

VOTE

10/2/18

DHS

Benson, Chair

# **NEW BUSINESS**

~~10~~ ~~11~~

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

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Receipt date of the <b>COMPLETED</b> 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

ENTERED OCT 01 2018

Move To New Business - PM (2.0)

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*

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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.

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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'S OFFICE 30 AUG 2016 11:00 AM

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

### Section 4- ENTERTAINMENT

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

- Singers  Magician  
 Musicians  Story Telling  
 Comedians  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

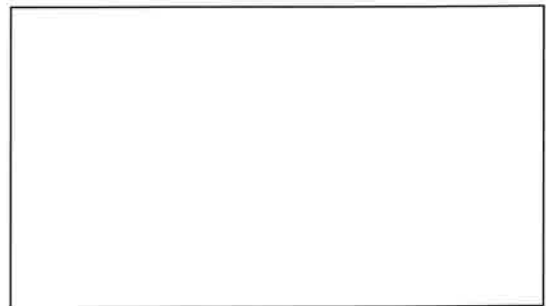
FROM Winder  
TO Adelaide

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 & AFFIDAVIT OF APPLICANT**

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

*Dayne Bartscht*

8/17/2018

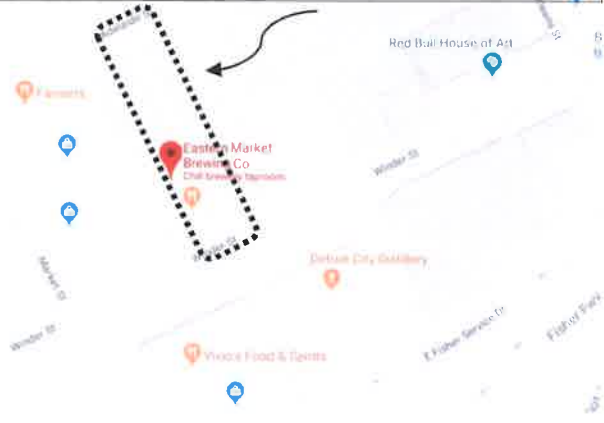
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Signature of Applicant

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.*

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**REFERRED TO THE FOLLOWING DEPARTMENT(S)**

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



~~12~~ 12

CITY CLERK 2018 SEP 24 AM 10:47

### MAYOR'S OFFICE COORDINATORS REPORT

26  
2

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 <b>COMPLETED</b> 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 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

ENTERED OCT 01 2018 *Move To New Business - PM(20)*

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

## DEPARTMENTAL REFERENCE COMMUNICATION

*Friday, September 21, 2018*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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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.

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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: 10<sup>th</sup> 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)	<u>18</u>	<u>see attached diagram, various sizes</u>
Canopy (open on all sides)	<u>8</u>	<u>10x10</u>
Staging/Scaffolding	<u>1</u>	<u>12x16 riser</u>
Bleachers	<u>0</u>	<u></u>

## 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**

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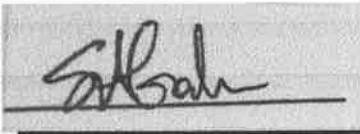
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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

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.

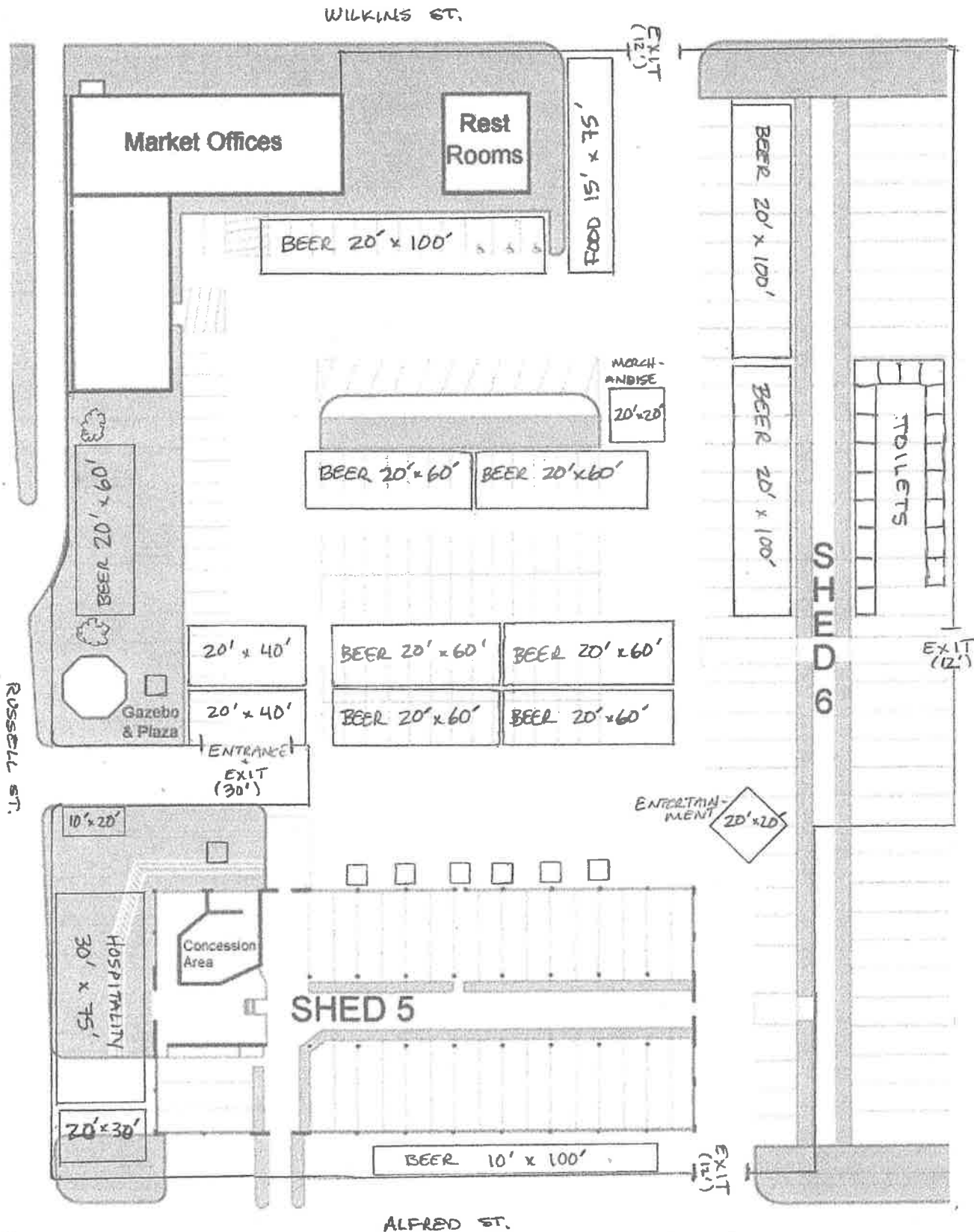
(Please Print)

Event Name: 10<sup>th</sup> 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
	<b>**TOILETS**</b>		
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
		<b>TOTAL:</b>	<b>6,690.00</b>

**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

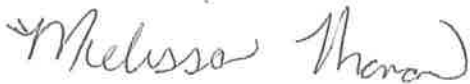
July 12, 2018

**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
<b>TOTAL AMOUNT DUE</b>					<b>\$4,947.00</b>

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











OFFICE OF CONTRACTING AND  
PROCUREMENT

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September 20, 2018

HONORABLE CITY COUNCIL:

The Office of Contracting and Procurement recommends a Contract with the following firm(s) or person(s):

2901532 100% Street Funding – AMEND 1– To Provide an Extension for the Work Related to Improvements and Renovations to the Traffic Engineering Administration Building. – Contractor: Detroit Building Authority – Location: 1301 Third, Suite 328, Detroit, MI 48226 – Contract Period: Upon City Council Approval through October 22, 2019 – Contract Increase: \$0.00 – Total Contract Amount: \$4,500,000.00. **DEPARTMENT OF PUBLIC WORKS**

**This contract Amendment is for an increase of Time Only.**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 2901532 referred to in the foregoing communication dated September 20, 2018 be hereby and is approved.

ENTERED OCT 01 2018

Move To Format - JA (310)  
New Business

OFFICE OF CONTRACTING AND  
PROCUREMENT

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September 20, 2018

HONORABLE CITY COUNCIL:

The Office of Contracting and Procurement recommends a Contract with the following firm(s) or person(s):

6000668      100% Street Funding – AMEND 1– To Provide Resurfacing and Misc.  
Construction Work on Cass Ave. – Contractor: Fort Wayne Contracting, Inc. –  
Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Period: Upon  
City Council Approval through December 31, 2019 – Contract Increase:  
\$725, 313.77 – Total Contract Amount: \$4,185,502.65. **DEPARTMENT OF  
PUBLIC WORKS**

This Contract Amendment is for an Increase in Funds Only.

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER \_\_\_\_\_ **BENSON** \_\_\_\_\_

**RESOLVED**, that Contract No. 6000668 referred to in the foregoing communication dated September 20, 2018 be hereby and is approved.

ENTERED OCT 01 2018

Move To Format - JA(2,1)RM  
New Business

OFFICE OF CONTRACTING AND  
PROCUREMENT

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September 20, 2018

HONORABLE CITY COUNCIL:

The Office of Contracting and Procurement recommends a Contract with the following firm(s) or person(s):

6001606      80% Federal Funding, 20% City Funding– To Provide Consulting Services for Traffic Management Center – Contractor: AECOM Great Lakes – Location: 400 Renaissance Drive, Suite 2600, Detroit, MI 48243 – Contract Period: Upon City Council Approval through September 30, 2021 – Total Contract Amount: \$2,812,500.00. **DEPARTMENT OF PUBLIC WORKS**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER \_\_\_\_\_ **BENSON** \_\_\_\_\_

**RESOLVED**, that Contract No. 6001606 referred to in the foregoing communication dated September 20, 2018 be hereby and is approved.

ENTERED OCT 01 2018

Move To Format - JA (310)  
New Business



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

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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

ENTERED OCT 01 2018 *More To New Business* - JA(310)

CITY CLERK 2018 SEP 20 AM 11:42

**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 Hepatitis A Response	173,750	100,000	273,750
Public Health Emergency Preparedness (PHEP) CRI 7/1/18 - 9/30/18	206,000	50,000	256,000
Public Health Emergency Preparedness (PHEP) CRI 7/1/18 - 9/30/18	0	58,189	58,189
Total Comprehensive Funding	0	58,189	58,189
	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 Performance	Minimum Number (e)	Percent	Contractor / Subrecipient (f)
Hearing ELPHS	Reg Alloc	P	0	ELPHS (3), (6)	N/A	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	N/A	Recipient
Hearing ELPHS	ELPHS Hearing	S	173,947	ELPHS (3), (6)	N/A	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	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	N/A	Recipient
	ELPHS MDHHS Other	S	500,000								Contractor
HIV Data to Care	Reg Alloc	P	326,376	Staffing (6)	N/A	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	Recipient
Immunization Action Plan (IAP)	Reg. Alloc.	F	312,331	Staffing (6)	N/A	N/A	N/A	N/A	N/A	N/A	Recipient
Immunization ELPHS	Reg. Alloc.	S	0	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization ELPHS	ELPHS MDHHS Other	S	1,200,000	ELPHS (3), (6)	N/A	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	N/A	Recipient
Local Tobacco Reduction	Reg. Alloc.	S	81,000								Subrecipient
Public Health Emergency Preparedness (PHEP) 10/1/17 - 6/30/18	Reg. Alloc.	S	30,000	Staffing (6)	N/A	N/A	N/A	N/A	N/A	N/A	Subrecipient
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	N/A	Recipient
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	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	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	N/A	Subrecipient

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

Category	Amount	Total
<b>DIRECT EXPENSES</b>		
<b>Program Expenses</b>		
1 Salary & Wages		
2 Fringe Benefits	0.00	0.00
3 Cap. Exp. for Equip & Fac.	0.00	0.00
4 Contractual	0.00	0.00
5 Supplies and Materials	250,278.00	250,278.00
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
<b>Total Program Expenses</b>	250,278.00	250,278.00
<b>TOTAL DIRECT EXPENSES</b>	250,278.00	250,278.00
<b>INDIRECT EXPENSES</b>		
<b>Indirect Costs</b>		
1 Indirect Costs	5,722.00	5,722.00
2 Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>	5,722.00	5,722.00
<b>TOTAL INDIRECT EXPENSES</b>	5,722.00	5,722.00
<b>TOTAL EXPENDITURES</b>	256,000.00	256,000.00

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

Category	Amount	Cash	Inkind	Total
<b>1 Source of Funds</b>				
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
<b>MDHHS Fixed Unit Rate</b>				
<b>Totals</b>	<b>256,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>256,000.00</b>

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3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>					
<b>Program Expenses</b>					
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
<b>Total for Contractual</b>					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.)				
<b>Total Program Expenses</b>					250,278.00
<b>TOTAL DIRECT EXPENSES</b>					250,278.00
<b>INDIRECT EXPENSES</b>					
<b>Indirect Costs</b>					
1	Indirect Costs				
	De Minimis Rate - up to 10%	0.0000	3.000	190741.000	5,722.00
2	Cost Allocation Plan / Other				
<b>Total Indirect Costs</b>					5,722.00
<b>TOTAL INDIRECT EXPENSES</b>					5,722.00
<b>TOTAL EXPENDITURES</b>					256,000.00



NCS

CITY OF DETROIT  
RECREATION DEPARTMENT  
ADMINISTRATION OFFICE

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

MS  
CW  
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September 17, 2018

Honorable City Council:

Re: Authorization to accept a donation of 200 trees from Southwest Detroit Business Association to be planted in various parks in Southwest Detroit area parks.

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of 200 trees from Southwest Detroit Business Association. The trees are to be purchased and planted in various Southwest Detroit parks (Patton, Kemeny, and Higgins Parks). The costs of approximately \$83,000, are being borne by Southwest Detroit Business Association

This park improvement is part of a larger goal to support the state of Michigan's efforts to link West Vernor to West Fort Street as the pedestrian/bike Iron Belle Trail. Tree planting will meet federal goals of reducing storm water run-off into the Rouge River and Detroit River.

The tree planting project will take place in October, 2018. SDBA has met with community representative to ensure these improvements are desired and complementary to the City's work. SDBA will obtain competitive proposals from landscape contractors to conduct the planting and provide maintenance throughout the 2019 growing season, in addition, the contract will include a one year warranty to remove and replace any dead trees.

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

Sincerely,

*Janet Anderson*  
Janet Anderson,  
Director

ENTERED SEP 27 2018 M.T.F. under NB (AS) 2-0 (MS; AS)  
(pending info. from Administration)

CITY CLERK 21 SEP 2018 AM 12:49



## Resolution

Council Member \_\_\_\_\_

**Whereas**, the General Services Department- Parks and Recreation Division is requesting authorization to accept a donation of 200 trees for park improvements from the Southwest Detroit Business Association to be purchased and planted in various Southwest Detroit parks (Patton, Kemeny, and Higgins). Improvements are valued at \$83,000.00

**Whereas**, this park improvement is part of a larger goal to support the State of Michigan's efforts to link West Vernor to West Fort Street as the pedestrian/bike Iron Belle Trail. Tree planting will meet federal goals of reducing storm water run-off into the Rouge River and Detroit River.

**Resolved**, the General Services Department - Parks and Recreation Division is authorized to accept a donation of 200 trees for park improvements from the Southwest Detroit Business Association.



**SOUTHWEST DETROIT**  
BUSINESS ASSOCIATION

September 10, 2018

Ms. Jan Anderson, Director  
Detroit Parks and Recreation Division  
General Services Department  
18100 Meyers Road  
Detroit, MI 48235

***RE: Formal Request for SDBA to plant trees on City Parks in SW Detroit***

Dear Ms. Anderson,

On behalf of the Southwest Detroit Business Association (SDBA), I am writing to request that SDBA be allowed to purchase and install/plant approximately 200 trees at various locations in the City of Detroit parks of Patton, Kemeny and Higgins in southwest Detroit. The costs, approximately \$83,000 are being borne by the SDBA through a grant awarded through the USDA-US Forest Service Great Lakes Restoration Initiative (GLRI). This effort is part of a larger SDBA goal to support the state of Michigan's efforts to link West Vernor to West Fort Street (from Springwells Village to the Boynton Neighborhood) as the pedestrian/bike Iron Belle Trail. SDBA has already secured a DNR Iron Belle Trail grant to design the trail, and a Community Foundation for Southeast Michigan Ralph C. Wilson, Jr. Legacy grant to fund the construction documents. The GLRI grant is a 3<sup>rd</sup> grant assisting us to green the Iron Belle Trail while meeting federal goals of reducing storm water run-off into the Rouge River and Detroit River.

These improvements will take place in October 2018. Besides meetings with the City of Detroit Recreation staff, we have also met with community representatives to ensure these improvements are desired and complementary to the City's work. We will be obtaining competitive proposals from landscape contractors to conduct the planting and provide maintenance (watering) throughout the 2019 growing season. The contract will also include a one-year warranty calling for any dead trees to be replaced.

Please let myself or Theresa Zajac know if you have any questions ([robertd@southwestdetroit.com](mailto:robertd@southwestdetroit.com); [theresaz@southwestdetroit.com](mailto:theresaz@southwestdetroit.com)).

We are pleased to provide additional greening to the City of Detroit and Southwest Detroit to enhance air quality, beautification, and decrease storm water run-off. Thank you for your attention and consideration of this request.

Sincerely,

Robert L. Dewaelsche, President

7752 WEST VERNOR HIGHWAY DETROIT, MI 48209-1516  
P 313 842 0986 F 313 842 8350 WWW.SOUTHWESTDETROIT.COM

BUSINESS BUILDING COMMUNITY. COMMUNITY BUILDING BUSINESS.





GENERAL SERVICES DEPARTMENT  
Parks & Recreation  
Division

## Park Improvement Authorization Form

Today's Date: \_\_\_\_\_

18100 Meyers Road, Upper Level  
Detroit, MI 48235

Requesting Organization Name: Southwest Detroit Business Association

Contact Name: Theresa Zajac

DPRD Property Name: Patton, Kemeny & Higgins Parks

Phone #: 313.842.0986 Fax #: 313.842.6350

Property Address: \_\_\_\_\_

Address: Southwest Detroit Business Association  
7752 West Vernor Hwy. Ste. 101 Detroit MI 48209

Location of Improvement in Park: \_\_\_\_\_  
See attached drawings

Email: theresaz@southwestdetroit.com

Information Included with Request Submission:

- Letter of Request     Site Plan     Sketch  
 Other: \_\_\_\_\_

### Improvement / Project Description:

With a GLRI grant administered through the U.S. Forestry Service, SDBA intends to plant approximately 200 trees of mostly native species in Patton, Kemeny and Higgins parks. Trees will be planted in the fall of 2018 with a one year guarantee. Watering will be provided under the grant throughout the 2019 growing season.

Estimated Value of Improvement / Project: \$83,000

### FUNDING SOURCE (optional)

Have you already raised any money for this improvement?

- My group used a crowdfunding platform (see [ioby.org/detroit](http://ioby.org/detroit) for more information)  
 We received a grant  
 My group collected donations from the community without using a digital platform  
 Other: \_\_\_\_\_

If using a crowdfunding platform to fundraise for this improvement, provide the URL for your campaign page below:

### REQUIRED MAINTENANCE

Maintenance will be funded and provided under the grant by a landscape contractor for one year.

- General Services Dept. - Design Plan Reviewed  
 General Services Dept. - Maintenance Required

GSD Project Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature: Robert L Dewaelesche

Print Name: Robert L Dewaelesche

On behalf of Organization: Southwest Detroit Business Assn.

Date: 9/10/18

**\*\* FOR GENERAL SERVICES DEPARTMENT - PARKS & RECREATION DIVISION USE ONLY \*\***

- Project Approved as Submitted
- Project Denied
- Project Approved w/ Changes (See Below)

\* Approved By GSD Director: Janet Anderson Date: 9-14-2018

\* Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director

**CHANGES REQUIRED FOR APPROVAL**

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RESOLUTION

**RESOLVED**, that in recognition of Election Day, the November 6, 2018, Formal Session of the Detroit City Council shall be rescheduled to Wednesday, November 7, 2018, at 10:00 a.m.; and **BE IT FURTHER**

**RESOLVED**, that the regularly scheduled meetings of the Internal Operations Standing Committee and the Budget, Finance and Audit Standing Committee scheduled for Wednesday, November 7, 2018, will be cancelled. The committees will reconvene at their regularly scheduled meeting times the following week.

CITY CLERK 2018 OCT 1 PM3:49