City/State/Zip	
Name of company providing emergency medical	l services?
Contact Person:	CM5
Address:	
City/State/Zip:	
Name of company providing porta-johns.	NA
Contact Person:	
Address:	Phone:
City/State/Zip:	
Name of private catering company?	NA
Contact Person:	
Address:	Phone:
City/State/Zip:	
SPECIAL USE REQUESTS	
List any streets or possible streets you are requesting Neighborhood Signatures must be submitted with approximately submitted with approximately submitted with approximately submitted with approximately submitted with a	g to be closed. Include the day, date, and time of requested closing and reopening. pplication for approval.
Attach a map or sketch of the proposed area for	closure.
STREET NAME:	
FROM TO	- La Mar
Closure Dates:	= See MAD
Beg. Time:	
Reopen Date: Time:	

	- Aller - Alle	
STREET NAME:		
		ľ
FROM		1
то		
Closure Dates:		1
P. J. 172		1
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l'ime:		
STREET NAME:		
FROM		
го	OWN II	
Closure Dates:	2	1
End Time:		
Reopen Date:		
		l l
STREET NAME:		
		1
FROM		
то		
010301- 22105		1
		1
		
Time:		1
Requested City Equipment Provided In:	(year)	
Provided in:	(Jean)	
Current Request:	(year)	and the second s
Street Closures:		
[] Posting no parking signs	[] Light pole	
[] Electrical Services	[] Storage for Traile	ers/Trunks
Barricades are not available fro	m the City of Detroit.	
ADDITIONAL INFORMATIO		
Is there any additional information	that you feel is important to mention regu	arding your event or additional requests?

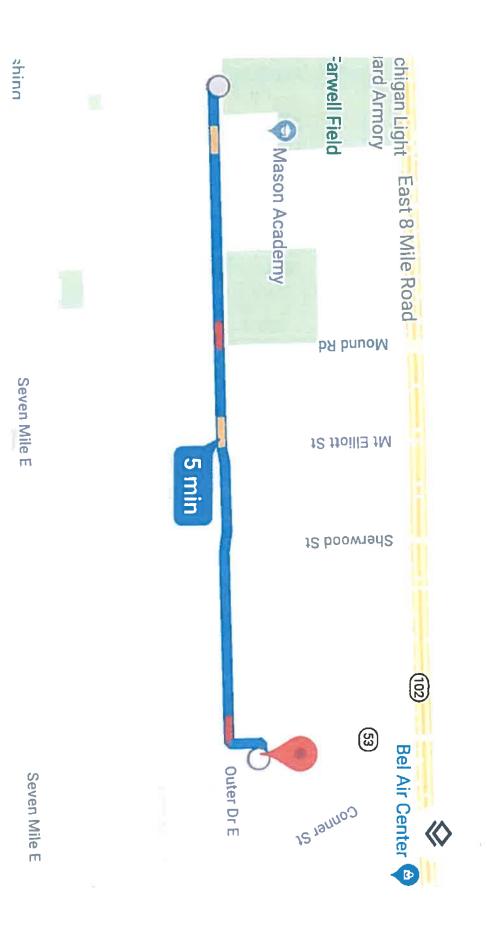
AUTHORIZATION & AFFADAVIT OF APPLICANT

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, 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

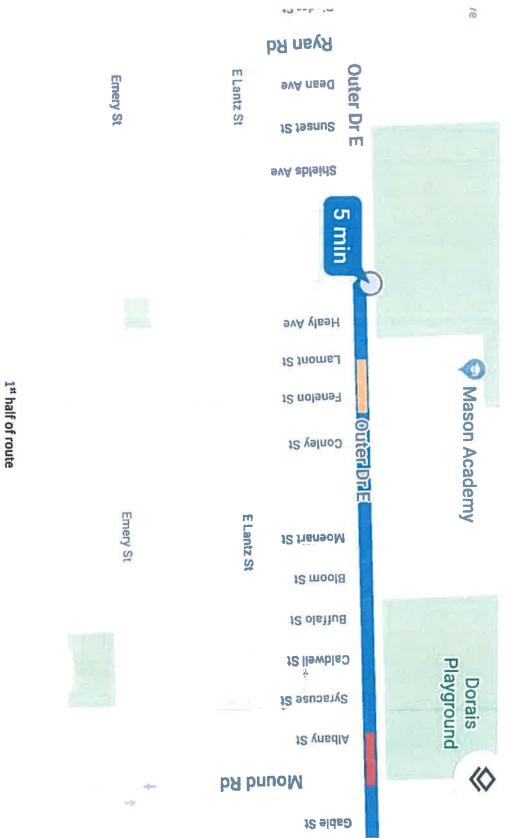
NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

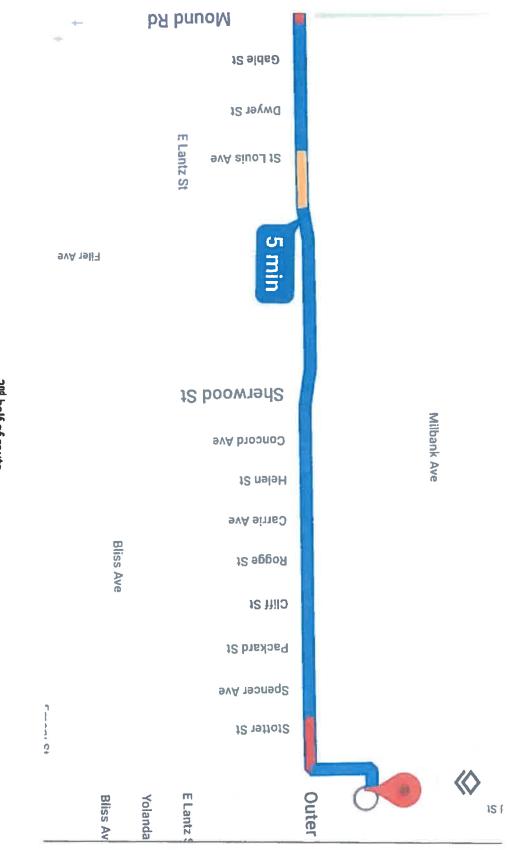
11th Precinct Veterans Day Parade & Luncheon 2018



Full route, kick off 9am

11th Precinct Veterans Day Parade & Luncheon 2018





2nd half of route

2018-10-11

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Petition of Detroit Police Department 11th Pct, request to hold "11th Precinct Veterans Day Parade & Lucheon" starting at American Serbian Memorail Hall on 11/11/18 from 9:00 am - 10:30 am, Set-up from 11/11/18 @ 8am and Tear down on 11/11/18 at 11:00 am. With various street closure.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

OFFICE OF CONTRACTING AND PROCUREMENT

October 11, 2018

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6001679

100% Federal Funding – To Provide Park Improvements to Dad Butler Park. – Contractor: WCI Contractors, Inc. – Location: 20210 Conner Street, Detroit, MI 48234 – Contract Period: Upon City Council Approval through October 16, 2019 – Total Contract Amount: \$135,000.00. GENERAL SERVICES

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM _____SHEFFIELD

RESOLVED, that Contract No. 6001679 referred to in the foregoing communication dated October 11, 2018, be hereby and is approved.

OFFICE OF CONTRACTING AND PROCUREMENT

October 11, 2018

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6001466

100% City Funding – AMEND 1 – To Provide New Underground Storage Tank Compliance Regulatory Testing Requirements. – Contractor: Phoenix Environmental, Inc. – Location: 12815 Premier Center Ct, Plymouth, MI 48170 – Contract Period: Upon City Council Approval through June, 1, 2021 – Contract Increase: \$151,200.00 – Total Contract Amount: \$361,200.00. GENERAL SERVICES (This Amendment is for an Increase of Funds Only.)

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY (COUNCIL	PRESIDENT	PRO TEM	SHEFFIELD	
	~ ~ ~ ~ ~ ~ ~ ~		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		

RESOLVED, that Contract No. 6001466 referred to in the foregoing communication dated October 11, 2018, be hereby and is approved.

OFFICE OF CONTRACTING AND PROCUREMENT

October 11, 2018

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6001635

100% City Funding – To Provide HVAC and PM Services for the General Services Department. – Contractor: Systemp Corporation – Location: 3909 Industrial Drive, Rochester Hills, MI 48309 – Contract Period: Upon City Council Approval through September 17, 2021 – Total Contract Amount: \$2,250,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL PRESIDENT PRO TEM _____SHEFFIELD

RESOLVED, that Contract No. 6001635 referred to in the foregoing communication dated October 11, 2018, be hereby and is approved.