New Business 10.2.2018

NEIGHBORHOOD AND COMMUNITY SERVICES STANDING COMMITTEE

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED							
Petition #: 538 Event Name: Beacon Park Winter Events	CELED						
Event Date: October 12 - December 16, 2018							
Street Closure: None							
Organization Name: Downtown Detroit Partnership							
Street Address: 1 Campus Martius Suite 380 Detroit, MI 48226							
Receipt date of the COMPLETED Special Events Application:							
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							
Fireworks Convention/Conference Other: Park Programming	l						
24-Hour Liquor License							
Petition Communications (include date/time)							
Park Programming for Beacon Park which includes interactive art display, park lighting, and holiday season.	av						
Samuely Socioons							
** ALL permits and license requirements and to the							
** ALL permits and license requirements must be fulfilled for an approval status ** Date Department N/A APPROVED DENIED Additional Comments							
DPD DPD will Provide Special Attention:							
Contracted with Eagle Security to Provid Private Security Services	e						
DED/ Pending Inspections: Contracted with H	art						
EMS Medical to Provide Private EMS Service	s						
DPW No Permits Required							
Health Dept. Temporary Food License Require							

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		✓		No Barricades Required
	Recreation		\checkmark		Application Received & Approved as Presented
	Bldg & Safety		✓		Permits Required for Tents & Electrical
	Bus. License		\checkmark		No Permits Required
	Mayor's Office		✓		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
1	Municipal Parking	✓			No Jurisdiction
	DDOT		V		No Impact on Buses

MAYOR'S OFFICE

Signature: <u>Bethanie Ludier</u>
Date: <u>September 21e, 2018</u>

OFFICE OF THE CITY CLERK

Caven West

Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, September 25, 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 POLICE DEPARTMENT FIRE DEPARTMENT BUSINESS LICENSE CENTER DPW - CITY ENGINEERING DIVISION BUILDINGS SAFETY ENGINEERING

Downtown Detroit Partnership, request to hold "Beacon Park Winter Events" at 1901 Grand River, hosting various events with various dates from October 12, 2018 thru December 16, 2018.

538

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 EVEN	TINFORMATION
Event Name: BEACON PARK WI	NTER EVENTS	
Event Location: 1901 GRAND R	VER	
Is this going to be an annual event	? 🗆 Yes 🗆 No	
Sect	ion 2- ORGANIZATION/APPI	ICANT INFORMATION
Organization Name: DOWNTOW	N DETROIT PARTNERSHIP	
Organization Mailing Address: 1 C	CAMPUS MARTIUS, SUITE 380, DETROI	T, MI 48226
Business Phone: 313-71:	5-9944 Business V	Vebsite: DowntownDetroitParks.com
Applicant Name: HEATHER BAD	RAK	
Business Phone:	Cell Phone: 313-715-9944	Email: HBADRAK@DETROIT300.ORG
Event On-Site Contact Person:		
Name: DAVID COWAN		
Business Phone:	Cell Phone: 734-377-3472	Email: david.cowan@downtowndetroit.org
Event Elements (check all that ap	ply)	
[] Walkathon	[] Carnival/Circus	[] Concert/Performance
[] Run/Marathon	[] Bike Race	[] Religious Ceremony
[] Political Event	[] Festival	[] Filming
[] Parade	[] Sports/Recreation	[] Rally/Demonstration
[] Convention/Conference	[] Fireworks	[] Other: PARK PROGRAMMING
Please provide a brief descripti 10/12 – 11/19, Interactive Public 11/16 Light up Beacon Park, 5p 11/24 Home for the Holidays, 5 12/15 & 16, Selfies with Santa, (Art, Daily – midnight p – midnight	.

	Time:	Complete Set-up Date	: Т	'ime:
Event Start Date:	Time:	Event End Date:	Т	ime:
Begin Tearing Down Date:		Complete Tear Down	Date:	
Event Times (If more than one of USING TENT CURRENTLY O		* *	L PROGRAMMING	
	Santian 2	LACATIONICYTE	NIEŻDŁA POJANI	
ocation of Event: BEACON I	5. S- 2000	LOCATION/SITE I DRIVER, DETROIT, MI 482		and water a bar as
Pacilities to be used (circle):	Street	Sidewalk	Park	City
Please attach a copy of Port-a-Jo anticipated layout of your event	ohn, Sanitation, and E including the follow	Emergency Medical Agreeme	nts as well as a site plan wh	nich illustrates the
Public entrance and exit Location of merchandising boo Location of food booths Location of garbage receptacle Location of beverage booths Location of sound stages Location of hand washing sinks Location of portable restrooms	s s	-Locat -Propo -Locat -Sketcl -Locat -Locat	on of First Aid ion of fire lane sed route for walk/run ion of tents and canopies n of street closure ion of bleachers ion of press area n of proposed light pole ban	ners
	S	ection 4- ENTERTA	INMENT	TILL
Describe the entertainment for t	his year's event: Al	TACHED.		
Describe the entertainment for t	his year's event: Al	TACHED.		
Describe the entertainment for t	☐ Yes ☐	No		
Fyes, what type of sound systen	□ Yes □	No lified sound.		
fill a sound system be used? Yes, what type of sound system escribe specific power needs for	□ Yes □	No lified sound.		
7ill a sound system be used?	☐ Yes ☐ 1? House sound, amp or entertainment and/	No lified sound. for music:		
Vill a sound system be used? Yyes, what type of sound system The escribe specific power needs for ark power.	Yes Yes Yes Yes None House sound, amp Yer entertainment and/	No lified sound. or music:		

Contact Person:
Address: Phone:
City/State/Zip
Section 5- SALES INFORMATION
Will there be advanced ticket sales? Ves No If yes, please describe:
Will there be on-site ticket sales?
Will there be vending or sales?
[X] Food [] Merchandise [X] Non-Alcoholic Beverages [X] Alcoholic Beverages
Indicate type of items to be sold:
Section 6- PUBLIC SAFETY & PARKING INFORMATION
Name of Private Security Company: Existing park contract security will be used.
Contact Person: EAGLE SECURITY/ MATT WARNER
Address: Phone:734-306-4871
City/State/Zip:
Number of Private Security Personnel Hired Per Shift:
Are the private security personnel (check all that apply):
[] Licensed [] Armed [] Bonded
How will you advise attendees of parking options?
WEBSITE

Section 7- C	COMMUNICATION &	COMMUNITY IMPA	CT INFORMATION					
How will your event impact the	surrounding community (i.e. pe	destrian traffic, sound carryover,	safety)?					
-								
Have local neighborhood group	s/businesses approved your even	t?	s 🛘 No					
Indicate what steps you have or	will take to notify them of your	event:						
	Section 8-	EVENT SET-UP						
Complete the appropriate categories	s that apply to the event Structur	re						
	How Many?	Size/Height						
Booth								
Tents (enclosed on 3 sides)	1							
Canopy (open on all sides)	Canopy (open on all sides)							
Staging/Scaffolding		\ 						
Bleachers								
	Section 9- COMPLET	E ALL THAT APPLY						
Emergency medical services?								
Contact Person: Hart Medical for Lig	nt up Beacon Park							
Address: 220 Bagley, Suite 912								
City/State/Zip: Detroit, MI 48226								
Name of company providing port-a-j	ohns. Scotty's Potties as neede	d						
Contact Person: Lori Proctor			-					
Address: PO Box 530845		Phone: 734-421-	-1400					
City/State/Zip: Livonia, MI 48153								
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. Barricades are not available from the City of Detroit.

Attach a map or sketch of the propo	osed area for closure.	
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;	76
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:	

)	CERTIFICATE OF INSURANCE							
)	EMERGENCY MEDICAL AGREEMENT							
)								
)	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.

HBadi-	9/10/18	
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:	Event Date:
Event Organizer:)
Applicant Signature:	Date:



DOWNTOWN DETROIT PARTNERSHIP

Parks + Public Spaces



2018 Programming | Beacon Park |

1.DESCRIPTION OF THE ARTWORK

Name:

Prismatica

Туре:

Interactive light installation

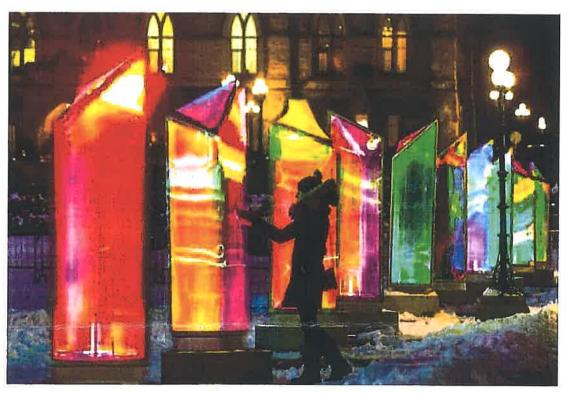
Location:

Outdoors / Indoors

Description:

A modern ice palace. Prismatica turns heads with the countless colourful reflections made by its giant prisms. Visitors can walk among them to see city life in every colour of the spectrum, and turn the prisms to make the colours dance. After sunset, the enormous interactive kaleidoscope's illusory effects reach a crescendo.

Prismatica is a participatory installation comprising 25 pivoting prisms more than two meters tall. Each one is made of panels covered with a dichroic film that reflects the colours of the rainbow, varying with the light source and viewing angle. Each prism is mounted on a base containing a projector that gives the installation a new dimension after nightfall. The rotation of the prisms triggers variable-intensity bell music.



Ottawa 2016

Credit: Doublespace Photography

Public Art Display 10/12 - 11/19

November 16,2018

Light Up Beacon Park Contemporary Holiday Lighting

- Holiday lighting reveal ornaments, interactive including oversized attractions + winter attractions
- Winter Lodge at Beacon Selfies with Santa in the Park
- Live performances and DJ
- Live streaming of Tree Lighting celebration
- Fire pits, food and beverage supported by limen



Events in tent:

- . Howe for the Holidays November 24, 2018 . Selfies with SANFa December 15 Elly, 2018
 - December 15 \$16, 2

 The Winter
 Lodge at
 Beacon Park
 Heated Clear Panel Tent

(BULT IN OCTOBER)

- 100x4667 heated tent $\beta \epsilon'$. Clear paneled and decorated
- Extends programming season for music, leagues, food and beverage events, and potential rental collaborations

538

Petition of Downtown Detroit
Partnership, request to hold "Beacon
Park Winter Events" at 1901 Grand
River, hosting various events with
various dates from October 12, 2018
thru December 16, 2018.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

MAYOR'S OFFICE COORDINATORS REPORT

OVER	ALL STATUS	(please	circle): 🗸 🛭	APPROVE	D DENIED N/A CANCELED			
Petition	_{#:} 530	E	event Name: 20	18 Wint	er Magic Events			
Event Da	Event Date : November 5, 2018 - January 21, 2019							
Street C	Street Closure: Various							
Organiza	Organization Name: Downtown Detroit Partnership							
	Street Address: 1 Campus Martius Suite 380 Detroit, MI 48226							
Receipt of Date of O Due date Due date Due date Event Ele Walka Bike Filming Firewood 24-Hote Downtown	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							
Salvation	Downtown Detroit Partnership's Winter Season which encompasses load-in/out for Christmas Tree & Salvation Army Red Kettle, Tree Lighting and Carriage Rides.							
Doto	** <u>ALL</u> perm	nits and	license requirem	ents must i	be fulfilled for an approval status **			
Date	Department	N/A	APPROVED	DENIED	Additional Comments			
	DPD		V		Contracted with Eagle Security to Provide Private Security Services			
	DFD/ EMS		✓		Pending Inspections; Contracted with Hart EMS to Provide Private EMS Services			
	DPW		✓		ROW Permit Required for Tree Load-In & Tree Lighting Ceremony			
	Health Dept.		✓		No Permits Required			

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		\checkmark		Type III Barricades Required for Street Closures
	Recreation		V		Application Received & Approved as Presented
	Bldg & Safety		V		Permits Required for Electrical & Propane
	Bus. License		✓		No Permits Required
	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		✓		Purchase of Parking Meters Required for Monroe & Cadillac Square Closures
	DDOT		V		Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Lucher

Date: September 26, 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

Wednesday, September 19, 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.

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

Downtown Detroit Partnership, request to hold "2018 Winter Magic Events" at various locvations on various dates beginning November 5, 2018 and ending January 21, 2019 with set up beginning 11-1-18 and tear down complete 1-25-19.

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 CENERAL EVENT INFORMATION

	- Deci	OH I- ODDIEN	REEVEN			SECURE SECTION SECURE SECTION
Event Name: 2018 WIN	TER MAGIC EVEN	VTS				
Event Location: DDP OPERATED DOWNTOWN CITY PARKS AND PUBLIC SPACES						
Is this going to be an an	nual event? Yes	₃ □ No				
Mary Avenue Tolland	Section 2- 0	ORGANIZAT	ION/APPLIC	CANT INFO	RMATION	
Organization Name: DC	WNTOWN DETRO	DIT PARTNERSHI	P			
Organization Mailing Ac	idress: 1 CAMPUS	MARTIUS, SUITE	380, DETROIT, I	MI 48226		
Business Phone:	313-715-9944		Business Web	site: DowntownD	OctroitParks.com	
Applicant Name; HEAT	HER BADRAK					3
Business Phone:		Cell Phone:	313-715-9944	Email:	HBADRAK	@DETROIT300.ORG
Event On-Site Contact	Person:					
Name: DAVID COWA	N					
Business Phone:		Cell Phone: 734-3	77-3472	Email: c	lavid.cowan@dov	wntowndetroit.org
Event Elements (check	all that apply)					
[] Walkathon		[] Carnival/Circu	s	[] Concer	VPerformance	
[] Run/Marathon		[] Bike Race		[] Religio	ous Ceremony	
[] Political Event		[] Festival		[] Filming	3	
[] Parade		[] Sports/Recreati	on	[] Rally/D	Demonstration	
[] Convention/Confere	nce	[] Fireworks		[] Other:	PARK PROGRAN	MING
Please provide a brie:		our event:				
11/16/18: DETROIT'S		3			ÿ	
11/9/18 - 11/11/18: R			THER PERMITT	ING)		
11/16/18 - 3/3/19: TH		,		,		
11/16/18 - 1/31/19: T	HE SALVATION A	ARMY RED KET	TLE			
11/16 17 22 24 20	10/1 7 0 1/ 15	24 22: HODGE	& CADDIAGE I	2IDES (+ 12/26	S _ 30 IF FLINDE	:D)

1/7/19 - 2/26/19: BROOMBALL LEAGUE

11/16/18 - 1/1/19: KIDS ACTIVITIES ON WEEKENDS (TBD - IF FUNDED)

11/16/18 - 1/1/19: STREET PERFORMERS ON WEEKENDS (TBD - IF FUNDED)

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

Begin Set-up Date:

11/1/18

Time:

8A Complete Set-up Date:

Time:

4P

Event Start Date:

11/5/18

Time: NOON

Event End Date: 1/21/19

Time: 10P

Begin Tearing Down Date: 1/25/19

Complete Tear Down Date: 1/25/19

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

PREPARATION FOR TREE ARRIVAL, TREE DISPLAYED 24/7 THROUGH 1/21/19

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

Begin Set-up Date: 11/7/18

Time: 5A

Complete Set-up Date: 11/7/18

Time: 7A

Event Start Date: 11/16/18

Time: 5P

Event End Date:

1/31/19

Time: 5A

Begin Tearing Down Date:

1/31/19

Complete Tear Down Date: 1/31/19.

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

SALAVATION RED KETTLE DISPLAYED DAILY FROM 11/16/18 – 1/31/19

What are the projected set-up, event and tear down dates and times (must be completed)? **DETROIT'S TREE LIGHTING**

Begin Set-up Date: 11/15/18

Time: 11P

Complete Set-up Date:

11/16/18

Time: 4PM

Event Start Date: 11/16/18

Time: 5P

Event End Date:

11/16/18

Time: MIDNIGHT

Begin Tearing Down Date: 11/16/18

Complete Tear Down Date 8A, 11/17/18

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

11/16/18, 5P - MIDNIGHT

Section 3- LOCATION/SITE INFORMATION

Park

City

Location of Event: CAMPUS MARTIUS PARK, CADILLAC SQUARE, GRAND CIRCUS PARK, ESPLANADE AND CAPITOL PARK

Sidewalk

Facilities to be used (circle):

Street

Facility	Turk City
Please attach a copy of Port-a-John, Sanitation, and Enanticipated layout of your event including the following	nergency Medical Agreements as well as a site plan which illustrates the g:
-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 -Location of sound stages	-Sketch of street closure -Location of bleachers
-Location of hand washing sinks	-Location of press area
-Location of portable restrooms	-Sketch of proposed light pole banners
Sec	ction 4- ENTERTAINMENT
Describe the entertainment for this year's event: ATT	TACHED.
Will a sound system be used?	ło
If yes, what type of sound system? House sound, amplit	fied sound.
Describe specific power needs for entertainment and/or Park power.	
How many generators will be used? (1) ON MICHIGA	N
How will the generators be fueled?DIESEL	
Name of vendor providing generators:	
Contact Person: IAMES WERHLE, XYZ POWER	
Address: 3549 ALIDA AVE.	Phone: 248-875-6070
City/State/Zip ROCHESTER HILLS, MI 48309	
Section	n 5- SALES INFORMATION
Will there be advanced ticket sales?	No
Will there be on-site ticket sales?	No ELIGHTING AND RINK ADMISSION
Will there be vending or sales?	□ No
X] Food [] Merchandise [X] No	on-Alcoholic Beverages [X] Alcoholic Beverages

Indicate type of items to be sold: FOOD TRUCKS, WORKING WITH PARC TO ADD-A-BAR ON MICHIGAN

Section 6- PUBLIC	SAFETY & PARKIN	G INFORMATION
Name of Private Security Company: Existing park con	tract security will be used.	
Contact Person: EAGLE SECURITY/ MATT WARN	NER	
Address:		Phone:734-306-4871
City/State/Zip:		
Number of Private Security Personnel Hired Per Shift:		
Are the private security personnel (check all that apply)):	
[] Licensed	[] Armed	[] Bonded
How will you advise attendees of parking options?		
WEBSITE		

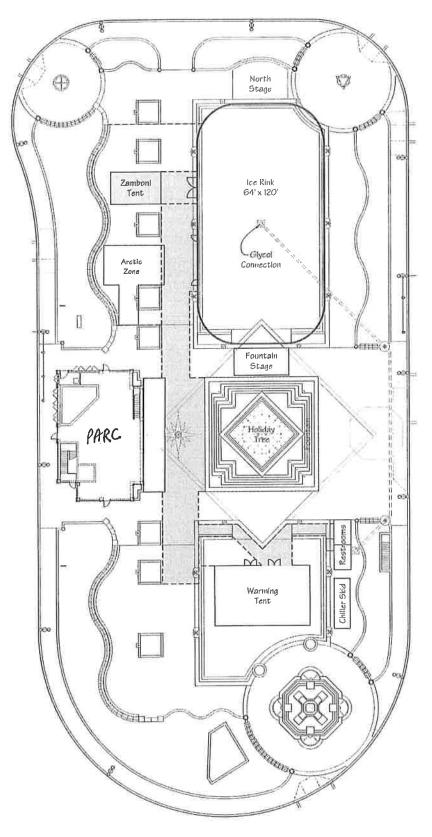
Section	7- COMMUNICATION	& COMMUNITY IN	MPACT	INFORMATION
How will your event imp ROAD CLOSURE FO	pact the surrounding community (i.e. OR TREE LIGHTING	pedestrian traffic, sound carr	ryover, safety	y)?
Have local neighborhood	d groups/businesses approved your e	vent?	☐ Yes	□ No
Indicate what steps you I	have or will take to notify them of yo	ur event;		
DDP COMMUNITY C	OUTREACH WITH ROAD CLOSU	RES FOR TREE LIGHTING		
	Section	8- EVENT SET-UP		
Complete the appropriate ca	tegories that apply to the event Struc	cture		
	How Many?	Cigo/Unight		
Booth	How Mally!	Size/Height		
Tents (enclosed on 3 sides)				
Canopy (open on all sides)	(1) 10' x 10' Sound tent by Rir (2) 10' x 10' Bar tent, 3 sides, (1) 10' x 10' tent, north end of (2) 10' x 20' tent, north end of (1) 20' X 40' Salvation Army S (1) 20' X 30' Salvation Army F (1) 15' x 15' Food prep tent be	open front, on Michigan CMP, in street, 3 side wa CMP, in park, 3 side wa Sponsor Tent on Monroe family Fun Tent on Monro	ll, open fro	
Staging/Scaffolding		:(
Bleachers	7		_	
Emergency medical services?	Section 9- COMPLI	ETE ALL THAT API	PLY	
Contact Person: Hart Medical	for Detroit's Tree Lighting			
Address: 220 Bagley, Suite 912		11-11-11-11-1		
City/State/Zip: Detroit, MI 482	26			
Name of company providing	port-a-johns. Scotty's Potties			
Contact Person: Lori Proctor				
Address: PO Box 530845		Phone: 73	4-421-1400	
City/State/Zip: Livonia, Ml 48	153			
Name of private catering com	pany? N/A		entration and the	

SPECIAL USE REQUESTS

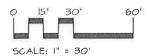
Attach a map or sketch of the proposed area for closure.

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.

STREET NAME: WOODWARD	112222	
FROM: STATE	TO: LARNED	
CLOSURE DATES: 11/15/18	BEG TIME: 11P	END TIME:
REOPEN DATE:11/17/18	_TIME:8A	- Finite-
STREET NAME: MICHIGAN	- Alle II	
FROM:GRISWOLD	TO: WOODWARD	5
CLOSURE DATES:1[/15/18	BEG TIME: 11P	END TIME:
REOPEN DATE:11/17/18	TIME:8A	
CTREET NAME. MONDOE		
STREET NAME: MONROE		
FROM: FARMER	TO:WOODWARD	
CLOSURE DATES:11/15/18	BEG TIME: 11P	END TIME:
REOPEN DATE:11/17/18	TIME:8A	
STREET NAME: <u>EAST & WESTBOUND CA</u>	DILLAC SQUARE	
FROM: BATES	TO:WOODWA	RD
CLOSURE DATES:11/15/18	BEG TIME: 11P	END TIME:
REOPEN DATE:11/17/18	_TIME:8A	-11
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		

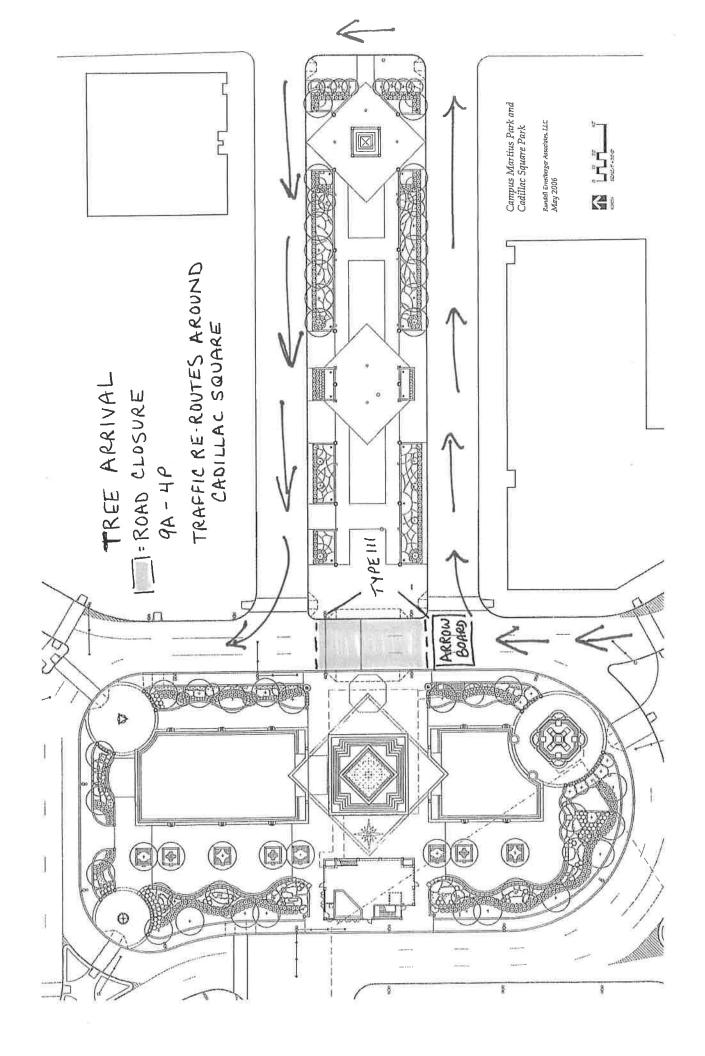


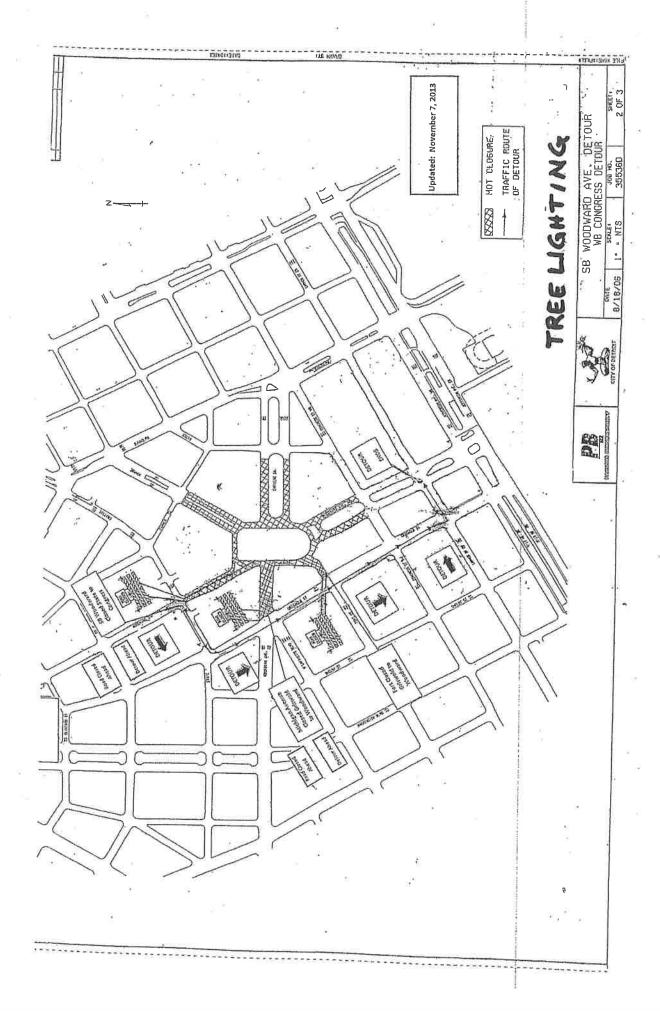


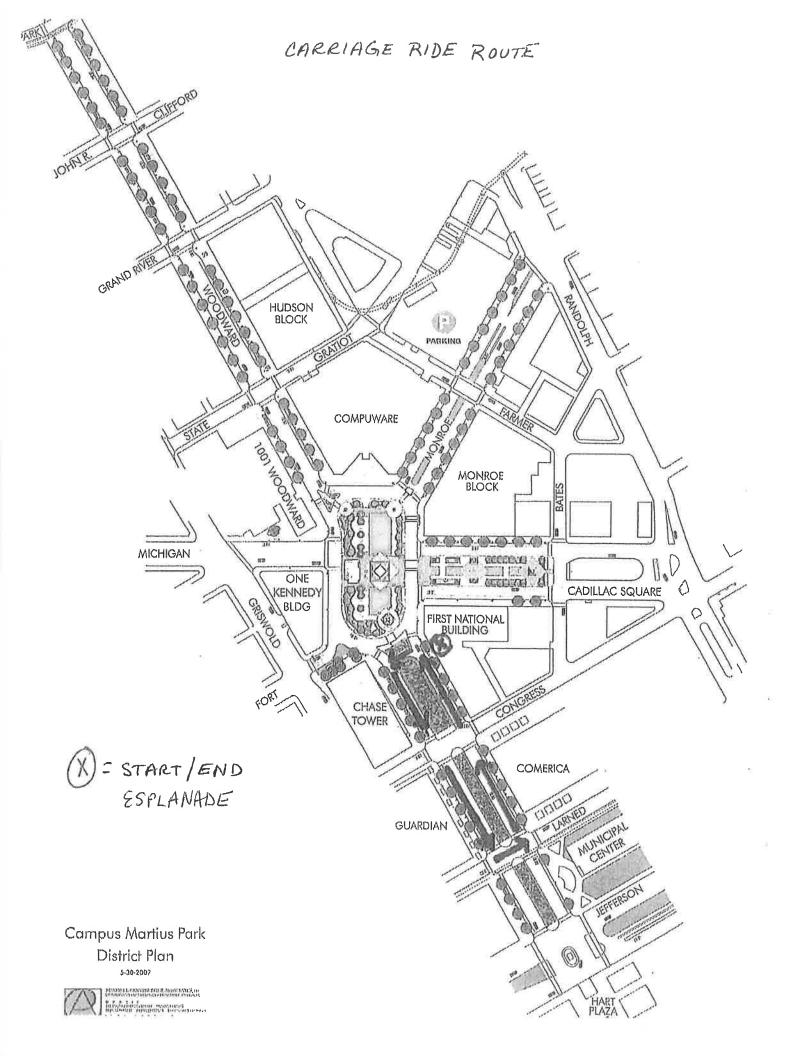


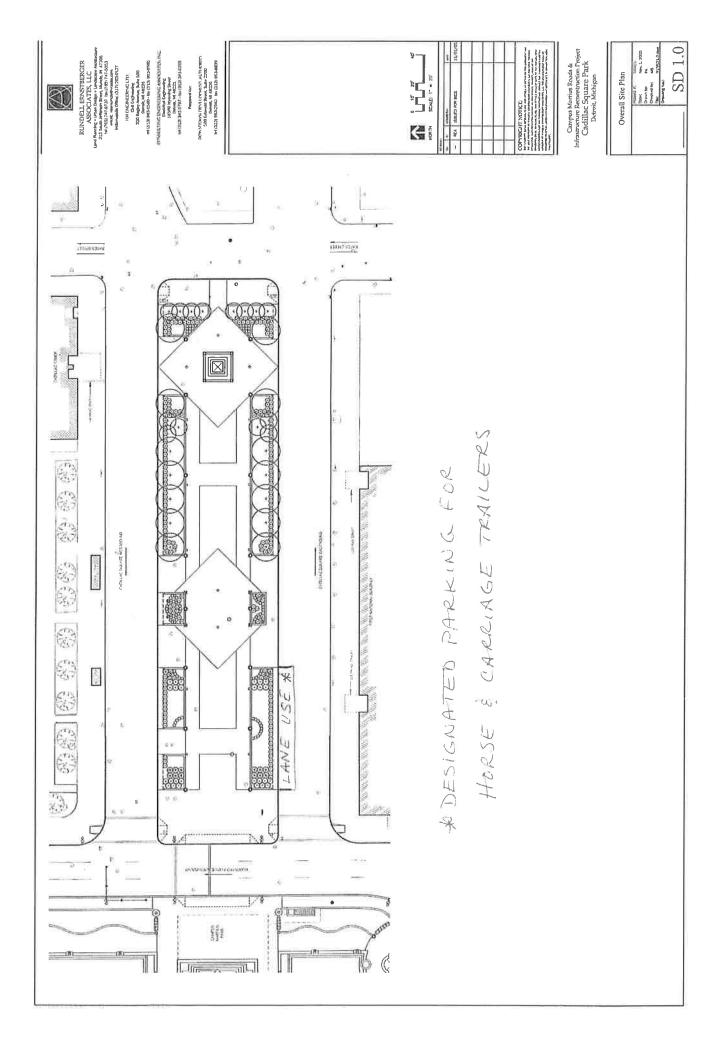
LAYOUT FOR:
ICE RINK & ASSOCIATED ACTIVITIES
CAMPUS MARTIUS PARK
DETROIT, MICHIGAN
9/22/2004











1)	CERTIFICATE OF INSURANCE - ON FILE
2)	EMERGENCY MEDICAL AGREEMENT
3)	SANITATION AGREEMENT – BLOCK BY BLOCK, PARTNER OF DDP
4)	PORT-A-JOHN AGREEMENT
5)	COMMUNITY COMMUNICATION

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

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.

4 Bad 9/12/18
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: 2018 WINTER MAGIC Event Date: NOV-MAR

_Date: 9/12/18

Applicant Signature:

SEASON OF WINTER MAGIC 2018 WILL INCLUDE THE FOLLOWING ACTIVITIES PRODUCED BY DETROIT 300 CONSERVANCY, AN AFFILIATE OF DOWNTOWN DETROIT PARTNERSHIP:

- DETROIT'S TREE LIGHTING, NOVEMBER 16, 5P MIDNIGHT
- THE RINK AT CAMPUS MARTIUS
 - o PREVIEW WEEKEND: NOVEMBER 9 11
 - O OPEN EVERY DAY NOVEMBER 16 MARCH 3, EVEN HOLIDAYS.
 - MON THUR. 11AM 10PM
 - FRIDAY 11AM MIDNIGHT
 - SATURDAY 10AM MIDNIGHT
 - SUNDAY NOON 10PM
 - O ARCTIC ZONE (RINK CONCESSIONS) AREA WILL BE ON THE WEST SIDE OF THE RINK, POTENTIALLY A DOUBLE DECKER TENT STRUCTURE WITH A BAR ON SECOND FLOOR
 - o BROOMBALL LEAGUE: MONDAYS & TUESDAYS, 6PM 10PM, BEGINNING JANUARY 7, 2019

CADILLAC SQUARE ACTIVATION

THE SALVATION ARMY RED KETTLE, NW CORNER OF CADILLAC SQUARE.

KIDZ ZONE

DATE & TIME TBD: OUTDOOR INTERACTIVE FUN (SPONSOR DEPENDANT)

HORSE &CARRIAGE RIDES

- (6) WEEKENDS NOVEMBER 16 DECEMBER 22
 - FRIDAYS & SATURDAY: 6PM MIDNIGHT
 - * ADDITIONAL DATES BETWEEN THE HOLIDAYS, DEC 26, 27, 28, 29, 30 (SPONSOR DEPENDANT)

STREET PERFORMANCES

- WEEKENDS NOVEMBER 16 JANUARY 1 OF POP-UP PERFORMANCES ON VARIOUS STREET CORNERS AND PLAZA AREAS IN THE CAMPUS MARTIUS DISTRICT TO PROVIDE ENTERTAINMENT AND EXCITEMENT FOR THE DOWNTOWN VISITORS
 - FRIDAYS, SATURDAY & SUNDAYS: TIMES VARY (SPONSOR DEPENDANT)

THE SALVATION ARMY RED KETTLE

- PLACEMENT ON CADILLAC SQUARE, NOVEMBER 5
- NOVEMBER 16 JANUARY 31

ADDITIONAL HOLIDAY LIGHTING & DECOR

- CAMPUS MARTIUS PARK WILL BE SHINING WITH 142,000 LED TWINKLE LIGHTS THAT ARE INSTALLED ON 80 TREES
- O ADDITIONAL HOLIDAY DECOR IN CAPITOL PARK, GRAND CIRCUS PARK, ESPLANADE AS BUDGET PERMITS

LOAD IN/OUT DETAIL

- 11/1: LOAD IN TREE PLATFORM, PEDESTRIAN SIDEWALK CLOSED, LANE CLOSED NEXT TO CMP, 9AM 4PM
- 11/5: ROAD CLOSES 9AM, LOAD-IN TREE (SEE TREE ARRIVAL MAP)
 - WORKING WITH TRAFFIC MANAGEMENT INC. TO COORDINATE CLOSURE WITH QLINE
 - O CRANE IS PLACED IN ROAD BETWEEN CAMPUS MARTIUS AND CADILLAC SQUARE. TRAFFIC ROUTES
 - LOAD OUT CRANE, ROAD OPENS 4PM
- 11/7: RED KETTLE INSTALL,
 - O 5A LOAD IN CRANE CURBSIDE WESTBOUND CADILLAC SQUARE, LOAD OUT FOR CRANE 7AM
- 11/15:
 - O NORTHBOUND AND SOUTHBOUND WOODWARD CLOSES, 11PM
 - LOAD-IN TENTS FOR TREE LIGHTING EVENT
 - TENTS FOR TREE LIGHTING
 - (1) 10' x 10' Sound tent by Rink
 - (2) 10' x 10' Bar tent, 3 sides, open front, on Michigan
 - (1) 10' x 10' tent, north end of CMP, in street, 3 side wall, open front,
 - (2) 10' x 20' tent, north end of CMP, in park, 3 side wall, open front,
 - (1) 20' X 40' Salvation Army Sponsor Tent on Monroe
 - (1) 20' X 30' Salvation Army Family Fun Tent on Monroe
 - (1) 15' x 15' Food prep tent behind Parc on Woodward
- 11/16: LOAD OUT TENTS, WOODWARD, OPEN BY 8A, 11/17
- FRIDAYS AND SATURDAYS NOVEMBER 16 DECEMBER 22, + 12/26-30 HORSE &CARRIAGE TRAILER
 - O LOAD IN, CURBSIDE AT CADILLAC SQUARE AT 4PM TO PREPARE FOR 6PM START ON ESPLANADE.
- 1/22 1/24: LOAD OUT TREE, NO ROAD CLOSURE NEEDED
- 1/25: LOAD OUT TREE PLATFORM, PEDESTRIAN SIDEWALK CLOSED, LANE CLOSED NEXT TO CMP, 9AM 4PM
- 1/31: LOAD OUT RED KETTLE, 5AM 7AM (or sooner depending on Winter Blast Load-in)



Christmas Tree Campus Martius Park Detroit's

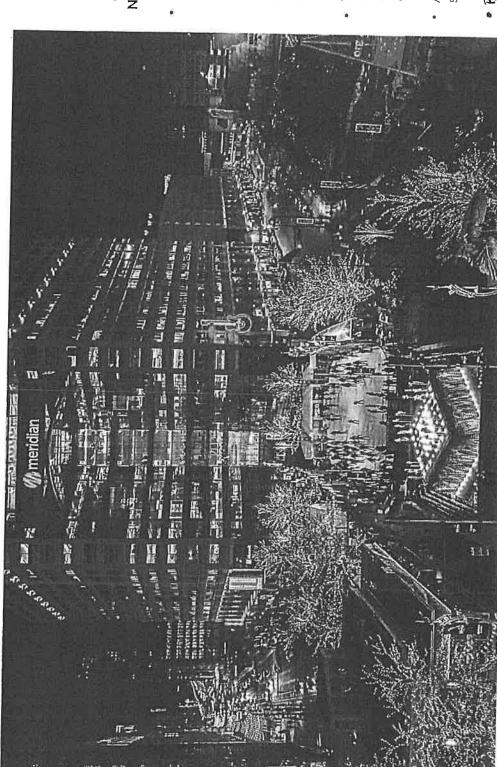
November 5, 2018 - January 22, 2019

stands as the focal point of the 19,000 multi-colored lights and placed in Campus Martius Park holiday season in the heart of The Michigan-grown tree Downtown Detroit. Once the tree is decorated with ornaments.

Target Demographic Families

Metro Detroit Residents
 Tourists and Visitors

Attracting crowds of 1M annually



The Rink

Campus Martius Park

November 16, 2018 - March 3, 2019 Open everyday, including holidays

- by Detroit's iconic skyline, The during winter season. Framed skating experience, The Rink skaters, Olympic champions Rink plays host to first time Michigan premier outdoor acts as the centerpiece of Detroit's Gathering Place and everyone in between
- Target Demographic o Families
- o Detroit Residents o Tourists and Visitors
- Attracting crowds of 70,000+ seasonally
- · Broomball League 1/7/19 2/26/19



O Petition of Downtown Detroit
Partnership, request to hold "2018
Winter Magic Events" at various
locvations on various dates beginning
November 5, 2018 and ending January
21, 2019 with set up beginning 11-118 and tear down complete 1-25-19.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT

MAYOR'S OFFICE BUSINESS LICENSE CENTER RECREATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

POLICE DEPARTMENT FIRE DEPARTMENT

(19)

MAYOR'S OFFICE COORDINATORS REPORT

OVER	RALL STATUS	(please	e circle): 🗸 🗸	APPROVE	DENIED N/A CANCELED
Petition	_{#:} <u>537</u>		Event Name: Slo	ow You	Role on Violence
	oate : Octobe				
Street C	olosure: None				
	ation Name: St		nding		
	ddress: Still S				
	date of the COM			N. Miller Te A.	
Date of	City Clerk's Depa	irtmenta	ll Reference Con	Application	1:
Due date	e ioi City Departr	nents re	eports:		Tr.
Duc date	e for the Coordina	ators Re	port to City Cleri	k:	
Event El	ements (check al	ll that ap	pply):		
Walka	athon	Carniva	I/Circus	Conce	ert/Performance Run/Marathon
Bike F	Race	Religiou	s Ceremony		al Ceremony Festival
Filmin	ng 🔲 i	Parade			_
Firewo	orks (Convent	tion/Conference		J = monotiation
	our Liquor Licen			V Other.	
	and and allocate	30			
		Pe	etition Commun	ications (ir	nclude date/time)
Walk to ra	aise awareness	on vio	ence from New	Center Pa	ark to Spirit Plaza along city sidewalks from
10:00am	- 1:00pm.				and to opinit I laza along city sidewalks from
_					
	** <u>ALL</u> _pem	nits and	license requirem	ents must	be fulfilled for an approval status **
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD				DPD will Provide Special Attention
	5, 5	Ш	V		
					No Permits Required
	DFD/ EMS	ш	\checkmark		To Formito Required
					No Downit D
	DPW		\checkmark		No Permits Required; W
	Health Dept.				
	ricaitir Dept.	✓			No Jurisdiction

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	·				, tadisional comments
	TED		\checkmark		No Barricades Required
	Recreation		V		Application Received & Approved as Presented
	Bldg & Safety	✓			No Jurisdiction
	Bus. License	V			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	✓			No Jurisdiction
	DDOT		✓		No Impact on Buses

MAYOR'S OFFICE

Signature: <u>Bethanie Lucher</u> Date: <u>September 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

Tuesday, September 25, 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 POLICE DEPARTMENT
BUSINESS LICENSE CENTER
DPW - CITY ENGINEERING DIVISION FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING

537 Still Standing, request to hold "Slow Your Role on Violence" at New Center Park area on 10/20/18 at 10:00 AM to 1:00 PM.

City of Detroit Special Events Application Speci

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.

a States a	Section 1- GENERAL EVEN	T INFORMATION
Event Name: Still Standing presents: S	low Your Role on Violence	
Event Location: New Center Park area		
Is this going to be an annual event? x	□ Yes □ No	
Section	n 2- ORGANIZATION/APPI	ICANT INFORMATION
Organization Name: Still Standing		
Organization Mailing Address: 7310 W	oodward Ave Suite 445 Detroit MI 48202	
Business Phone: 313 744 5697	Busines	s Website: stillstandingredeemed.org
Applicant Name: Shari Ware		
Business Phone: 313 744 5697	Cell Phone: 313 510 0	2733 Email: sware.stillstanding@gmail.com
Event On-Site Contact Person:		
Name: Shari Ware		
Business Phone:	Cell Phone: 313 510 0733	Email:sware.stillstanding@gmail.com
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: <u>Awareness Walk</u>
Please provide a brief description We would like to host a wa	of your event: Ik that's focus is to bring awareness	to violence.

What are the projected set-up, e	vent and tear d	own dates and	times (must be com	pleted)?		
Begin Set-up Date : NA	Time:	Com	plete Set-up Date:		Time:	
Event Start Date: 10/20/18	Time:	10:00am	Event End Date:	10/20/18		Time: 1:00pr
Begin Tearing Down Date: NA		Complete Tear	Down Date:			
Event Times (If more than one day, giv	ve times for each o	lay):				
	Section 3- L	OCATION/	SITE INFORM.	ATION		
Location of Event: New Center One as Martius).	rea We will be wa	lking Woodward	on the side walk only fr	om West Grand	Blvd. to Jefferso	on (Campus
Facilities to be used (circle): Stree	\mathbf{c}	Sidewalk	Park		City	
Facility						
Facility Please attach a copy of Port-a-John, Sa anticipated layout of your event include			agreements as well as a	site plan which i	illustrates the	
Please attach a copy of Port-a-John, Sa			-Location of First Aid -Location of First Aid -Location of fire lane -Proposed route for wallLocation of tents and -Sketch of street closus -Location of bleachers -Location of press are -Sketch of proposed light	alk/run canopies re		
Please attach a copy of Port-a-John, Sa anticipated layout of your event include -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	ling the following:		-Location of First Aid -Location of fire lane -Proposed route for ware -Location of tents and -Sketch of street closur-Location of bleachers -Location of press are	alk/run canopies re		
Please attach a copy of Port-a-John, Sa anticipated layout of your event include -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	ling the following:		-Location of First Aid -Location of fire lane -Proposed route for w -Location of tents and -Sketch of street closu -Location of bleachers -Location of press are -Sketch of proposed light	alk/run canopies re		
Please attach a copy of Port-a-John, Sa anticipated layout of your event include -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	ling the following:		-Location of First Aid -Location of fire lane -Proposed route for w -Location of tents and -Sketch of street closu -Location of bleachers -Location of press are -Sketch of proposed light	alk/run canopies re		
Please attach a copy of Port-a-John, Sa anticipated layout of your event include -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 Describe the entertainment for this ye	ling the following:	ion 4- ENTE	-Location of First Aid -Location of fire lane -Proposed route for w -Location of tents and -Sketch of street closu -Location of bleachers -Location of press are -Sketch of proposed light	alk/run canopies re		
Please attach a copy of Port-a-John, Sa anticipated layout of your event include -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 Describe the entertainment for this ye	Sectar's event: NA	ion 4- ENTE	-Location of First Aid -Location of fire lane -Proposed route for w -Location of tents and -Sketch of street closu -Location of bleachers -Location of press are -Sketch of proposed light	alk/run canopies re		

How many generators will be used?			
How will the generators be fueled?			
Name of vendor providing generators:			
Contact Person: NA			
Address:		Phone:	
City/State/Zip			
Will there be advanced ticket sales? x□ Yes If yes, please describe:	Section 5- SALES IN	FORMATION	
Will there be on-site ticket sales? $x\square$ Yes If yes, list price(s):	□ No \$25.00		
Will there be vending or sales?	□		
[] Food [] Merchandise [] Indicate type of items to be sold:	Non-Alcoholic Beverages	[] Alcoholic Beverages	
Section 6- PUB Jame of Private Security Company:	LIC SAFETY & PA	RKING INFORMATION	
Contact Person:			
Address: NA		Phone:	
City/State/Zip:			
umber of Private Security Personnel Hired Per Shi	ift:		
amber of firtude becarity forbonner fined for one			
	ply):		
re the private security personnel (check all that app	ply): [] Armed	[] Bonded	
re the private security personnel (check all that app		[] Bonded	

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Pedestrian traffic ☐ Yes □ No Have local neighborhood groups/businesses approved your event? Not yet! Indicate what steps you have or will take to notify them of your event: We will personally reach out to the neighborhoods groups/businesses for their support. 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) <u>NA</u> Canopy (open on all sides) NA Staging/Scaffolding NA Bleachers NA Section 9- COMPLETE ALL THAT APPLY Emergency medical services? Contact Person: NA Address: City/State/Zip: Name of company providing port-a-johns. Contact Person: NA Address: Phone: City/State/Zip: Name of private catering company? Contact Person: NA Phone: Address:

SPECIAL USE REQUESTS

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

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.**

STREET NAME: NA		
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:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

1)	CERTIFICATE OF INSURANCE
	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.

Shari Ware	10/10/20
Signature of Applicant	Date
	constitute approval of your event. Pending review by the Special Events of any requirements, fees, and/or restrictions pertaining to your event.
HOLD HARMLESS AND INDEMNI	
elected officials, appointed officials liability (or any claims in respect of to property, and reasonable outside at	nd hold the City of Detroit (which includes its agencies, officers, and employees) harmless from and against injury, loss, damage or he foregoing including claims for personal injury and death, damage orney's fees) arising from activities associated with this permit, except to ence or intentional act or omission of the City.
Applicant affirms that Applicant has re agrees to the terms expressed therein.	d and understands the Hold Harmless and Indemnification provision and
(Please Print)	
Event Name: Slow your ROLE on Vio	enceEvent Date: 10/20/18
Event Organizer: Shari Ware	
Applicant Signature:	Date:

2018-09-25

537 Petition of Still Standing, request to hold "Slow Your Role on Violence" at New Center Park area on 10/20/18 at 10:00 AM ;~ 1:00 PM.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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



18100 MEYERS
DETROIT, MICHIGAN 48235
(313) 224-1100 • TTY:711
(313) 224-3544
WWW.DETROITMI.GOV

September 17, 2018

Honorable City Council:

Re: Authorization to accept a donation of park equipment, a Garden Kiosk, to be installed at Romanowski Park.

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of park equipment from Sacred Roots Community Heritage Garden. The park equipment consists of a Garden Kiosk, to be installed at Romanowski Park.

Sacred Roots Community Heritage Garden will borne the costs of purchasing and installing the Garden Kiosk. The equipment is valued at \$300.00. The garden kiosk will provide a space to post information about the garden and upcoming community events.

We respectfully request your authorization to accept this donation of park improvements with a Waiver of Reconsideration

Sincerely,

La Juan Counts, Deputy Director



Resolution

Council Member	

Whereas, the General Services Department- Parks and Recreation Division is requesting authorization to accept a donation of park equipment, a Garden Kiosk from the Sacred Roots Community Heritage Garden to be installed at Romanowski Park. Improvements are valued at \$300.00.

Whereas, the garden kiosk will be used to post information about the garden and upcoming community events. This will be a small sign that will be both aesthetically pleasing and useful for the park and sounding community.

Resolved, the General Services Department - Parks and Recreation Division is authorized to accept a donation of park equipment, a garden kiosk, from Sacred Roots Community Heritage Garden to be installed in Romanowski Park.



Park Improvement Authorization Form

18100 Meyers Road, Upper Level Detroit, MI 48235

Requesting Organization Name: Sacred Roots	community Heritage Garden
Contact Name: Rosebud Schneicher	DPRD Property Name: Romanowski
Phone #: 313-846-3718 Fax #:	Property Address:
Address: 4880 Lawndale	Location of Improvement In Park:
Detroit MI 48210	
Email: <u>rschneider@aihfs.org</u>	Information Included with Request Submission:
J	☐ Letter of Request ☐ Site Plan ☐ Sketch
	Other:
Improvement / Project Description:	1
garden sign Kio	sts - see attached.
	VI
Estimated Value of Improvement / Project:	\$300
FUNDING SOURCE (optional)	
Have you already raised any money for this improvement? My group used a crowdfunding platform (see ioby.org/de We received a grant My group collected donations from the community without Other	ut using a digital platform
a one	
If using a crowdfunding platform to fundraise for this improvem	
If using a crowdfunding platform to fundraise for this improvem REQUIRED MAINTENANCE	
Constitution of the Consti	ent, provide the URL for your campaign page below:
REQUIRED MAINTENANCE ADVO. WEED AROUND	ent, provide the URL for your campaign page below:
REQUIRED MAINTENANCE AND AROUND PEDATR IF BROKEN	ent, provide the URL for your campaign page below:
REQUIRED MAINTENANCE ACCURT PEDALE General Services Dept Design Plan Reviewed General Services Dept Maintenance Required	ent, provide the URL for your campaign page below:



8/31/18

Janet Anderson, Director
Detroit Parks and Recreation Division
General Services Department
18100 Meyer Rd Detroit, MI

Dear Ms. Anderson,

On behalf of the Sacred Roots Community Heritage Garden (AIHFS), I am writing to offer our full assistance in purchasing and installing a garden kiosk at the farms space in Romanowski Park. The costs, approximately \$300 are being borne by the group mentioned above. These improvements will take place October, 2018. We have worked with community representatives to ensure these improvements are desired.

The Sacred Roots will oversee construction of the kiosk and any future maintenance needed to maintain the installation. This kiosk will provide a space to post information about the garden and upcoming community events. This will be a small sign that will be both aesthetically pleasing and useful for the park and community.

Thank you for your time and consideration.

Sincerely,

Rosebud Schneider

Sacred Roots Program Asst

American Indian Health and Family Services

313-846-3718

rschneider@aihfs.org

CITY CLERK 2018 SEP 28 FM311C

MEMORANDUM

TO:

Michael Duggan, Mayor

FROM:

Hon. Scott Benson, City Council District 3

CC:

Hon. Mary Sheffield, City Council Pro Tempore, Chair, Neighborhood & Community

Service Standing Committee

Hon. Janee Ayers, Chair, Budget & Finance Standing Committee

John Hill, CFO

Hon. Janice Winfrey, City Clerk David Whitaker, Director, LPD

Stephanie Washington, City Council Liaison

VIA:

Hon. Brenda Jones, City Council President

DATE:

20 Sep 2018

RE:

CHWMAAH

As per Sharon Rose's response memo dtd. 14 Mar 2018, please identify and allocate \$3.5 million in the FY 2019-20 budget to fund the Charles H. Wright Museum of African American History. This is a \$1.6 million increase over the FY 2018-19 budget. The increase should be used in the following manner: \$1.1 million should be classified as a capital improvement for the repair of the museum's roof and the additional \$500k should be used for operations. My office will work with the OCFO to identify \$1.6 million to fund this new expenditure.

As we look to care for our cultural gems it becomes ever more critical that we provide the proper financial support for our institutions and ensure these organizations are able to provide programing to the Metro-Detroit region's residents without fear of the roof falling in, or the inability to provide a safe and comfortable environment. I believe it is a regional shortcoming that this cultural gem, designed to tell the story of America's African descendants, does not have a dedicated revenue stream, i.e. millage, like its neighbor the Detroit Institute of Arts. Ms. Rose's memo response to the museum's capital improvement need is inserted below.

1) Please briefly explain the new capital funding requests MAAH is planning to implement in FY 2019. Please provide which Appropriation/Cost Center the new initiatives will affect in FY 2019.

The museum desires to replace the 21-year old roof system that is original to the building. The roof has exceeded it life expectancy and is exhibiting signs of shrinkage and deterioration. Once the membrane begins to degrade to this point, the seams beneath the ballast stone become more stressed, creating the potential for large seam failures. Unfortunately with a single –ply, ballasted EPDM roof system, there are no options for restoring the roof and repairs/maintenance costs are typically expensive due to the amount of labor required to find the leak area, remove the ballast stone, properly clean the membrane, and finally make the repair. Once the roof system reaches the end of its life, there are no other options other than replacement. There would be considerable cost, structural and potential health issues if the roof leaks are not addressed. Although some roof repairs have just been made, it was only designed to get the museum by until the necessary roof replacement is started. The total roof replacement cost is estimated at between \$900,000 and \$1.2 million dollars...

If you have any questions do not hesitate to contact my office at, 313-224-1198