

Referrals

7/2/19

**PUBLIC HEALTH
AND SAFETY
STANDING
COMMITTEE**

51

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 806 Event Name: Hockeytown 5K

Event Date: September 8, 2019

Street Closure: Cass, W. Warren & Forest

Organization Name: RunningFlat USA

Street Address: 269 Walker Street Suite 238 Detroit, MI 48207

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Annual 5K Race from Little Caesars Arena and back to celebrate the Detroit Red Wings fans from 8:00am - 10:30am; with temporary street closures on Cass, W. Warren & Forest 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"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with DMC Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III 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"/>	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Juster

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, April 09, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

806 *RunningFlat USA, Inc, request to hold "HOCKEYTOWN 5K" at Little Caesars Arena on September 8, 2019 from 8am to 10:30 am with temporary street closures on Cass, W.Warren, 3rd, and Forest.*

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: HOCKEYTOWN 5K

Event Location: Little Caesars Arena

Is this going to be an annual event? **Yes** **No**

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: RunningFlat USA Inc.

Organization Mailing Address: 269 Walker Street, Suite 238, Detroit Michigan 48207

Business Phone: 519-980-5440 Business Website: www.runningflat.com

Applicant Name: Chris Uszynski

Business Phone: 519-980-5440 Cell Phone: 519-980-5440 Email: chris@runningflat.com

Event On-Site Contact Person:

Name: Chris Uszynski

Business Phone: 519-980-5440 Cell Phone: 519-980-5440 Email: chris@runningflat.com

Event Elements (check all that apply)

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

Please provide a brief description of your event:

Annual 5K Race from the LCA back to the LCA to celebrate the Detroit Red Wings with fans from all over North America

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 11/2/11 4:41 PM
 11/2/11 4:46 PM
 11/2/11 4:51 PM
 11/2/11 4:56 PM
 11/2/11 5:01 PM
 11/2/11 5:06 PM
 11/2/11 5:1

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

The Start Line is on Sproat St and the Finish Line is on Henry St. which are both closed roads. Below refers to the Course only.

Begin Set-up Date: Sunday September 8th Time: 7:30am Complete Set-up Date: Sunday September 8th Time: 8:00am

Event Start Date: Sunday September 8th Time: 8:00am Event End Date: Sunday September 8th Time: 10:30am

Begin Tearing Down Date: Sunday September 8th 10:15am Complete Tear Down Date: Sunday September 8th 10:30am

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: Little Caesars Arena

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 None Used
- Location of food booths None Used
- Location of garbage receptacles None Used
- Location of beverage booths None Used
- Location of sound stages None Used
- 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 None Used
- Sketch of street closure
- Location of bleachers None Used
- Location of press area None Used
- Sketch of proposed light pole banners None Used

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: Entertainment on the 5K Course are acoustic

musicians and DJs.

Will a sound system be used? Yes No

If yes, what type of sound system? Small 800W stand alone speakers

Describe specific power needs for entertainment and/or music: Power to be used by battery pack or Honda Generator

How many generators will be used? 1 to 2 Honda eu1000i generators

How will the generators be fueled? Before hand no extra fuel is required

Name of vendor providing generators:

Contact Person: Owned by RunningFlat

Address: _____

Phone: _____

City/State/Zip

Section 5- 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 there be vending or sales? Yes No
If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages 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: Johnny Jackson at Olympia Entertainment Little Caesars Arena

Address: _____

Phone: _____

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? We will send participants the Olympia parking maps and app to secure parking.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Cass Avenue will be closed down at 7:45 am on Sunday and will reopen no later than 10:30am. Pedestrians can walk between the runners to get to the other side of the street and there will some sound carry over throughout the 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: Illitch Holdings community liaison

personnel have been working with local groups in the area. Making sure all the churches in the area know about the detours.

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)	n/a	
Canopy (open on all sides)	n/a	
Staging/Scaffolding	n/a	
Bleachers	n/a	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? DMC Medical – 2 crew at finish and one on course

Contact Person: Jennifer Czuchaj

Address: 1600 East Grand Boulevard, Suite 200

City/State/Zip: Detroit, MI, 48211

Name of company providing port-a-johns. Parkway Services Inc

Contact Person:

Address: 2876 Tyler Road

Phone:

City/State/Zip:

Name of private catering company? N/A

Contact Person:

Address:

Phone:

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.

STREET NAME: Cass Ave
FROM: 1-75 **TO:** W Warren Ave

CLOSURE DATES: Sunday September 8th **BEG TIME:** 7:45am **END TIME:** 10:30am
REOPEN DATE: same **TIME:** 10:30am

STREET NAME: W Warren Ave (most southern land east bound)
FROM: Cass Ave **TO:** 3rd Ave north bound lane only

CLOSURE DATES: Sunday September 8th **BEG TIME:** 7:45am **END TIME:** 10:30am
REOPEN DATE: same **TIME:** 10:30am

STREET NAME: 3rd Ave north bound lane only
FROM: W warren Ave **TO:** Forest Ave

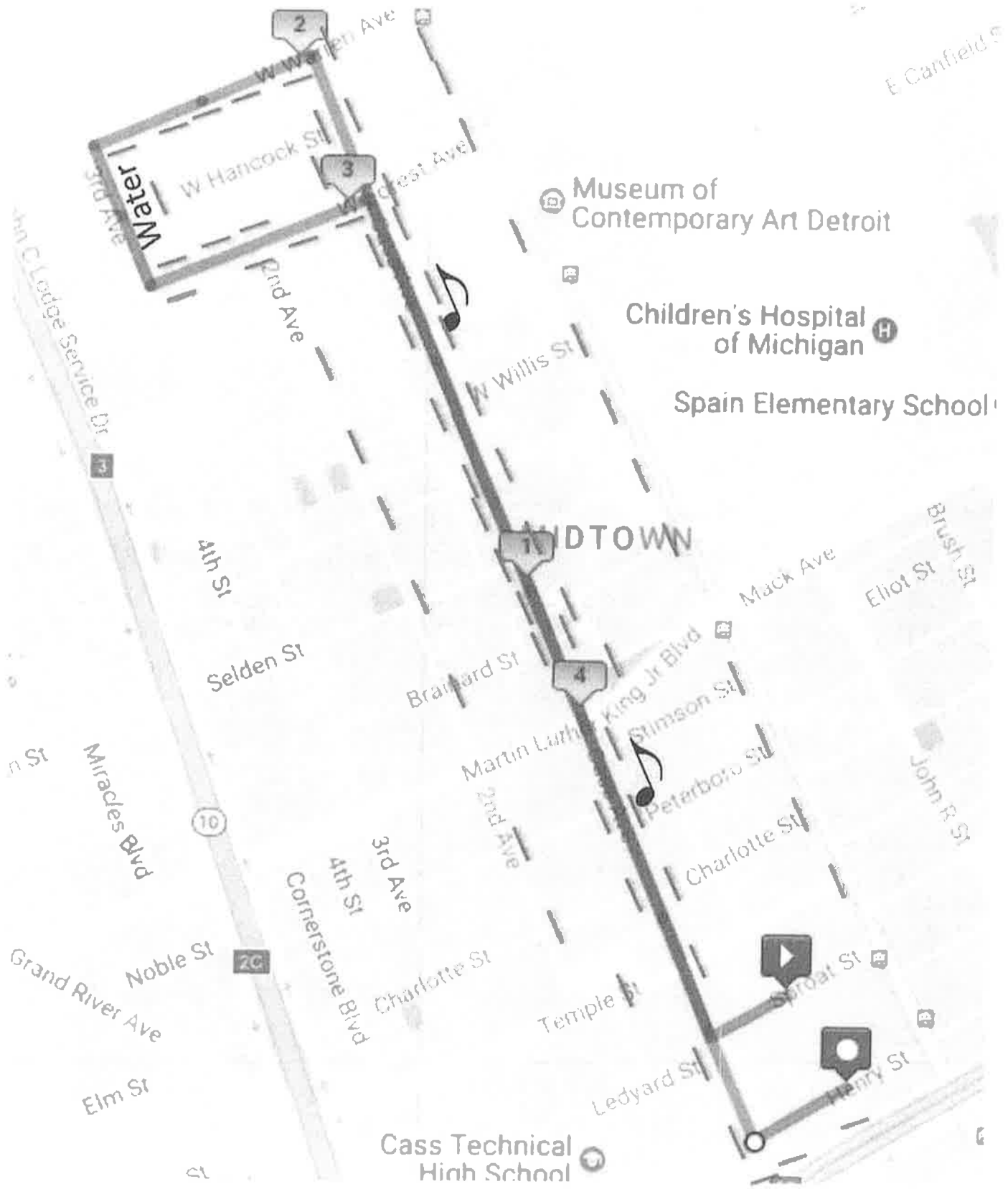
CLOSURE DATES: Sunday September 8th **BEG TIME:** 7:45am **END TIME:** 10:30am
REOPEN DATE: same **TIME:** 10:30am

STREET NAME: Forest Ave
FROM: 3rd Ave **TO:** Cass Ave

CLOSURE DATES: Sunday September 8th **BEG TIME:** 7:45am **END TIME:** 10:30am
REOPEN DATE: same **TIME:** 10:30am

STREET NAME: _____
FROM: _____ **TO:** _____

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



Museum of Contemporary Art Detroit

Children's Hospital of Michigan

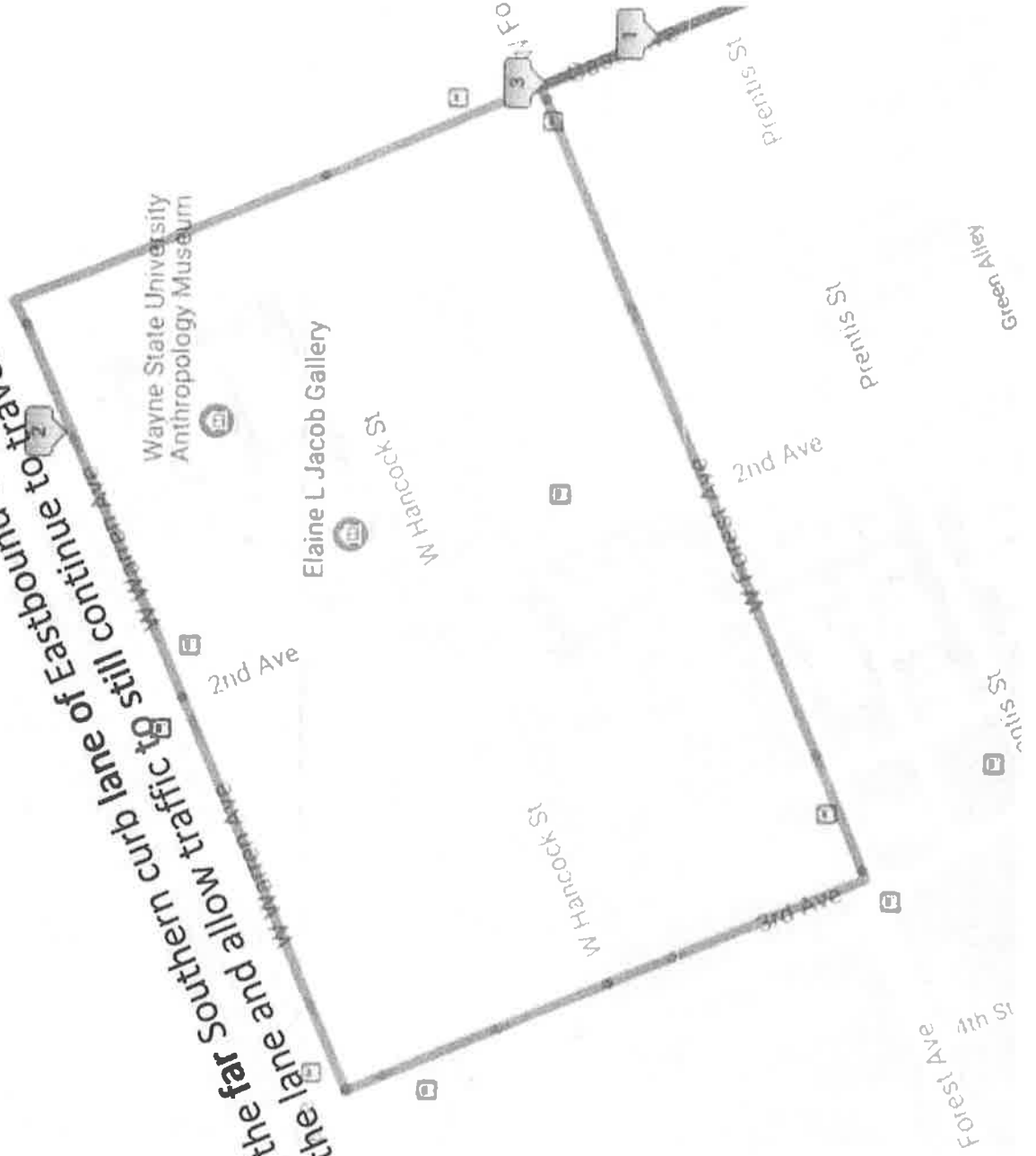
Spain Elementary School

DOWNTOWN

Cass Technical High School

David Adamany
Jergraduate Library

Only using the far Southern curb lane of Eastbound W Warren Ave
Pylon off the lane and allow traffic to still continue to travel Eastbound



Turn by Turn

Start line is on Sproat at Little Caesars Arena heading East to Cass Avenue

Right on to Cass North bound to W Warren Avenue
Left in the far southern curb East bound lane (only closing one lane)

W Warren Avenue to 3rd st (Northbound lane most Eastern curb lane closed) to W Forest Avenue -
Left onto W Forest Avenue East bound to Cass Avenue

Right onto Cass Avenue in the Southbound lanes to Henry St

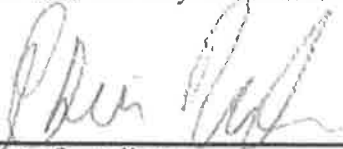
Left onto Henry Street into the finish line in front of Chevy Plaza LCA.

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

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

AUTHORIZATION & 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, 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.



April 4th 2019

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: Hockeytown 5K Event Date: **Sept 8th/19**

Event Organizer: Running Flat USA Inc

Applicant Signature:  Date: **April 4th/19**

52

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 814 Event Name: Jazz on the Grass 2019

Event Date : August 24, 2019

Street Closure: Stoepel & Stearns

Organization Name: St. Charles Lwanga Usher Ministry

Street Address: 10400 Stoepel Detroit, MI 48204

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

Event Elements (check all that apply):

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

24-Hour Liquor License

Petition Communications (include date/time)

Annual Outdoor Jazz Concert from 6:00pm - 10:00pm in the adjacent parking lot; with temporary street closure on Stoepel & Stearns.

**** 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 St. Charles Lwanga 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"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III 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"/>	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 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: B. Auster

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, April 15, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

814 *St. Charles Lwanga Usher Ministry, request to hold "Jazz on the Grass 2019" at 10400 Stopel, at 8-24-19 from 6PM - 10PM, Set-up on 8-23-19 @ 5PM, Tear down 8-24-2019 - 8-25-2019.*

814

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.

FORMERLY St. Cecilia Church

Section 1- GENERAL EVENT INFORMATION

Event Name: "JAZZ on the GRASS" 2019
Event Location: 10400 STOEPEL 48204

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: St. CHARLES LWANGA USHER MINISTRY
Organization Mailing Address: 10400 STOEPEL 48204
Business Phone: 313 933-6788 Business Fax:
Federal Tax ID #: 53-0196617

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

Applicant Name: JOHN HERMAN
Title/Role: PRESIDENT
Email Address: JOHNHERMAN@PEOPLEPC.COM
Mailing Address: 6329 GREENWOOD COURT VAN BUREN 48111
Business Phone: 313-378-8328 Business Fax: 734. 697-3713

Event On-Site Contact Person:
Mailing Address: SAME
Business Phone: 313-378-8328 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
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: _____

Provide a brief description of your event:

THIS WILL BE AN OUTDOOR JAZZ CONCERT, IN THE FENCED IN COURT YARD, WITH A BAND ON STAGE FOR 4 HOURS. (6:00-10:00 PM) WE WILL OFFER A FREE GLASS OF WINE, OR POP/WATER AND SOME SNACKS. WE WILL HAVE OUR OWN SECURITY. INSIDE RESTROOMS. NO VENDORS

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

Begin Set-up Date & Time: 8-23 Complete Set-up Date & Time: 8-24-19 5:00 P.M.

Event Start Date & Time: 8-24 6:00 PM Event End Date & Time: 8-24-19 10:00 P.M.

Begin Tearing Down Date: 8-24-19 Complete Tear Down Date: 8-25-2019

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

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? 2018

When was the event last held in Detroit? 8-18-2018

Where was the event last held in Detroit? 10400 STOEDEL

What were the hours last year? 6:00 - 10:00 P.M.

Project Attendance This Year (Minimum - Maximum)? 150 - 225

What is the basis for your projected attendance? PRIOR YEAR TICKET SALES

Please describe your anticipated/ target audience:

Is this going to be an annual event? Yes No

If yes, do you have a preferred/proposed for next year? AUGUST 2020

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

[] People [] Balloons

[] Floats [] Animals N/A

[] Vehicles [] Other: _____

[] Bands

If animals included, specify type, number and how used. N/A

Name of business supplying animal(s): _____

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Section 3- LOCATION/SITE INFORMATION

Location of Event: 10400 STOEPTEL AT STEARNS

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

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

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

Section 4- ENTERTAINMENT

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

- [X] Singers [] Magician
[X] Musicians [] Story Telling
[] Comedians [] Other:

Describe the entertainment for this year's event: JAZZ BAND MUSIC

List proposed entertainers and/or bands performing at the event: "Just Us" Band

Will a sound system be used? [X] Yes [] No

If yes, what type of sound system? SPEAKERS & AMPLIFYERS

- [] Acoustic-audible, sound heard within natural range
[X] Amplified-augmented, sound increased to broaden range
The amplified sound will be used:

Will the event consist of a musical concert? [X] Yes [] No

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

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

Describe specific power needs for entertainment and/or music: LOCAL DTE OUTLETS

How many generators will be used? NONE

How will the generators be fueled? N/A

Name of vendor providing generators:

Contact Person: N/A

Address: N/A Phone: _____

City/State/Zip: _____

Section 5- COMMUNICATION/ADVERTISING STRATEGY

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

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

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 ADVANCE SALES By the Ushers
If yes, please describe: _____

Will there be on-site ticket sales? Yes No \$ 15.00 per person
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: ST. CHARLES Lwanga Church

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: N/A

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

N/A

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

IN HOUSE PERSONNEL

Contact Person:

John HERMAN

Address:

6329 GREENWOOD CT VANBUREN

Phone: 313 378-8328

City/State/Zip:

VAN BUREN MI 48111

Number of Private Security Personnel Hired Per Shift:

IN HOUSE (WITH 10th PRECINCT)

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

N/A

Licensed

Armed

Bonded

Describe the emergency evacuation plan:

EXIT VIA GATES (2)

Describe the parking plan to accommodate anticipated attendance:

CHURCH PARKING LOTS

How will you advise attendees of parking options?

CELL PHONES

Are you seeking a group parking rate?

N/A (PARKING LOT FENCED AND SECURED)

ON CHURCH PROPERTY

Section 8- COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event?

Yes No

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

WENT TO THE 4 HOMES THAT ARE OCCUPIED.

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

VERBALLY (THEY ARE OFFERED FREE TICKETS)

SITE IS SURROUNDED BY: SCHOOL, CHURCH, GYM, RECTORY & BUSINESSES.

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

N/A

How Many?

Size/Height

Booth

Tent (enclosed on 3 sides)

Canopy (open on all sides)

N/A

Staging/Scaffolding

BAND STAGE

Bleachers

N/A

Company:

N/A

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

N/A

Provide Sketch:

Portable Restrooms:

ON SITE IN HOUSE

Standard

~~X~~ ADA Accessible

Vehicles

Type/Weight:

Other:

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

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

NO

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

NO

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

NO

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: IN HOUSE DUMPSTER

Address:

Phone:

City/State/Zip

Name of company providing emergency medical services? EMS

Contact Person:

Address:

City/State/Zip:

Name of company providing porta-johns. N/A

Contact Person:

Address:

Phone:

City/State/Zip:

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: STOEPEL + STEARN'S

FROM
TO

LOSER TO THE
PARKING LOT GATES

Closure Dates:

8-24-2019

Beg. Time:

5:00 PM

End Time:

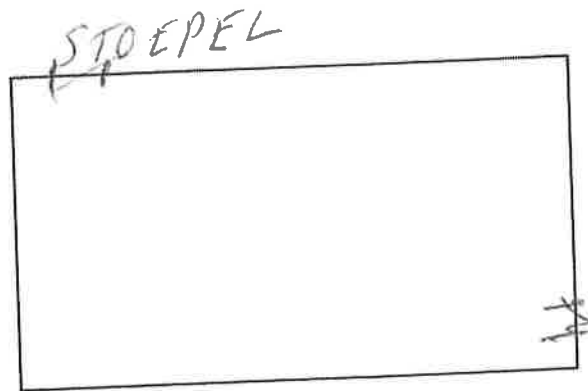
10:00 PM

Reopen Date:

8-24-2019

Time:

10:00 PM



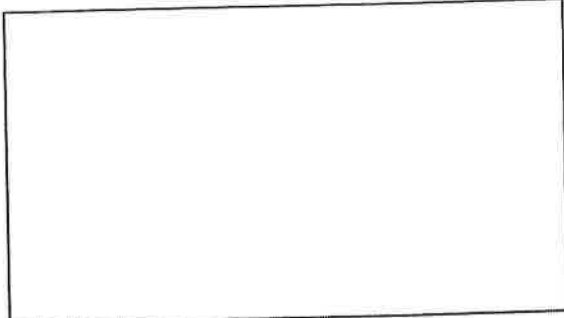
SEE ATTACHED
MAP

LOVERNOIS

STREET NAME: _____

FROM _____
TO _____

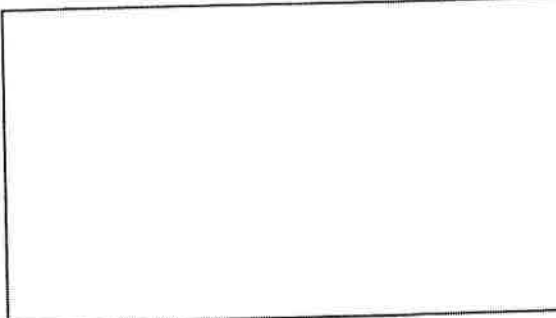
Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____



STREET NAME: _____

FROM _____
TO _____

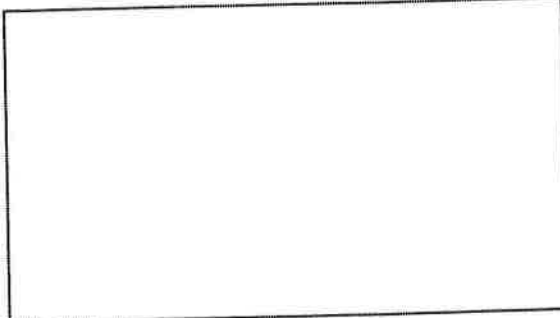
Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____



STREET NAME: _____

FROM _____
TO _____

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



Requested City Equipment *10th Precinct*

Provided In: *BARRIAGES* (year) *2018*

Current Request: *SAME* (year) *2019*

Street Closures: *STEARNS + STOEPEL*

- 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?

WE ARE COVERED BY THE ARCHDIOCESE OF DETROIT INSURANCE POLICY.

Michigan Sales and Use Tax Certificate of Exemption

TO BE RETAINED IN THE SELLER'S RECORDS - DO NOT SEND TO TREASURY.

This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1 - CHECK ONE OF THE FOLLOWING

One time purchase

Blanket certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)
Expiration date, if less than four years: _____

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from ST. CHARLES LWANGA PARISH and certifies
(Vendor's Name)

that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

All items purchased

Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

For Resale at Retail - Sales Tax Registration Number: _____

For Resale at Wholesale - No Number Required

For Lease - Use Tax Registration Number: _____

Agricultural Production - No Number Required (Describe) _____

Industrial Processing - No Number Required

Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)

Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling).

Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)

Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

ST. CHARLES LWANGA
Purchaser

10400 STOEPEL
Street Address

(313) 933-6788
Area Code / Telephone No.

DETROIT, MI
City State

48204
Zip Code

Theodore K Parker
Signature and Title

3/07/16
Date Signed

Theodore K Parker
Name (Print or Type)

53-0196617
Social Security No. or FEIN

LIVER NOIS

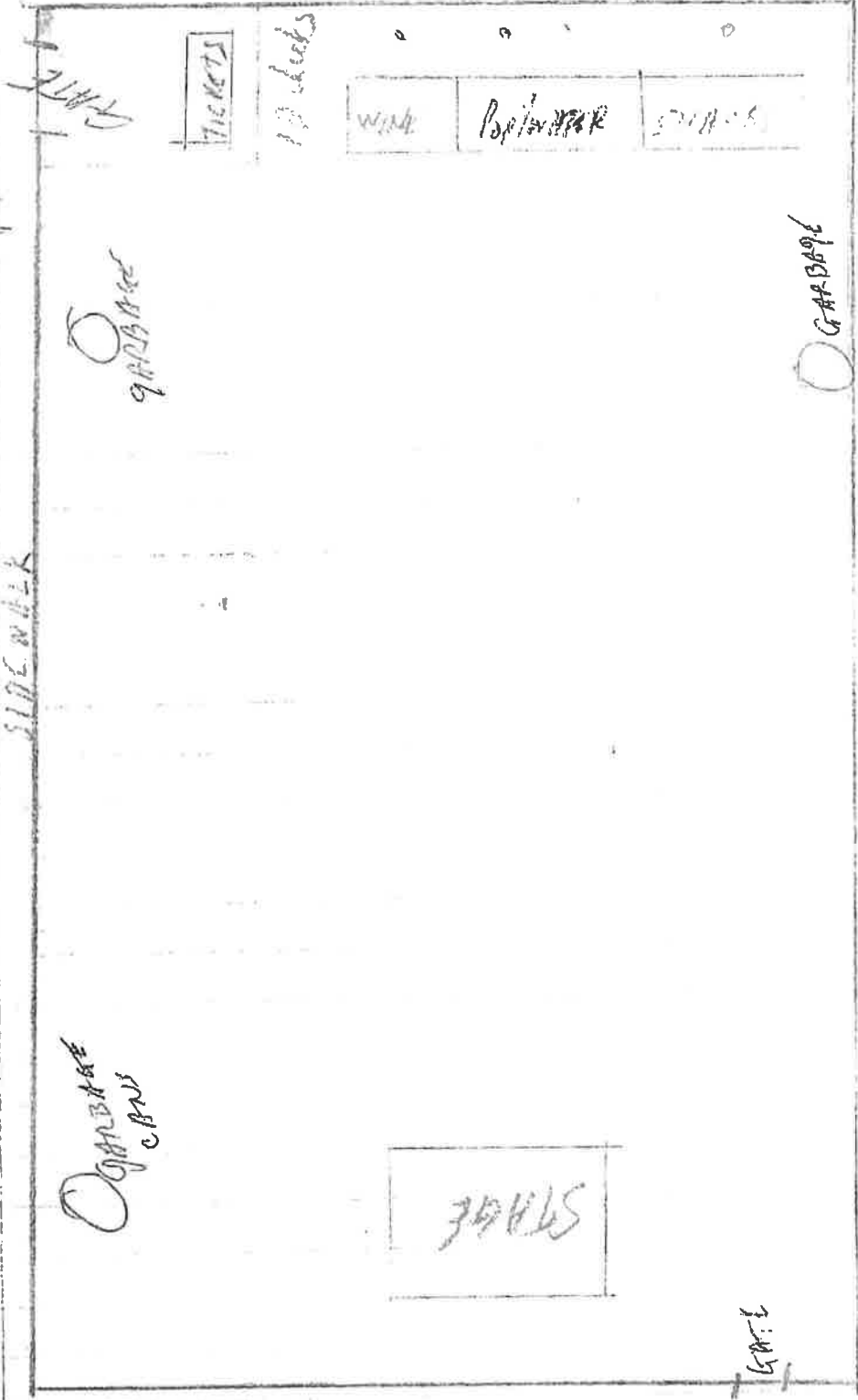
CHURCH BUILDING

FENCE

RESTROOMS

EXIT CLOSURE

CLOSURES



FENCED IN

EXIT

SIDE WALK

GARBAGE

GARBAGE

STAGE

GARBAGE

JAZZ ON THE GRASS 2019

NOT TO SCALE

6340

STAIRS

10400 STORETEL

STREET
RESTROOMS
EXIT

NEEDS

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

John A. Hema

03-21-2019

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.



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/13/2018

2018-19

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 300 Ottawa NW, Suite 301 Grand Rapids MI 49503	CONTACT NAME: PHONE (A/C, No, Ext): 616-233-0910 E-MAIL ADDRESS: PRODUCER CUSTOMER ID:	FAX (A/C, No): 616-233-0923
INSURED St. Charles Lwanga, Detroit, #1315 510 S. Capitol Ave Lansing, MI 48933	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Indemnity Company	NAIC # 25658
	INSURER B: Princeton Excess & Surplus Lines Ins Co	NAIC # 10786
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1869980148 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
B	X PROPERTY	N2-A3-EX-0000006-05	7/1/2018	7/1/2019	BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES			PERSONAL PROPERTY	\$
	BASIC	BUILDING			BUSINESS INCOME	\$
	BROAD	CONTENTS			EXTRA EXPENSE	\$
	SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE:				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				X BLANKET BLDG & PP	\$ 10 000 000
	X All Risk					\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
	CRIME					\$
	TYPE OF POLICY					\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
A	Property	KTK-XSP-3696X56-3-1A	7/1/2018	7/1/2019	X Bldg & PP	\$ 250 000 000

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All risk of direct physical damage to real & personal property of the insured & property of others for which the insured could be liable. Certificate holder named additional insured and loss payee.
** Excess of SIR \$1,000,000**
REGARDING LEASED KYOCERA COPIER. AGREEMENT NUMBER 013-0717907-000

CERTIFICATE HOLDER GREAT AMERICA FINANCIAL SERVICES PO BOX 660831 DALLAS TX 75266 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/13/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER
Arthur J. Gallagher Risk Management Services, Inc
300 Ottawa NW, Suite 301
Grand Rapids MI 49503

CONTACT NAME:
PHONE (A/C, No, Ext): 616-233-0910 **FAX (A/C, No):** 616-233-0923
E MAIL ADDRESS:
PRODUCER CUSTOMER ID:

INSURER(S) AFFORDING COVERAGE **NAIC #**
INSURER A: Travelers Indemnity Company 25658
INSURER B: Princeton Excess & Surplus Lines Ins Co 10786
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
St. Charles Lwanga, Detroit, #1315
510 S. Capitol Ave
Lansing, MI 48933

COVERAGES

CERTIFICATE NUMBER: 792056090

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
B	X PROPERTY	NZ-A3-EX-000006-05	7/1/2018	7/1/2019	BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES			PERSONAL PROPERTY	\$
	BASIC	BUILDING			BUSINESS INCOME	\$
	BROAD	CONTENTS			EXTRA EXPENSE	\$
	SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				X BLANKET BLDG & PP	\$ 10,000,000
X	All Risk					\$
						\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
						\$
	CRIME					\$
	TYPE OF POLICY					\$
						\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
A	Property	KTK-XSP-3696X56-3-18	7/1/2018	7/1/2019	X Bldg & PP	\$ 250,000,000
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All risk of direct physical damage to real & personal property of the insured & property of others for which the insured could be liable. Certificate holder named additional insured and loss payee.
** Excess of SIR \$1,000,000**
FOR LEASED EQUIPMENT: TOSHIBA E-STUDIO5560C T
AGREEMENT NUMBER 016-1014245-000

CERTIFICATE HOLDER

Millennium Business Systems
PO Box 660831
Dallas TX 75266-0831
USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

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53

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 815 Event Name: St. Aloysius 22nd Annual Block Party

Event Date : July 28, 2019

Street Closure: Washington Boulevard

Organization Name: St. Aloysius Church

Street Address: 1234 Washington Boulevard Detroit, MI 48226

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

St. Aloysius Church will host their 22nd Annual Block Party from 11:30am - 3:00pm free to attendees; with temporary street closure on Washington Boulevard between Grand River & State 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"/>	DPD will Provide Special Attention
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	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"/>	Temporary Food License Required

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

MAYOR'S OFFICE

Signature: B. Kusher

Date: 6-28-19

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, April 15, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

815 *St. Aloysius Church, request to hold "St. Aloysius 22nd Annual Block Party" at 1234 Washington Blvd. on 7/28/19 from 11:30 AM - 3:00 PM, Set-up on 7/28/19 from 7:30 AM to 10:30, Street Closure on Washington Blvd (northbound lanes only) between Grand River to State St.*

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: St. Aloysius 22nd Annual Block Party

Event Location: 1234 Washington Blvd, Detroit, MI 48226

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: St. Aloysius Church

Organization Mailing Address: 1234 Washington Blvd, Detroit, MI 48226

Business Phone: 313-237-5810 Business Website: www.stalsdetroit.com

Applicant Name: Tony Smith

Business Phone: 6463081626 Cell Phone: 9172874881 Email: tony.smith@att.net

Event On-Site Contact Person:
Name: Tony Smith

Business Phone: 6463081626 Cell Phone: 9172874881 Email: tony.smith@att.net

Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: Free Block Party

Projected Number of Attendees: 400-800

Please provide a brief description of your event:
We will be serving precooked burgers hotdogs soft drinks and ice cream to the people in our community from 11:30am to 3:00pm. The event is free of charge.

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

Begin Set-up Date 07/28/2019 Time: 7:30am Complete Set-up Date: 07/28/2019 Time: 10:30am

Event Start Date: 07/28/2019 Time: 11:30am Event End Date: 07/29/2019 Time: 3:00pm

Begin Tearing Down Date: 7/28/2019@3:00pm Complete Tear Down Date: 7/28/2019@6:00pm

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: 1234 Washington Blvd, Detroit, MI 48226

Facilities to be used (Check) Street Sidewalk Park _____ City _____

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

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Entertainment will be live music

Will a sound system be used? Yes No

If yes, what type of sound system? Amplified Sound

Describe specific power needs for entertainment and/or music:

1 dedicated 20 amp circuit

How many generators will be used? N/A

How will the generators be fueled?

Name of vendor providing generators:

Contact Person: N/A

Address:

Phone:

City/State/Zip

Section 5- 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 there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

N/A

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: N/A

Contact Person: N/A

Address:

Phone:

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?

N/A

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event? Yes No

Indicate what steps you have or will take to notify them of your event:
Visited local businesses and got signatures in support of the 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)	2	20'x40' each
Canopy (open on all sides)	3	10'x10' each
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: N/A

Address:

City/State/Zip:

Name of company providing port-a-johns: Scotty's Potties

Contact Person:

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 proposed area for closure.

STREET NAME: Washington Blvd (northbound lanes only)

FROM: Grand River Avenue **TO:** State Street

CLOSURE DATES: 7/28/19 **BEG TIME:** 7:00am **END TIME:**

REOPEN DATE: 7/28/19 @7:00pm **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

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

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

AUTHORIZATION & 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, 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.

eSigned via YourFreeDoc.com
Tony R. Smith
Key: w33f0a1f802b0a0704a71040230756

04/10/2019

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.

Event Name: St Als Annual Block Party **Event**
Date: 7/28/19

Event Organizer:
Tony Smith

Applicant Signature: eSigned via YourFreeDoc.com
Tony R. Smith
Key: w33f0a1f802b0a0704a71040230756
Date: 04/10/2019

MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

APPLICANT/BUSINESS CONTACT INFORMATION:

Organization/Business Name: St. Aloysius Catholic Church
 Main Contact: Loren Connell, OFM Email: brolocon@gmail.com
 Mailing Address: 1234 Washington Blvd City: Detroit State: MI Zip: 48226
 Primary Phone: 313.237.5810 Cell Phone: _____ Fax: 313.963.9076
 Alternative Contact Name: Tony Smith Phone: 917.287.4881

PUBLIC EVENT INFORMATION: Name of Public Event: St Aloysius Annual Block Party
 Food Service Start Date: 07 /28 /2019 Serving Start Time: 11:30 AM/PM
 Ending Date: 07 /28 /2019 End Time: 3:00 AM/PM
 When will food preparation begin? Date: 07 /28 /2019 Starting Time: 11:30 AM/PM
 Event Location (Name & Address): St. Aloysius 1234 Washington Blvd, Detroit, MI 48226
 Event Coordinator Name: Tony Smith Phone: 917287.4881

If Applicable, Non Profit Tax ID #: 53-0196617

I AM AWARE THAT EACH BOOTH MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED, AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE.

Applicant Name (Print) Tony Smith
 Applicant Signature: _____ Date: _____

Estimated Number of Meals to be Served Each Day: 2000

EQUIPMENT LIST:

Identify equipment used at your temporary food establishment. Check all boxes that apply.

- | | | |
|--|--|---|
| <p>A Hand Wash Station</p> <p><input type="checkbox"/> Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket</p> <p><input type="checkbox"/> Hand sink</p> <p><input checked="" type="checkbox"/> Self-contained portable unit</p> <p><input type="checkbox"/> Other _____</p> | <p>B Cooking/Reheating Equipment</p> <p><input checked="" type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Fryer</p> <p><input type="checkbox"/> Oven</p> <p><input type="checkbox"/> Roaster</p> <p><input type="checkbox"/> Other _____</p> | <p>C Cold/Hot Holding Equipment</p> <p><input type="checkbox"/> Ice chest/cooler with ice</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Steam table</p> <p><input checked="" type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Chafing dish w/ fuel</p> <p><input type="checkbox"/> Slow cooker/roaster</p> <p><input checked="" type="checkbox"/> Other <u>refrigerated truck</u></p> |
| <p>D Floor/Overhead Protection*</p> <p><input type="checkbox"/> Food is prepared & served indoors</p> <p><input type="checkbox"/> Floors are cleanable and Impermeable
Describe: _____</p> <p><input checked="" type="checkbox"/> Canopy/tent</p> <p><input type="checkbox"/> Screening</p> <p><input checked="" type="checkbox"/> Other <u>cement floor/street</u></p> | <p>E Cleaning/Sanitizing</p> <p><input type="checkbox"/> Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)</p> <p><input type="checkbox"/> Extra utensils</p> <p><input checked="" type="checkbox"/> Bucket with sanitizing solution and wiping cloth(s)</p> <p><input type="checkbox"/> Sanitizer</p> | <p>F Other</p> <p><input type="checkbox"/> Chemical test strips to test sanitizer solution</p> <p><input type="checkbox"/> Metal stem thermometer</p> <p><input checked="" type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Hair restraints</p> <p><input checked="" type="checkbox"/> Electricity available</p> <p><input type="checkbox"/> Water source (circle all that apply)</p> <p style="text-align: center;">Municipal/City <input type="checkbox"/> Water Well <input type="checkbox"/> Bottled <input checked="" type="checkbox"/></p> |

*If extensive food handling occurs, it must be done in a fully enclosed space.

FOOD PREPARATION AND MENU:

Only food and beverage items listed will be approved to serve.
Approval for any changes must be requested before the event.

Food	G Food Source (place/facility where food is purchased)	H Off-Site Prep Yes/No	I On-Site Prep Yes/No	J Transport to event? (Hot or Cold, What type of equipment for transport)	K Cold holding equipment used at event?	L Cooking/reheating equipment used? Final cook/reheat temperature?	M Cooling?	N Hot holding equipment used?
Example:		*1					*2	
Hamburger	Jane's Food Service	No	Yes	Cold, Ice Chest	On-site refrigerator	Grill, 155 °F	No	Steam table
Hot Dogs	Gordon's FS	No	Yes	Cold, Ref Truck	ref truck	Grill, 155 °F	No	No
Hamburgers	Gordon's FS	No	Yes	Cold, Ref Truck	ref truck	Grill, 155 °F	No	No
Cole Slaw	Gordon's FS	N/A	N/A	Cold, Ref Truck	ref truck	N/A	N/A	N/A
Buns	Gordon's FS	N/A	N/A	Cold, Ref Truck	ref truck	N/A	N/A	N/A
Ice Cream	Gordon's FS	N/A	N/A	Freezer Cart	Freezer Cart	N/A	N/A	N/A
Potato Chips	Gordon's FS	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*1 - IF FOODS ARE MADE OFF-SITE, PLEASE FILL OUT ADDENDUM A (COMMISSARY AGREEMENT)
*2 - IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE.

FOR LOCAL HEALTH DEPARTMENT USE:	
Notes:	Amount Paid: _____ Receipt Number: _____

APPENDUM A:

COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must obtain a review and approval, by the licensing agency, of the off-site kitchen facility at the time of license application. Inspection fees may apply if the facility is NOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:

I, _____ Licensed Food Service Operator/Owner _____ allow _____ Organization _____ to use _____

_____ Name & Address of Licensed Facility Used _____ Facility License Number _____

For: _____ Food Preparation _____ Cold Food Storage _____ Cooking _____ Cooling Food _____ Hot Holding _____

_____ Dry Food Storage _____ Warewashing _____ Approved Water Supply _____ Waste water Disposal _____

Other: _____

Date(s) Licensed Facility will be used for this event: _____ to _____ Time of use: _____ AM/PM to _____ AM/PM

Signature of Licensed Facility Owner/Operator

Date

For Office Use Only

APPROVED _____ DENIED _____

COMMENTS: _____

54

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 840 Event Name: Pure Detroit 5K

Event Date : August 11, 2019

Street Closure: Second, Chicago & Lothrop

Organization Name: Pure Detroit

Street Address: 3011 W. Grand Boulevard Detroit, MI 48202

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Annual 5K Run/Walk to raise awareness for the ROCK CF Foundation at Pure Detroit from 9:00am - 3:00pm; with temporary street closures on Second, Chicago & Lothrop.

**** 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"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input 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"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Kushner

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, April 30, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

840 *Rock CF Foundation, request to hold "Pure Detroit 5K" at Pure Detroit - Inside of the Fisher Building on 8/11/19 at 9AM - 1PM, Set up on 8/11/19 at 6AM - 9AM, Tear down on 8/11/19 after event, with multiple street closures.*

#840

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: PURE DETROIT 5K
Event Location: PURE DETROIT - INSIDE THE FISHER BUILDING

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Rock CF Foundation
Organization Mailing Address: 2990 W. Grand Blvd, STE M21 Detroit, MI 48202
Business Phone: 734-341-5867 Business Website: www.letsrockcf.org

Applicant Name: Emily Schaller
Business Phone: 734-341-5867 Cell Phone: 734-341-5867 Email: emily@letsrockcf.org

Event On-Site Contact Person:
Name: Emily Schaller
Business Phone: 734-341-5867 Cell Phone: 734-341-5867 Email: emily@letsrockcf.org

Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: _____

Projected Number of Attendees: 500-750

Please provide a brief description of your event:
4th annual 5K run / walk event to raise awareness and money for the ROCK CF Foundation.

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

Begin Set-up Date 08/11/19 Time:6:00am Complete Set-up Date:8/11/19 Time:9:00am

Event Start Date:8/11/19 Time9:00am Event End Date:8/11/19 Time:1:00pm

Begin Tearing Down Date:8/11/19 Complete Tear Down Date:8/11/19

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

9:00am for 5K

10:00am for New Kids 1 mile run

Section 3- LOCATION/SITE INFORMATION

Location of Event: Pure Detroit- 3011 W. Grand Blvd Detroit, MI

Facilities to be used (Check) Street Sidewalk Park City

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

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

PA for music and announcements at the start and finish line.

Will a sound system be used? Yes No

If yes, what type of sound system? PA

Describe specific power needs for entertainment and/or music:

How many generators will be used? 1

How will the generators be fueled?
Gas/Electric

Name of vendor providing generators:

Contact Person: Everal Race Management (Race Timing Company)

Address: _____

Phone: _____

City/State/Zip: _____

Section 5- 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 there be vending or sales? Yes No
If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

NA

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: NA

Contact Person: _____

Address: _____

Phone: _____

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?

Participants will be notified via multiple emails, the race website and on social media.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Interment road closures on race course.

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event;
We will contact neighborhood business and residents via direct mailing.

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)		
Canopy (open on all sides)	2	10 x 10
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Universal Macomb Ambulance Services

Address: 37583 Mound Rd.

City/State/Zip: Sterling Heights, MI 48310

Name of company providing port-a-johns: Acee Deucee

Contact Person: Jena Reiser

Address: 441 Carleton Rockwood Rd.

Phone: (734)782-3829

City/State/Zip: Carleton, Michigan 48117

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

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

STREET NAME: Lothrop (between 2nd & 3rd Avenue)

FROM: 8:50am **TO:** 10:30am

CLOSURE DATES: 8/11/19 **BEG TIME:** 8:50am-10:30am **END TIME:**

REOPEN DATE: 11:00am **TIME:**

STREET NAME: Second Avenue (between Lothrop & Chicago)

FROM: 8:50am **TO:** 10:30am

CLOSURE DATES: 8/11/19 **BEG TIME:** 8:50am-10:30am **END TIME:**

REOPEN DATE: 8/11/19 10:15am **TIME:**

STREET NAME: Chicago Boulevard

FROM: 9:00am **TO:** 9:45am

CLOSURE DATES: 8/11/19 **BEG TIME:** 9:00am-9:45am **END TIME:**

REOPEN DATE: 8/11/19 9:45am **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
INSURANCE**

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.

04/18/2019

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.

Event Name: 4th annual Pure Detroit 5K Run/Walk **Event**
Date: 8/11/19

Event Organizer:
ROCK CF FOUNDATION

Applicant Signature: _____
Date: 04/18/2019

55

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 843 Event Name: Dally in the Alley

Event Date: September 7, 2019

Street Closure: Forest, Second, Hancock & Third

Organization Name: North Cass Community Union

Street Address: 4632 Second Ave Detroit, MI 48201

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Annual Block Party & Festival from 11:00am - 11:00pm; with temporary street closures on Forest, Second, Hancock & Third.

**** 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"/>	DPD Assisted Event; Contracted with R&S to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	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"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors Licens & 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"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Kushner

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, April 30, 2019

To: *The Department or Commission Listed Below*

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

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

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

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

843 *North Cass Community Union, request to host "Dally in the Alley" at Forest & Second Ave and H-Shaped Alley on 9/7/2019 form 11AM - 11PM, Set up on 9/6 from 6PM to 9/7 11AM, Tear down beginning on 9/7/19 at 11PM and ending on 9/8/19 at 4PM, and multiple street closures.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office 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: **DALLY IN THE ALLEY**

Event Location: **FOREST & SECOND AVE AND H-SHAPED ALLEY**

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: **NORTH CASS COMMUNITY UNION**

Organization Mailing Address: **4632 SECOND AVE. DETROIT, MI 48201**

Business Phone: **313-570-5711**

Business Fax:

Federal Tax ID # **N/A**

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

Applicant Name: **MATTHEW KLIPPER**

Title/Role: **NCCU PRESIDENT**

Email Address: **M.KLIPPER@GMAIL.COM**

Mailing Address: **4632 SECOND AVE. DETROIT, MI 48201**

Business Phone: **313-570-5711**

Business Fax:.

Event On-Site Contact Person:

Mailing Address: **MATT KLIPPER - 4632 SECOND AVE. DETROIT, MI 48201**

Business Phone: **313-570-5711**

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
- Run/Marathon
- Political Event
- Parade
- Convention/Conference

- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks

- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: **BLOCK PARTY**

- Restricted Times for Parade in the Central Business District are: Monday – Friday 7:00 AM – 10:00 AM; Noon – 2:00 PM; 4:00 PM – 6:00 PM. And Special Events or Sporting Events.

- Applicants must reimburse the City of Detroit for costs associated with their Special Event, including but not limited to Detroit Police Department, Detroit Fire Department, Detroit Public Works, Health & Wellness Department, Building & Safety and Business License.

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

Begin Set-up Date & Time: 9/06/19 6PM Complete Set-up Date & Time: 9/07/19 11A

Event Start Date & Time: 9/07/19 11AM Event End Date & Time: 9/07/19 11PM

Begin Tearing Down Date: 9/07/19 11PM Complete Tear Down Date: 9/08/19 4PM

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? 1982-PRESENT

When was the event last held in Detroit? 2018

Where was the event last held in Detroit? SAME LOCATION

What were the hours last year? SAME HOURS

Project Attendance This Year (Minimum – Maximum)? 20,000 - 40,000

What is the basis for your projected attendance? BEVERAGE SALES

Please describe your anticipated/ target audience:

Is this going to be an annual event? Yes No

If yes, do you have a preferred/proposed for next year? ALWAYS THE SATURDAY AFTER LABOR DAY

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

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> People | <input type="checkbox"/> Balloons |
| <input type="checkbox"/> Floats | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Vehicles | <input type="checkbox"/> Other: <u>N/A</u> |
| <input type="checkbox"/> Bands | |

If animals included, specify type, number and how used. N/A

Name of business supplying animal(s): _____

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Section 3- LOCATION/SITE INFORMATION

Location of Event: SEE ATTACHED MAP

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
 Musicians
 Comedians
 Speakers
 Magician
 Story Telling
 Other: ARTWORK. KIDS FAIR

Describe the entertainment for this year's event: 4 MUSIC STAGES (SAME AS PAST 42 YEARS)

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

Will a sound system be used? Yes No
If yes, what type of sound system? _____

Acoustic-audible, sound heard within natural range
 Amplified-augmented, sound increased to broaden range
The amplified sound will be used: _____

Will the event consist of a musical concert? Yes No

If yes, what type of music? (check all that apply)
 Live Recorded Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: PATCHED INTO DTE (SAME AS PAST 42 YEARS)

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):
 Public Relations or Marketing Firm (Specify):

Contact Info:

- Raffle (List Item(s)):
 Billboards
 Posters
 Flyers
 Street Banners
 Other (specify): FACEBOOK / WWW.DALLYINTHEALLEY.COM

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: **LOCAL DETROIT GOODS**

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:
N/A

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: **BEER/WINE, WATER, T-SHIRTS & POSTERS**

Will these be exclusive vendors or outside vendors? (please describe): **NCCU AND OUTSIDE VENDORS**

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: **MATTHEW KLIPPER - R&S Employee Services**

Address: Phone: **313-570-5711**

City/State/Zip:

Number of Private Security Personnel Hired Per Shift: **30+**

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

- Licensed Armed Bonded

Describe the emergency evacuation plan: **Alley nearest Hancock and Second Ave.**

Describe the parking plan to accommodate anticipated attendance: **STREET PARKING**

How will you advise attendees of parking options? **WE ADVISE NEIGHBORHOOD ATTENDEES TO WALK**

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)?

STREET CLOSURES

Have local neighborhood groups/businesses approved your event?

Yes No

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

FLYERS AND NEIGHBORHOOD MEETINGS

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

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

Size/Height

Booth

Tent (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

TBD

N/A

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight:

Other:

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

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

N/A

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

N/A

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.
NO

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: **NCCU**

Address: **4632 SECOND AVE**

Phone: **313-570-5711**

City/State/Zip: **DETROIT, MI 48201**

Name of company providing emergency medical services?

Contact Person: **DETROIT FIRE DEPARTMENT**

Address:

City/State/Zip:

Name of company providing porta-johns. ACEE-DUCEE

Contact Person: **MATTHEW KLIPPER**

Address:

Phone: **313-570-5711**

City/State/Zip:

Name of private catering company? 10 FOOD VENDORS (TBD)

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: SEE ATTACHED MAP

FROM _____
TO _____

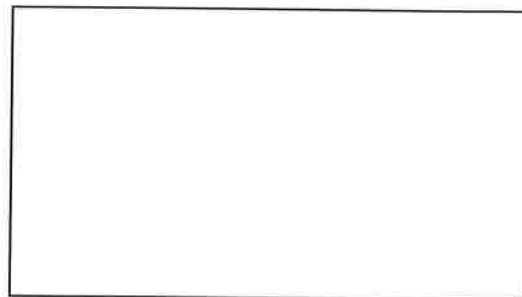
Closure Dates: _____

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: _____

Requested City Equipment

Provided In: **PAST 42 YEARS** (year)

Current Request: **2019** (year)

Street Closures:

Posting no parking signs
 Electrical Services

Light pole
 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?

RESPECTFULLY REQUEST TRASH PICK-UP IN ALLEY PRIOR TO EVENT ON 9/6/19

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.



04/19/2019

Signature of Applicant

Date

Matthew Klipper

4/19/19

313-570-5711

M.klipper@gmail.com

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.

COMMUNITY IMPACT SIGNATURE FORM

Page(s) _____ of _____

All information must be legible and the business/resident name(s) must be included. The signature form is required for business (es) and resident(s) within full or single lane closures, business (es)/residential properties within 300 ft on all sides from the closure perimeter, if parking equipment in front of business (es)/residential properties and if events are within a residential community/block.

On, _____ from _____ to _____; _____ is scheduled to take place at
 (Date) (Time) (Time) (Event Name)
 _____ We will have streets closed for _____ day (s).
 (Address) (Qty)

By signing, I verify that I have read the notification letter. I do not have any objections to the Special Events activity referenced above.

Business/Resident Name	Address	Print Name	Signature	Date Signed

The list above will be checked randomly for credibility. Any false information will be addressed and the Special Event Permit may be revoked. If a residential property, the owner or tenant must sign. If a business, the owner or manager must sign. Signatures of minors are not acceptable.

By signing, I verify that the information above is true and confirmed.

Authorized Signature-Applicant: _____ Date: _____

SPECIAL EVENTS CONTACT LIST

Department/Agency	Contact Person	Email Address	Phone Number
Building & Safety Department			(313)224-3259
Business License Department	Yakeima Fife	fifeya@detroitmi.gov	(313)224-0365
Campus Martius Park	Heather Badrak		(313) 962-0112
Clean Detroit	Ryan Epstein		(313) 354-1276
Coleman A. Young International Airport	Tyra Williams		(313) 833-7666
Detroit Police Department – Tactical Operations – Large Special Events and Parades in Downtown Area.	Sgt. Janae Stinson	Stinsonj251@detroitmi.gov	(313)237-2828
Detroit Police Department – Liquor License Division – 24 Hour Temporary Liquor License			(313) 596-1954
Detroit Fire Department	Capt. Eric Davis	daviser@detroitmi.gov	(313)596-2932
Detroit People Mover	Ericka Alexander	ealexander@thepeoplemover.com	(313)224-2148
Detroit Public Works – Right of Way Fees	Leslie Lord	lordl@cadtwr.ci.detroit.mi.us	(313)224-3935
Detroit Riverfront Conservancy			(313)566-8200
Eastern Market			(313)833.9300
Health & Wellness Department – Food License and Permits	Denise Talley-Ndiaye	talleyd@detroitmi.gov	(313)870-2729
Municipal Parking Department – Parking Meters Rentals	Linda Harris	harrisli@detroitmi.gov	(313)221-2520
Municipal Parking Department – Parking Lots/Garages	Angela Nash	nasha@detroitmi.gov	(313)221-2527
Mayor’s Office – Film, Culture and Special Events	Sommer Woods	woodss@detroitmi.gov	(313)224-1606
Recreation Department – Belle Isle Park	Tracy Lawrence	lawrenct@detroitmi.gov	(313) 628-2081
Recreation Department – Fort Wayne		fortwayneinfo@detroitmi.gov	(313) 628-0796
Recreation Department – Hart Plaza	Howard Nash	hnash@detroitmi.gov	313-877-8074
Recreation Department – (Excludes Hart Plaza, Belle Isle and Fort Wayne)	Lynn Shaw	lshaw@detroitmi.gov	(313) 877-8075

**2011 CITY OF DETROIT SPECIAL EVENTS
FEE SCHEDULE
(Fees are subject to change without notice)**

Department	Service Description	Fee
Business License	Business License Permit – Any goods that will be sold on the public right of way must obtain a permit per vendor. This includes dry goods, merchandise, food or beverage.	\$115 per point of sale. Late applications will be assessed late fees. Fee is waived if vendor is distributing materials complimentary. Example of fee waivers: Organizations passing out literature.
Building & Safety Engineering	Permit for Temporary Signage, electrical/generator, bleachers and tents larger than 10x10.	Fees Vary
Detroit Fire Department	Tent Inspection (not per tent) – tents less than or equal to 10x10.	\$111 / first hour / \$56 each add'l hr
Detroit Fire Department	Tent Inspection (not per tent) – larger than or equal to 10x10.	\$186 / first hour / \$56 each add'l hr
Detroit Fire Department	Fire Hydrant Deposit	\$210
Detroit Fire Department	Fire Hydrant Permit – 10 day minimum	\$75 / day
Detroit Police Department	Police Officer – (Four (4) Minimum per officer) Min. Detail is Three (3) Officers and One (1) Supervisor	\$38.38 / hr
Detroit Police Department	Supervisor – Four (4) hour minimum	\$49.03 /hr
Detroit Police Department	NO – PARKING Signs	\$1.50 per sheet
Detroit Police Department – Liquor License Unit	24 Hour Liquor License applications must be obtained from the State of Michigan website.	
Detroit Public Works	Barricades	A security deposit may be applicable.
Detroit Recreation Department		Fees Vary, refer to website www.detroitmi.gov for additional information.
Detroit Public Works – City Engineering	Right of Way (ROW) Permit – ROW Fee is applicable if applicant is charging a fee to an event on a public right of way.	\$400 per eight (8) hours / \$1,200 for 24 hour permit
Health & Wellness Department	Temporary Food License	\$250 per point of sale (Non Profits can be considered for discount permit fee). Late applications will be assessed a late fee. Fee is waived if vendor is distributing food complimentary, but an application must be completed. Example of fee waiver: food bank
Municipal Parking Department	Meter – if a street closure includes parking meters, the meter must be reserved for the day.	\$20 per day

**2011 SPECIAL EFFECTS/PYROTECHNICS
DETROIT FIRE DEPARTMENT
FEE SCHEDULE**

(Fees are subject to change without notice)

Department	Service Description	Fee
Detroit Fire Department	Fireworks / Explosive Storage – 1 – 100 LBS	\$157 per day
Detroit Fire Department	Fireworks / Explosive Storage – 101- 500 LBS	\$187 per day
Detroit Fire Department	Fireworks / Explosive Storage – 501 – 1,000 LBS	\$214 per day
Detroit Fire Department	Fireworks / Explosive Storage – 1,001 – 5,000 LBS	\$240 per day
Detroit Fire Department	Fireworks / Explosive Storage – 5,001 – 10,000 LBS	\$269 per day
Detroit Fire Department	Fireworks / Explosive Storage – OVER 10,000 LBS	\$297 per day
Detroit Fire Department	Fireworks/Pyrotechnics – Escort /Transport Explos Insp & Permit (RENEW)	\$223
Detroit Fire Department	Fireworks/Pyrotechnics – Escort /Transport Explos Insp & Permit (NEW)	\$445
Detroit Fire Department	Fireworks/Pyrotechnics – Fireworks Transport Permit (1-100 lbs)	\$129
Detroit Fire Department	Fireworks/Pyrotechnics – Fireworks Transport Permit (Over 100 lbs)	\$240
Detroit Fire Department	Fireworks/Pyrotechnics – Fireworks Display Witness	\$241
Detroit Fire Department	Fireworks/Pyrotechnics – Field Inspection	\$111
Detroit Fire Department	Plan Review - FBHR	\$116 / hr
Detroit Fire Department	On-Site Inspection / Review	\$111 / hr
Detroit Fire Department	Certificate of Fitness – One (1) year	\$56
Detroit Fire Department	Certificate of Fitness – Three (3) year	\$69
Detroit Fire Department	Chief	\$130 / hr
Detroit Fire Department	Safety Officer	\$130 /hr
Detroit Fire Department	Engine	\$130/hr
Detroit Fire Department	Ladder Truck	\$130 / hr
Detroit Fire Department	Squad / T.M.S	\$130 / hr
Detroit Fire Department	E.M.S.	\$130 /hr
Detroit Fire Department	Duty Officer	\$130 / hr
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid <51 GALS	\$73
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 51-100 GALS	\$130
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 101 – 1,000 GALS	\$270
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 1,001 – 5,000 GALS	\$325
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid 5,001 – 20,000 GALS	\$395
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam	\$506

	Liquid 20,001 – 100,000 GALS	
Detroit Fire Department	Manufact/Wholesale Pkgs/Stor Flam Liquid >100,001 GALS	\$1,093
Detroit Fire Department	Gas Storage – 3K-13k CU Ft	\$408
Detroit Fire Department	Gas Storage – 13,001-25K CU Ft	\$424
Detroit Fire Department	Gas Storage – Over 25K CU Ft	\$520
Detroit Fire Department	Gas Storage – Over 25K CU Ft	Detroit Fire Department
Detroit Fire Department	Gas Storage – One (1) Torch Unit	\$21
Detroit Fire Department	Gas Storage – Temp Instal of Flam Compressed Liquid Gas	\$111
Detroit Fire Department	Consultation	\$111 / first hour / \$56 each add'l
Detroit Fire Department	Miscellaneous Request	\$111 /hr

ANTHONY WAYNE DRIVE

THIRD AVE.

FOREST AVE.

PRENTIS ST.

RESIDENT PARKING LOT LOT 53

DUMPSTER

ELECTRONIC STAGE LOADING ZONE

WEST BEER GARDEN

FOOD TRUCK

BEER

HANCOCK ST.

VENDORS

PORTA POTTIES

EMERGENCY EVAC AREA - KEEP CLEAR

GARDEN STAGE LOADING ZONE

FOREST AVE.

FOOD VENDORS

FOREST STAGE

BEER

VENDORS

KIDS FAIR

EAST BEER GARDEN

FOOD TRUCK

BEER

SECOND AVE.

VENDORS

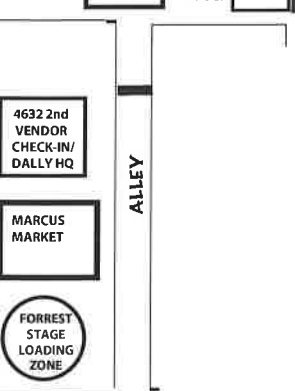
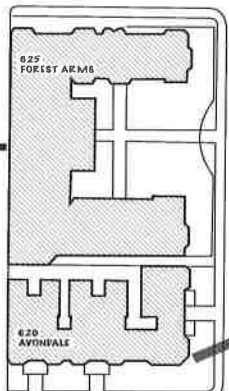
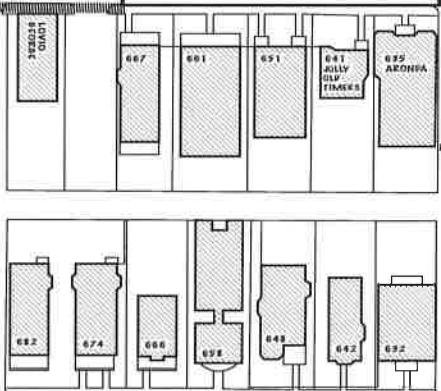
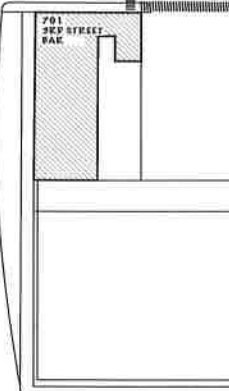
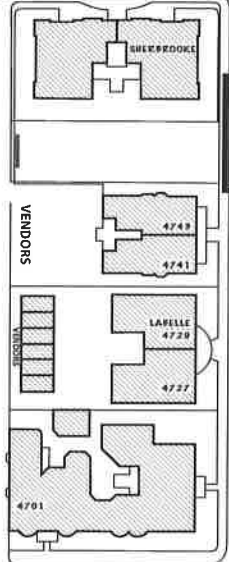
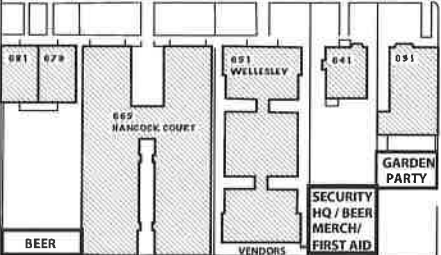
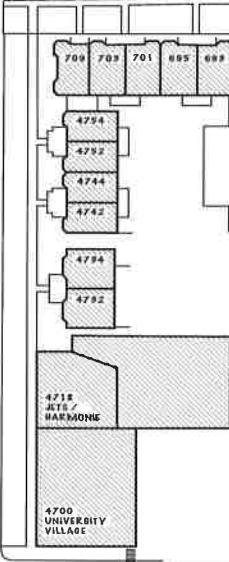
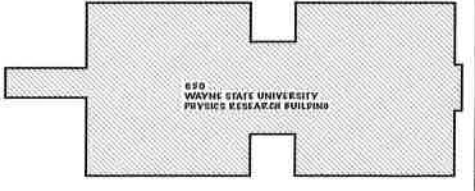
4632 2nd VENDOR CHECK-IN/ DAILY HQ

MARCUS MARKET

FORREST STAGE LOADING ZONE

ENTRANCE POINT SECURITY

ALLEY



2019 DALLY IN THE ALLEY SITE PLAN

SECURITY KEY

- PARKING
- TYPE-3 BARRICADE

56

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 919 Event Name: CruisIN The D

Event Date : August 17, 2019

Street Closure: None

Organization Name: CruisIN the D Nonprofit Organization

Street Address: 1401 W. Fort Detroit, MI 48244

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Annual Car Showcase from Woodward & 6 Mile to Palmer Park from 9:00am - 8:30pm.

**** 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"/>	DPD Assisted Event
	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"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input 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: B. Jushier

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

919 *CruisIN' The D' Nonprofit Organization, request to hold "CruisIN' The D' at Woodward Ave. at 6 mile to Palmer Park at 8/17/19 from 9am - 8:30pm, Set-up on 8/17/19 from 6am - 8am, Tear down following event.*

City of Detroit Special Events Application

8/17/2019

#919

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office 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: CruisIN' The D'™

Event Location: Woodward Ave. at 6 mile to at Palmer Park

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: CruisIN' The D'™ Nonprofit Organization

Organization Mailing Address: 1401 west fort ~~442346~~ St., Detroit, MI 48244

Business Phone: 313-510-8276

Business Fax: 313-922-1124

Federal Tax ID # 46-5478594

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

Applicant Name: Nikki Howard-Combs

Title/Role: Executive Director - CruisIN' The D'™ - 71550P (ID Number)

Email Address: nikkihc@12nvevents.com/GJRASSOC@AOL.COM

Mailing Address: 1401 west Fort #2346., Detroit, MI 48226

Business Phone: 313-510-8276

Business Fax: 313-922-1124

Event On-Site Contact Person:

Mailing Address: Nikki Howard-Combs

Business Phone: 313-608-8357

Business Fax: 248-624-0683

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

List Event Sponsors: Ford Piquette, musuem ...public school

Event Elements (check all that apply)

Walkathon

Run/Marathon

Political Event

Parade

Convention/Conference

Carnival/Circus

Bike Race

Festival

Sports/Recreation

Fireworks

Concert/Performance

Religious Ceremony

Filming

Rally/Demonstration

Other: /Car Showcase

- Restricted Times for Parade in the Central Business District are: Monday - Friday 7:00 AM - 10:00 AM; Noon - 2:00 PM; 4:00 PM - 6:00 PM. And Special Events or Sporting Events.

- Applicants must reimburse the City of Detroit for costs associated with their Special Event, including but not limited to Detroit Police Department, Detroit Fire Department, Detroit Public Works, Health & Wellness Department, Building & Safety and Business License.

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

Begin Set-up Date & Time: 8/17/19 - 6am Complete Set-up Date & Time: 8/17/19 - 8am

Event Start Date & Time: 8/17/19 - 9am Event End Date & Time: 8/17/19 - 8:30pm

Begin Tearing Down Date: 8/17/19 Complete Tear Down Date: 8/17/19

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? 2015

When was the event last held in Detroit? August 18, 2018

Where was the event last held in Detroit? Palmer Park, Detroit

What were the hours last year? 9am - 9pm

Project Attendance This Year (Minimum - Maximum)? 300 - 400

What is the basis for your projected attendance? Community response to marketing and partner marketing efforts social media

Please describe your anticipated/ target audience:

Is this going to be an annual event? Yes No

If yes, do you have a preferred/proposed for next year? 350 Detroiters, Car Enthusiast and Car Collectors

If a parade is planned, indicate elements (check all that apply):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> People | <input type="checkbox"/> Balloons |
| <input type="checkbox"/> Floats | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Vehicles | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> 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: Woodward Ave. beginning at 6 Mile at Palmer Park

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 |

AUTHORIZATION & AFFIDAVIT OF APPLICANT

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


Signature of Applicant

5/23/2019

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.

57

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 921 Event Name: Lions Pregame Tailgate

Event Date : Various Dates

Street Closure: Brush & Adams

Organization Name: Ford Field

Street Address: 2000 Brush Street Suite 200 Detroit, MI 48226

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Ford Field will host a tailgate before each Detroit Lions homegame during the 2019 Season with music, activations and food trucks.

**** 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"/>	DPD Assisted Event; Contracted with SAFE Management to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Superior EMS to Provide Private EMS Services
	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"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III 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"/>	Permits Required for Zip Line
	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"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Ausher

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To: *The Department or Commission Listed Below*

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

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

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

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

921 *Ford Field, request to host "Lions Pregame Tailgate" at the Brush St. & Adams St. outside of Ford Field, on 8/2/19 - 12/29/19 with various times, Set-up to begin 4 hours before start of event, Tear down two hours at the end of the event, multiple street closures*

City of Detroit Special Events Application

8/2/2019

#921

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: Lions Pregame Tailgate

Event Location: Brush St and Adams St outside of Ford Field

Is this going to be an annual event? Yes No Depends on Lions Schedule

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Ford Field

Organization Mailing Address: 2000 Brush St, Suite 200 Detroit, MI 48226

Business Phone: 313-262-2000

Business Website: www.fordfield.com

Applicant Name: Kristen Dale

Business Phone: 313-262-2187

Cell Phone: 989-529-2059

Email: Kristen.Dale@lions.nfl.net

Event On-Site Contact Person:

Name: Ryan Marut

Business Phone: 313-262-2166

Cell Phone: 313-549-6604

Email: Ryan.Marut@lions.nfl.net

Event Elements (check all that apply)

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

Projected Number of Attendees: 3,000-6,000

Please provide a brief description of your event:

Tailgate area prior to all Detroit Lions home games with music, activations, food trucks, etc.

Consistent with prior NFL seasons.

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

Begin Set-up Date: _____ Time: _____ Complete Set-up Date: _____ Time: _____
 Setup will begin 4 hours prior to start each day. See below for specific dates and times.

Event Start Date: _____ Time: _____ Event End Date: _____ Time: _____
 Start times vary. See below for dates and times.

Begin Tearing Down Date: _____ Complete Tear Down Date: _____
 Tear down will be complete within 2 hours after the end of the game.

NOTE: For the 9.28 and 9.29 dates, we may leave this set up overnight. This is still TBD.

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

(8.2, 4p-8p), (8.8, 4:30p-7:30p), (8.23, 5p-8p), (9.15, 10a-1p), (9.28, 9a-12p), (9.29, 10a-1p), (10.20, 10a-1p), (10.27, 10a-1p), (11.17, 10a-1p), (11.28, 10a-1p)
 (12.15, 10a-1p), (12.29, 10a-1p)

Section 3- LOCATION/SITE INFORMATION

Location of Event: Brush St btwn Beacon and Montcalm; Adams St btwn John R and Brush

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

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: Layout consistent with prior year's events.

- 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:

DJ

Will a sound system be used? Yes No

If yes, what type of sound system? Portable speakers

Section 5- 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 there be vending or sales? Yes No

If yes, check all that apply:

- Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold: T-Shirts, Hats, Jerseys, other Lions Merch, Hot Dogs, Soda, Water, Beer

Will there be food trucks? Yes No

If yes, please list how many: Varies each week (1-4)

Will there be a charge for parking? Yes No

If yes, please describe the amount: No separate parking fee applies to the events. Parking is charged for NFL games in general.

How will you advise attendees of parking options? Signage and Website

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: S.A.F.E. Management

Contact Person: Jon Seibt

Address: 2000 Brush St.

Phone: 313-262-2273

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift: TBD

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

Licensed

Armed

Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Event is open to the public. Peds are welcome to walk through. Security will be on site to ensure safety of guests. Applicant also enters into various contractual services

agreements with each of the City of Detroit, the Wayne County Sheriff's Office and the Michigan State Police for uniformed and undercover day-of-event law enforcement services

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event: Ford Field neighbors have been notified of the Lions

schedule and are aware of this event related to each Lions game

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Power, if needed, is accommodated by connection to Ford Field building power.

Name of vendor providing generators: Contact Person: *N/A*

Address: _____

Phone: _____

City/State/Zip: _____

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)		
Canopy (open on all sides)		
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Superior

Address: _____

City/State/Zip: _____

Name of company providing port-a-johns.

Contact Person: Bob's Sanitation Service Inc.

Address: _____

Phone: _____

City/State/Zip: _____

Name of private catering company? Levy Restaurants

Contact Person: Matt Svacina

Address: 2000 Brush St.

Phone: 313-262-2182

City/State/Zip:

Detroit, MI 48226

SPECIAL USE REQUESTS

Brush Street & Adams St (specific areas below) are closed as part of DPD's gameday security plan and this event is held within the same area

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.

Will there be street closures? Yes No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: Brush St.

FROM: Beacon TO: Montcalm

CLOSURE DATES: Each Event Day BEG TIME: 4 Hours Prior to Start Time END TIME: 2 Hours After Lions Game Ends

REOPEN DATE: _____ TIME: _____

STREET NAME: Adams St.

FROM: Brush TO: John R

CLOSURE DATES: Each Event Day BEG TIME: 4 Hours Prior to Start Time END TIME: 2 Hours After Lions Game Ends

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**

Insurance certificate attached. There are no separate contracts or agreements for the remaining services as these services are included within the scope of normal operations for Ford Field and the surrounding area on NFL gamedays and there are no agreements for these services that are specific to the events for which this application is being filed.

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, 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.

Kristen Dale 5.23.19
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: Lions Pregame Tailgate Event

Date: Various - See Above

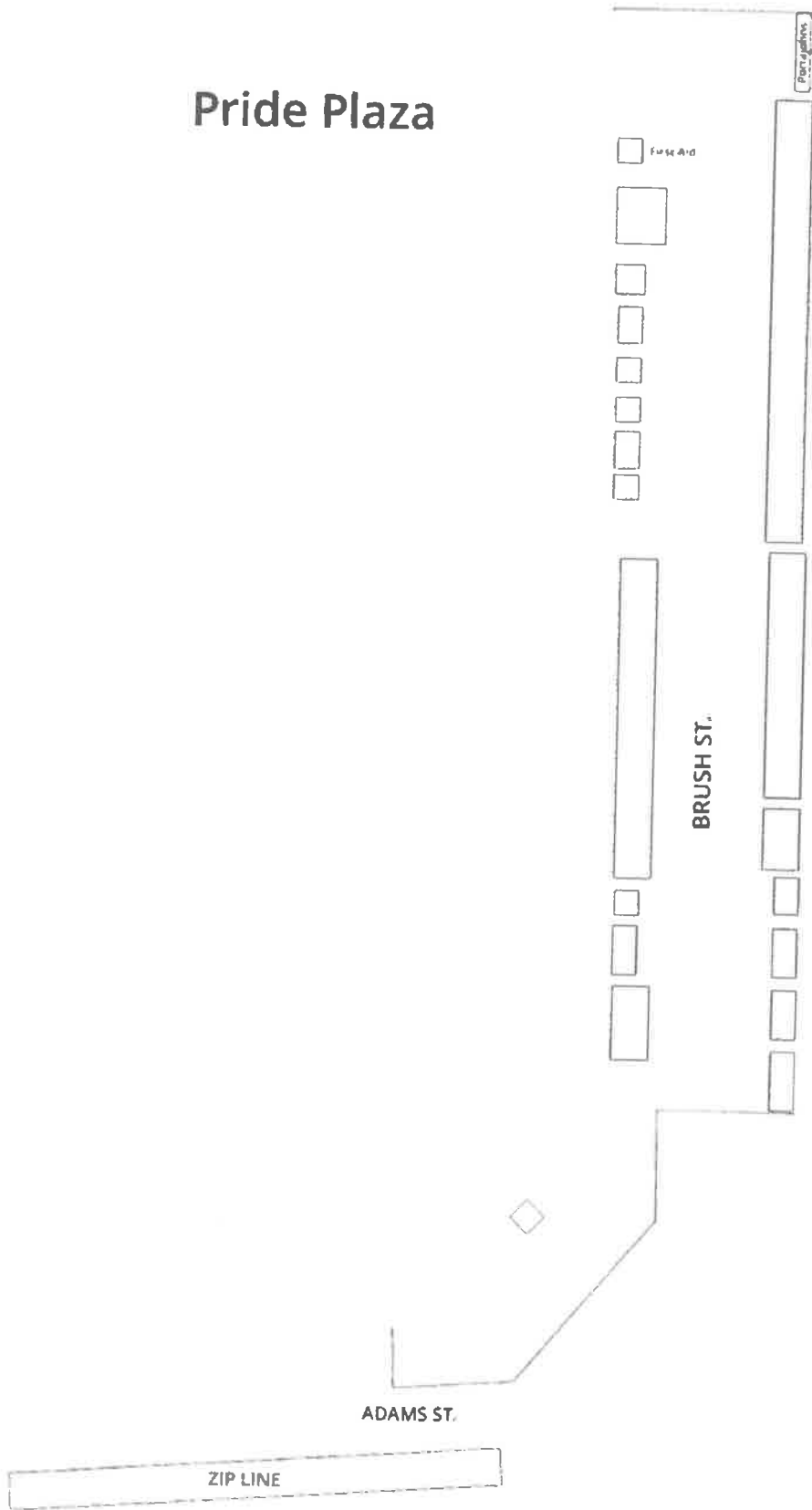
Event Organizer:

DLI Properties, L.L.C., c/o Kristen Dale

Applicant Signature: Kristen Dale

Date: 5.23.19

Pride Plaza



50 Feet

SuperGamesOH
OH



Climbs up to 27 mph
Zip up to 100 feet

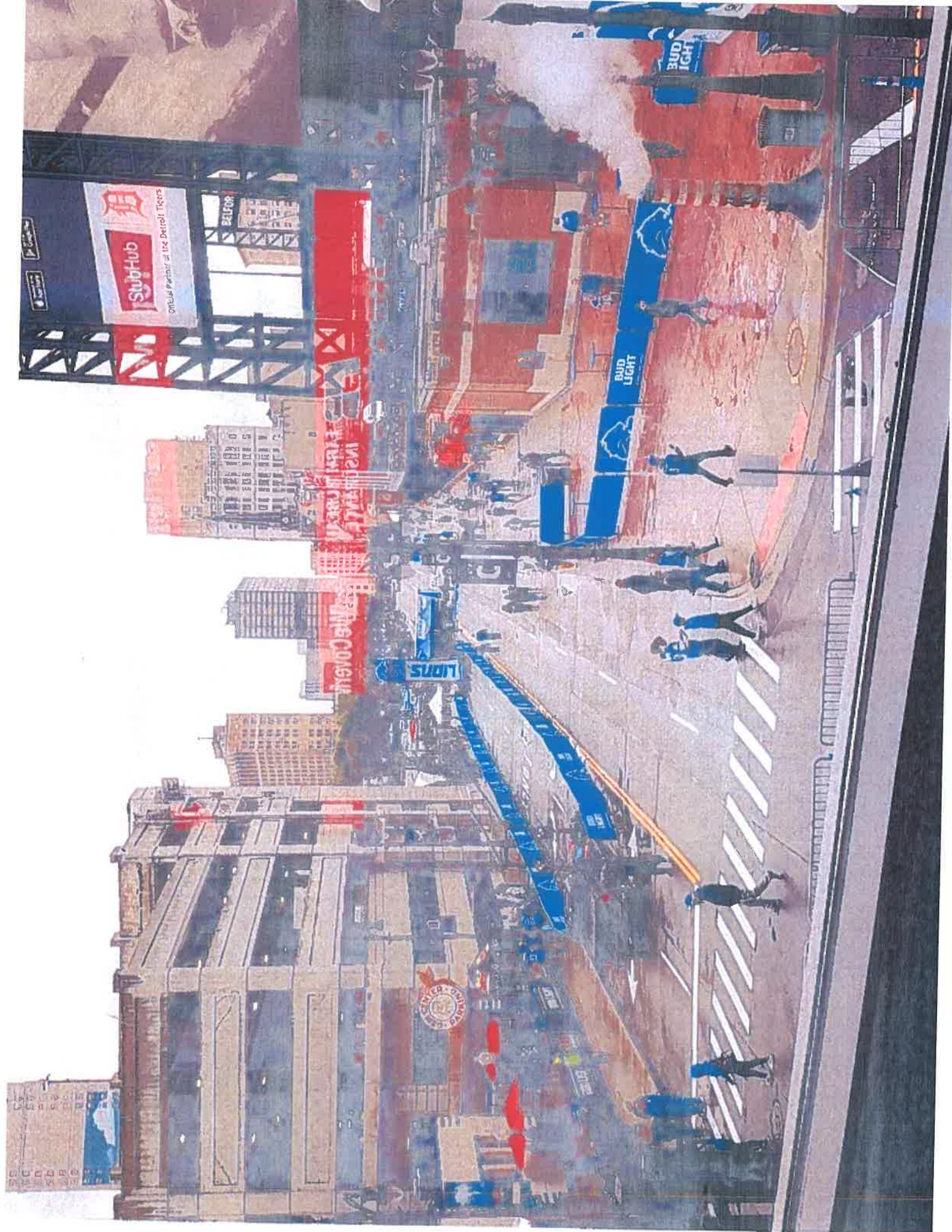
Weight Limit
Min - 45 lbs.
Max - 250 lbs.

#sgzip

www.SuperGames.org

4-846-8946





58

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 922 Event Name: Back to School Health Fair & Backpack Giveaway

Event Date : August 3, 2019

Street Closure: Ferry Park

Organization Name: 15th Street Block Club Association & Restoring the Neighborhood

Street Address: 6033 15th Street Detroit, MI 48208

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Annual Health Fair & Backpack Giveaway from 12:00pm - 7:00pm; with temporary street closure on Ferry Park between 14th Street and Stanton 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"/>	DPD Assisted Event
	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"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III 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"/>	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"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Lushier

Date: 10-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To: *The Department or Commission Listed Below*

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

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

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

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

922 *15th Street Block Club Associaton & Restoring the Neighborhood Back, request to hold "Back to School Health Fair Backpack Giveaway" at Trinity AME Church 6516 - 16th Street, on 8/3/19 from 12 noon - 7pm, Set-up on 8/3/19 from 9am -7pm, Tear down following event, Street Closure on Ferry Park from 14th Street to Stanton*

#922

Feb 22, 2017

May 17, 2019

8/31/2019

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: BACK TO SCHOOL / HEATH FAIR / BACKPACK GIVE AWAY
Event Location: Trinity AME Church 6516 - 16th Street Det. MI 48208

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: 15th Street Block Club Assoc + Pastor in the Neighborhood Back
Organization Mailing Address: 6033 15th Street Det MI 48208
To the Hood.

Business Phone: _____ Business Website: _____

Applicant Name: Sherry Russell + Yusuf Shakur

Business Phone: _____ Cell Phone: 313-598-0126 Email: srussell@sbcglobal.net
313-459-6008 yusefshakur.org

Event On-Site Contact Person:

Name: Sherry Russell + Yusuf Shakur
Business Phone: _____ Cell Phone: 313-598-0176 Email: srussell@sbcglobal.net
313-459-6008 yusefshakur.org

Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration

Other: HEALTH FAIR / BACKPACK GIVEAWAY

Projected Number of Attendees: 300

Please provide a brief description of your event:

The health fair will run from 12p-4pm. The community will benefit from having their BP monitor, teeth cleaning + vision + hearing testing + more. The backpack giveaway runs from 1pm-6pm. The community will benefit from free hot meal, free backpack, w/ supplies, haircuts, free clothing + more.

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

Begin Set-up Date: 8-3-19 Time: 9AM Complete Set-up Date: 8-3-19 Time: 7PM

Event Start Date: 8-3-19 Time: 12 NOON Event End Date: 8-3-19 Time: 7PM

Begin Tearing Down Date: 8-3-19 Complete Tear Down Date: 8-3-19

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: Trinity Ave Church 6516 16th St. + Fargy Park Det 48208

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

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:

band, contact Yusef Shakur 313-459-6008

Will a sound system be used? Yes No

If yes, what type of sound system? contact Yusef Shakur 313-459-6008

Section 5- 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 there be vending or sales? Yes No
If yes, check all that apply:

- [] Food [] Merchandise [] Non-Alcoholic Beverages [] Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? Yes No
If yes, please list how many:

Will there be a charge for parking? Yes No
If yes, please describe the amount:

How will you advise attendees of parking options?

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: N/A - NONE

Contact Person:

Address: _____ Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

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

Licensed Armed Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

The apartment building will be able to access the entrance to the building.
The community will be able to walk to each station at event.

Have local neighborhood groups/businesses approved your event? Yes No

Indicate what steps you have or will take to notify them of your event: Flyer, RADIO, WORDS OF MOUTH

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Generators #2 contact Yusuf Shaker 313-459-6008

59

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 942 Event Name: Sidewalk Festival

Event Date : August 2 - 3, 2019

Street Closure: Lahser

Organization Name: Sidewalk Detroit

Street Address: 19180 Grand River Detroit, MI 48223

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

Annual Sidewalk Festival showcasing local artists from 7:00pm - 10:00pm; with temporary street closure on Lahser between Grand River & Orchard.

**** 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"/>	DPD will Provide Special Attention; Contracted with Discreet Investigations to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to Provide EMS Services
	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 Permit Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III 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"/>	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Kushner

Date: 10-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 20, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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

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

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

942 *Sidewalk Detroit, request to hold the "Sidewalk Festival" Lahser Between Grand River and Orchard, on 8/2/2019 - 8/3/2019 from 7pm -10pm, Set-Up 8/2/19 from 2 - 5 pm, Tear down following event, Street closure on Lahser from Grand River to Orchard..*

City of Detroit Special Events Application

8/2/2019

#942

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: Sidewalk Festival
Event Location: Lanier between Grand River and Orchard

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Sidewalk Detroit
Organization Mailing Address: 19180 Grand River Detroit, MI 48223
Business Phone: 313 409 8128 Business Website: www.sidewalkdetroit.com

Applicant Name: Ryan MYERS Johnson
Business Phone: 313 409 8128 Cell Phone: _____ Email: ryan@sidewalkdetroit.com

Event On-Site Contact Person:
Name: Alexis Deaper
Business Phone: 313 409 8128 Cell Phone: 313 354 3454 Email: production@sidewalkdetroit.com

Event Elements (check all that apply)

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

Projected Number of Attendees: 1500

Please provide a brief description of your event:

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

Begin Set-up Date: 8/2/19 Time: 2:00pm Complete Set-up Date: 5:00pm Time: 8/2/19

Event Start Date: 8/2/19 Time: 7:00pm Event End Date: 8/3/19 Time: 10:00pm

Begin Tearing Down Date: 8/3/19 Complete Tear Down Date: 8/3/19

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

8/2/19 7p-11p 8/3 3p-10p

Section 3- LOCATION/SITE INFORMATION

Location of Event: Lakes between Grand River and Orchard

Facilities to be used (Check) Street Sidewalk Park City

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

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Will a sound system be used? Yes No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

For bands

How many generators will be used? no generators

How will the generators be fueled?

Name of vendor providing generators:

Contact Person: NA

Address:

Phone:

City/State/Zip

Section 5- 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 there be vending or sales? Yes No
If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold: NA

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Discreet Investigations Inc

Contact Person: Jerome Terrell

Address: 19785 W. 12 mile Rd. Ste 640 Phone: 248-246-0051

City/State/Zip: Southfield, MI 48076-2584

Number of Private Security Personnel Hired Per Shift: 3 per shift

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

Licensed Armed Bonded

How will you advise attendees of parking options?

signs and attendants

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Increased pedestrian traffic

Have local neighborhood groups/businesses approved your event?

Yes No

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

We meet regularly with the Old Redford Business Association to keep them abreast of the plans for the festival and updates.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	NO STRUCTURES	
Tents (enclosed on 3 sides)		
Canopy (open on all sides)		
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart EMS

Address: 220 Bagley St suite 912

City/State/Zip: Detroit MI 48226

Name of company providing port-a-johns: Detroit Porta Potty Rental Pros

Contact Person: _____

Address: 535 Griswold suite 111 Phone: 313 334 4231

City/State/Zip: _____

Name of private catering company? NA

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting 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.

STREET NAME: Lahser
FROM: Grand River TO: Orchard

CLOSURE DATES: 8/2/19 BEG TIME: 2:00 pm END TIME:
REOPEN DATE: 8/3/19 TIME: 11:00pm

STREET NAME: _____
FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

STREET NAME: _____
FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

STREET NAME: _____
FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

STREET NAME: _____
FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

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

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

AUTHORIZATION & 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, 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.

Ryan Myers Johnson

5/30/19

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.

Event Name: Sidewalk Festival Event
Date: 8/2-8/3/2019

Event Organizer: Ryan Myers Johnson

Applicant Signature: Ryan MYERS Johnson
Date: 5/30/19

60

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: #973 Event Name: 2019 2nd Annual Block Party

Event Date: July 21, 2019

Street Closure: Agnes Street

Organization Name: Live Cycle Delight

Street Address: 8900 East Jefferson #422 Detroit, MI

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

2nd Annual Block Party located on Agnes Street between Van Dyke & Parker Street from 11:00am - 4:00pm.

**** 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"/>	DPD will Provide Special Attention
	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"/>	Temporary Food License Required

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

MAYOR'S OFFICE

Signature: B. Kushner

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 1, 2019

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 RECREATION DEPARTMENT
BUILDINGS SAFETY ENGINEERING FIRE DEPARTMENT
POLICE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

973 *Live Cycle Detroit, request to host "2019 2nd Annual Block Party" in West Village on 7/21/2019 from 11am to 4pm, Set-up on the same day from 9:30am - 11am, Tear down following the event, Street closure on 8019 Agnes from Van Dyke to Parker.*

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 1, 2019

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

973 *Live Cycle Detroit, request to host "2019 2nd Annual Block Party" in West Village on 7/21/2019 from 11am to 4pm, Set-up on the same day from 9:30am - 11am, Tear down following the event, Street closure on 8019 Agnes from Van Dyke to Parker.*

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: 2019 ^{2nd Annual} Black Party

Event Location: West Village

Is this going to be an annual event? Yes No

Organization Information

Organization Name: Live Cycle Delight

Organization Mailing Address: 8900 East Jefferson #422

Business Phone: 313-423-6969 Business Website: www.livecycle delight.com

Applicant Name: Amina Daniels

Business Phone: 313-423-6969 Cell Phone: 313-516-0424 Email: Amina@livecycle Delight.com

Event On-Site Contact Person: Name: Amina Daniels

Business Phone: 313-423-6969 Cell Phone: 313-516-0424 Email: itsvycledelight@gmail.com

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Black Party</u> |

Projected Number of Attendees: 80-150

Please provide a brief description of your event:

This is an opportunity to unite the community of Ingram Village, West Village & Island View outside in activity & food

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

Begin Set-up Date: 7/21/19 Time: 9:30 am Complete Set-up Date: 7/21/19 Time: 11 am

Event Start Date: 7/21/19 Time: 11am Event End Date: 7/21/19 Time: 4pm

Begin Tearing Down Date: 7/21/19 Complete Tear Down Date: 7/21/19

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

Location of Event: 2019 Agnes between VanDyke & Parker
Facilities to be used (circle): Street Sidewalk Park City

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

Describe the entertainment for this year's event:
DJ on the sidewalk, aerial yoga

Will a sound system be used? Yes No

If yes, what type of sound system? DJ equipment

Section 5- 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 there be vending or sales? Yes No
If yes, check all that apply:

Food [] Merchandise [] Non-Alcoholic Beverages [] Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? Yes No
If yes, please list how many:

Will there be a charge for parking? Yes No
If yes, please describe the amount:

How will you advise attendees of parking options? Street Parking Adjustment



Name of Private Security Company: N/A

Contact Person: _____

Address: _____ Phone: _____

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 your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Our event will take place on a Sunday, we will attract the neighbourhood. Participants & patrons can park on the rear.

Have local neighborhood groups/businesses approved your event? Yes No

Indicate what steps you have or will take to notify them of your event:
I have reached out to our WV Business Association, Red Hook & DVS approved the event. DVS will participate. Fama Floral also agreed to the 2nd Annual Black Party.

Section 8- EVENT SET-UP

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

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:
there is no need for generator, outlets will be used @ the club main for the DJ.

Name of vendor providing generators: Contact Person:

Address:

N/A

Phone:

City/State/Zip

How Many?

Size/Height

Booth

NA

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Emergency medical services?

NURSE ON SITE TBA

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns.

N/A

Contact Person:

Address:

Phone:

City/State/Zip:

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.**

Will there be street closures? Yes No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: 8019 AGUS
FROM: Van Dyke TO: Parker

CLOSURE DATES: 10/10 *10 am BEG TIME: 3:54 pm END TIME:
REOPEN DATE: 4 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

NA

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, 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.

 _____ 6/24/19
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: 2nd Annual / 100 Block Party Event Date: 7/21/19

Event Organizer: Amina c/o Live Cycle Delights

Applicant Signature:  _____
Date: 6/25/19

61

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3034488 100% City Funding – To Provide Emergency Residential Demolition at 1623 & 1627 Gray – Contractor: RDC Construction Services – Location: 26400 W. Eight Mile, Southfield, MI 48033 – Contract Date: Upon City Council Approval through June 24, 2020 – Total Contract Amount: \$25,000.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3034488 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

62

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035010 100% City Funding – Make Safe Packard Plant Bridge Collapse. –
Contractor: Blue Star, Inc. – Location: 21950 Hoover, Warren, MI 48089
– Contract Date: Upon City Council Approval through July 1, 2020 –
Total Contract Amount: \$53,863.31. **HOUSING AND
REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035010 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

63

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035175 100% City Funding – To Provide Emergency Residential Demolition at 1579 Temple. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$22,000.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035010 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

64

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035181 100% City Funding – To Provide Commercial Demolition of Group 127, 11805 Rosa Parks Blvd, 12104 W. Grand River, and 9230 Wyoming. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 16, 2020 – Total Contract Amount: \$348,751.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035181 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

65

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035195 100% City Funding – To Provide Imminent Danger Commercial 9510 Van Dyke. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$64,400.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035195 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

66

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035197 100% City Funding – To Provide Emergency Commercial Demolition at 4325 Pennsylvania. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$95,550.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035197 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

67

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035198 100% City Funding – To Provide Imminent Danger Commercial Demolition at 4501 E. Davison. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$18,500.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035198 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

68

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035216 100% City Funding – To Provide Commercial Demolition for Group 123.
(1764 Calumet) – Contractor: Adamo Demolition Co. – Location: 320 E.
Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council
Approval through July 22, 2020 – Total Contract Amount: \$116,974.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035216 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

69

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035221 100% City Funding – To Provide Commercial Demolition of Group 125 (14009 Meyers) – Contractor: Salenbien Trucking and Excavating Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131– Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$45,750.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035221 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

70

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035228 100% City Funding – To Provide Commercial Demolition of Group 124 (18211 John R, 3930 E. Eight Mile, and 6142 E. McNichols – Contractor: Salenbien Trucking and Excavating Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131– Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$211,745.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035228 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

71

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035237 100% City Funding – To Provide Commercial Demolition of Group 126.
(11111 & 11130 Chalmers) – Contractor: Homrich – Location: 65
Cadillac Sq., Ste. 2701 Detroit, MI 48226 – Contract Date: Upon City
Council Approval through July 16, 2020 – Total Contract Amount:
\$92,290.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035237 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

72

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035243 100% City Funding – To Provide Emergency Commercial Demolition at 7811 Gratiot. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$121,000.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035243 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

OFFICE OF CONTRACTING
AND PROCUREMENT

73

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035246 100% City Funding – To Provide Imminent Danger Commercial Demolition at 5812 Tireman. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 20, 2020 – Total Contract Amount: \$110,250.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035246 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

74

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035256 100% City Funding – To Provide Imminent Danger Commercial Demolition at 12209 Turner. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$84,750.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035256 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

75

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035219 100% City Funding – To Provide Emergency Residential Demolition at 11041 Roselawn. – Contractor: DMC Consultants, Inc. – Location: 13500 Foley, Detroit, MI 48227 – Contract Date: Upon City Council Approval through July 2, 2020 – Total Contract Amount: \$17,850.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035219 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

76

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035253 100% City Funding – To Provide Danger Residential Demolition at 18452 Westphalia, 14254 Fordham, and 14809 Hazelridge. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$72,200.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035253 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

77

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

3035232 100% City Funding – To Provide Residential Demolition for 1.15.19 Group H (21 Properties in Districts 3 & 4) – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$450,536.90. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035232 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.

78

**OFFICE OF CONTRACTING
AND PROCUREMENT**

June 28, 2019

HONORABLE CITY COUNCIL:

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

6002039 100% 2018 UTGO Bond Funding – To Provide for the expansion of the Real Time Crime Center and the build out of two (2) Mini Real Time Crime Centers. – Contractor: Detroit Building Authority – Location: 1301 Third Street, Suite 328, Detroit, MI 48226 – Contract Period: Upon City Council Approval through July 15, 2022 –Total Contract Amount: \$4,000,000.00. **POLICE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 6002039 referred to in the foregoing communication dated June 28, 2019, be hereby and is approved.



CITY OF DETROIT
LAW DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 500
DETROIT, MICHIGAN 48226-3437
PHONE 313•224•4550
FAX 313•224•5505
WWW.DETROITMI.GOV

79

June 28, 2019

Detroit City Council
1340 Coleman A. Young Municipal Center
Detroit, Michigan 48226

Re: Amendment To Chapter 24, *Health and Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, and including Sections 24-14-1 through 24-14-7.

Honorable City Council:

The Law Department has prepared an ordinance proposed by Council Member Scott Benson, which addresses greenhouse gas emissions in the City of Detroit. This local law will be amending Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, and adding Sections 24-14-1 through 24-14-7. The purpose of the ordinance is to conduct city-wide assessments to measure the City's greenhouse gas emissions, set forth attainable benchmarks and make strategic efforts to lower the City's carbon footprint. The vision of the ordinance is to create achievable goals to make Detroit more environmentally friendly and uphold the City's pledge under the Paris Climate Agreement to lower greenhouse gas emissions in the community. A copy of the ordinance, which has been approved as to form, is attached for your consideration.

I look forward to discussing this important legislation with this Honorable Body.

Respectfully Submitted,

Mary Parisien
Assistant Corporation Counsel
City of Detroit Law Department
Municipal Section

S U M M A R Y

AN ORDINANCE to amend Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, to include Section 24-14-1, *Purpose*; Section 24-14-2, *Definitions*; Section 24-14-3, *Municipal greenhouse gas emission benchmarks*; Section 24-14-4, *City-wide greenhouse gas emission benchmarks*; Section 24-14-5, *Municipal greenhouse gas assessment*; Section 24-14-6, *City-wide greenhouse gas assessment*; Section 24-14-7, *Annual report to City Council*, to assess the municipal and city-wide greenhouse gas emissions; and with the compiled data collected set forth attainable benchmarks, make strategic efforts to lower greenhouse gas emissions city-wide, and provide an annual report to City Council of progress made.

1 **BY COUNCILMEMBER _____** :

2 **AN ORDINANCE** to amend Chapter 24 of the 1984 Detroit City Code, *Health and*
3 *Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, to include Section 24-14-1,
4 *Purpose*; Section 24-14-2, *Definitions*; Section 24-14-3, *Municipal greenhouse gas emission*
5 *benchmarks*; Section 24-14-4, *City-wide greenhouse gas emission benchmarks*; Section 24-14-5,
6 *Municipal greenhouse gas assessment*; Section 24-14-6, *City-wide greenhouse gas assessment*;
7 Section 24-14-7, *Annual report to City Council*, to assess the municipal and city-wide greenhouse
8 gas emissions; and with the compiled data collected set forth attainable benchmarks, make
9 strategic efforts to lower greenhouse gas emissions city-wide, and provide an annual report to City
10 Council of progress made.

11 **IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT**
12 **THAT:**

13 **Section 1.** Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*, be amended
14 by adding Article XIV, *Greenhouse Gas Inventory*, by adding Sections 24-14-1 through 24-14-7,
15 to read as follows:

16 **CHAPTER 24. HEALTH AND SANITATION**

17 **ARTICLE XIV. GREENHOUSE GAS INVENTORY**

18 **Sec. 24-14-1. Purpose.**

19 The City of Detroit recognizes the harmful effect greenhouse gas emissions has on our
20 environment. Climate change poses a serious threat to the economic well-being, public health,
21 natural resources and neighborhoods in the City. In an effort to combat climate change the City of
22 Detroit has pledged to uphold the Paris Climate Agreement, which is an international commitment
23 to limit global temperature. The City seeks to align with global standards by identifying and
24 quantifying greenhouse gas emissions emitted throughout the City. The City will work toward

1 reducing its carbon footprint and set achievable goals to better the overall health and wellbeing of
2 the community and its environment.

3 **Sec. 24-14-2. Definitions.**

4 *Carbon footprint* means the amount of carbon dioxide and other carbon compounds emitted
5 due to the consumption of fossil fuels by a particular person, group, or entity.

6 *Carbon sinks* means forests and other vegetation that remove carbon from the atmosphere.

7 *City-wide greenhouse gas emissions* means carbon dioxide and other carbon compounds
8 emitted by entities in the City of Detroit that are non-municipal facilities.

9 *Fugitive emissions* means unintended greenhouse gas emissions from the processing,
10 transmission, and transportation of fossil fuels.

11 *Greenhouse gas (GHG)* means any gas that absorbs infrared radiation in the atmosphere.
12 Greenhouse gases include carbon dioxide, methane, nitrous oxide, ozone, chlorofluorocarbons,
13 hydrofluorocarbons, perfluorocarbons, and sulfur hexafluoride.

14 *Greenhouse gas emission benchmark* means a standard or point of reference against which
15 carbon emissions may be compared or assessed.

16 *Greenhouse gas inventory* means an accounting of greenhouse gas emissions for a specific
17 period of time.

18 *Municipal greenhouse gas emissions* means carbon dioxide and other carbon compounds
19 emitted by the City of Detroit government buildings, facilities, vehicles, fleets and methods of
20 public transportation.

21 *Office of Sustainability* means a City of Detroit office created by the Mayor that develops
22 and implements policies and practices in collaboration with City departments and agencies that
23 focus on enhancing the City's environment.

1 **Sec. 24-14-3. Municipal greenhouse gas emission benchmarks.**

2 The City completed an assessment of its municipal GHG emissions in 2012. The municipal
3 operations were assessed at 1.18 million tons of carbon dioxide equivalent. The City seeks to
4 achieve the following reductions in municipal GHG emissions as follows:

- 5 (1) 35 percent below 2012 levels by 2024;
- 6 (2) 75 percent below 2012 levels by 2034; and,
- 7 (3) 100 percent below 2012 levels by 2050.

8 **Sec. 24-14-4. City-wide greenhouse gas emission benchmarks.**

9 The City completed an assessment of city-wide GHG emissions in 2012. The city-wide
10 GHG emissions were assessed at 10.6 million tons of carbon dioxide equivalent. The City will
11 strive to work toward reducing city-wide GHG emissions by 30 percent below 2012 levels by
12 2025.

13 **Sec. 24-14-5. Municipal greenhouse gas assessment.**

14 (a) An inventory of municipal GHG emissions shall be completed once every four
15 years, with the first such assessment completed by August 1, 2020 with a review of 2019 municipal
16 GHG emissions.

17 (b) The assessment shall account for the following:

- 18 (1) Gas and electric used in owned and leased municipal buildings and facilities;
- 19 (2) Street lighting and traffic signals;
- 20 (3) Solid waste fugitive sources and incineration, including: landfill gas, incinerator
21 emissions, fugitive emissions from public and private waste processes, sludge
22 incineration; process emissions from waste water treatment; petroleum refining;
23 and solid waste landfill disposal;

- 1 (4) Wastewater drainage, treatment and disposal;
- 2 (5) Water supply facilities collection, treatment and distribution; and,
- 3 (6) Municipal transportation, and,
- 4 (7) Other sources as recommended by the entity conducting the assessment.

5 **Sec. 24-14-6. City-wide greenhouse gas assessment.**

6 (a) An inventory of city-wide GHG emissions shall be completed once every four
7 years, with the first such assessment completed by August 1, 2020 with a review of 2019 city-wide
8 GHG emissions.

9 (b) The assessment shall account for the following:

10 (1) Gas and electric used in existing private buildings and infrastructure, including:
11 residential, commercial and industrial buildings and facilities;

12 (2) Solid waste fugitive sources and incineration, including: landfill gas, incinerator
13 emissions, fugitive emissions from public and private waste processes, sludge
14 incineration; process emissions from waste water treatment; petroleum refining;
15 and solid waste landfill disposal;

16 (3) Fugitive emissions from mining, processing, storage and transportation of coal;

17 (4) Fugitive emissions from oil and natural gas systems;

18 (5) Land use impacts, which may include tree planting, tree canopies, vegetated areas
19 and creation of carbon sinks in all communities within the City;

20 (6) Agriculture, forestry and fishing activities;

21 (7) Transportation including: vehicles, railways, waterborne navigation, and aviation;

22 (8) Wastewater drainage, treatment and disposal; and

23 (9) Other sources as recommended by the entity conducting the assessment.

1 **Sec. 24-14-7. Annual report to City Council.**

2 (a) The Office of Sustainability shall provide an annual report to City Council. The
3 report shall review the actions to reduce municipal and city-wide GHG emissions and shall
4 include:

5 (1) An analysis as to whether the City has achieved the benchmarks set forth in
6 Sections 24-14-3 and 24-14-4 of this Code;

7 (2) Details of the measures taken by the City to reduce municipal and city-wide GHG
8 emissions;

9 (3) Details of future strategies that may be implemented city-wide and within the
10 municipality to reduce GHG emissions, and

11 (4) Detailed estimates of the following:

12 a. The cost to implement the identified municipal GHG emissions reduction
13 measures;

14 b. The annual cost reduction in municipal GHG emissions anticipated as a
15 result of the identified GHG emission reduction measures;

16 c. The annual savings anticipated as a result of the identified municipal GHG
17 emissions reduction measures;

18 d. A long-term estimate as to the total municipal GHG emissions reductions
19 anticipated by 2024, 2034, and 2050 as a result of the identified GHG
20 emissions reduction measures;

21 e. The net savings anticipated by 2024, 2034, and 2050 as a result of the
22 identified municipal GHG emissions reduction measures.

1 **(b) The Director of the Office of Sustainability, or his or her designee, shall submit a**
2 **report to City Council concerning the review of all actions taken, and the findings of any**
3 **assessment completed, by January 31st of each year.**

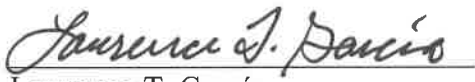
4 **Secs. 24-14-8—24-14-20. Reserved.**

Section 2. All ordinances, or parts of ordinances, that conflict with this ordinance are repealed.

Section 3. This ordinance is declared necessary for the preservation of the public peace, health, safety, and welfare of the People of the City of Detroit.

Section 4. Where this ordinance is passed by a two thirds (2/3) majority of City Council Members serving, it shall be given immediate effect and shall become effective upon publication in accordance with Section 4-118(1) of the 2012 Detroit City Charter. Where this ordinance is passed by less than two thirds (2/3) majority of City Council Members serving, it shall become effective thirty (30) days after publication in accordance with Section 4-118(2) of the 2012 Detroit City Charter.

Approved as to form:


Lawrence T. Garcia
Corporation Counsel



Date: June 27, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**
ADDRESS: 18900 Pierson
NAME: Armando Martinez & Maria L. Benitez
Demolition Ordered: July 24, 2017

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 24, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Armando Martinez, 7878 NW 110 AVE, Doral FL 33178
Maria L. Benitez, 7878 NW 110 AVE, Doral, FL 33178



81

2019 JUN 27 P 2: 29
OFFICE OF THE
DETROIT CITY CLERK

June 14, 2019

HONORABLE CITY COUNCIL:

Re: RECOMMENDATION FOR RESCISSION
ADDRESS: 1537-45 Temple
NAME: 1545 Temple LLC
Demolition Ordered: September 22, 2011
Deferral date: August 31, 2017

The building at the location listed above was ordered demolished by your Honorable Body on the date indicated above and the order was deferred under the conditions of the Ordinance.

A recent inspection on **May 30, 2019** has revealed that the building is open to trespass, and/or required progress has not been made, contrary to the conditions of the deferral.

Therefore, we respectfully recommend that the deferral be rescinded and the demolition proceed as originally ordered, with the cost of demolition assessed against the property.

Respectfully submitted,

David Bell
Director

DB/DP/sc

cc: 1545 Temple LLC, 600 N. Old Woodward, Birmingham, MI 48009



82

June 14, 2019

HONORABLE CITY COUNCIL:

Re: RECOMMENDATION FOR RESCISSION
ADDRESS: 8410 W. McNichols
NAME: Deandre Cain
Demolition Ordered: September 14, 2014
Deferral date: February 18, 2019

OFFICE OF THE
DETROIT CITY CLERK
2019 JUN 27 P 2: 29

The building at the location listed above was ordered demolished by your Honorable Body on the date indicated above and the order was deferred under the conditions of the Ordinance.

A recent inspection on **May 6, 2019** has revealed that the building is open to trespass, and/or required progress has not been made, contrary to the conditions of the deferral.

Therefore, we respectfully recommend that the deferral be rescinded and the demolition proceed as originally ordered, with the cost of demolition assessed against the property.

Respectfully submitted,

David Bell
Director

DB/DP/sc

cc: Deandre Cain, 19638 Appleton, Detroit, MI 48219
Deandre Cain, 16138 five Points, Detroit, MI 48240



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

83

June 10, 2019

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

RE: Request to Accept and Appropriate a Sub-award of the FY 2016 Police-Prosecution Initiative Grant

The Wayne County Prosecuting Attorney's Office has awarded the City of Detroit Police Department with the FY 2016 Police-Prosecution Initiative Grant for a total of \$303,570.00. This grant is a sub-award from the Bureau of Justice Assistance to Wayne County. There is no match requirement for this grant.

The objective of the grant is to reduce non-fatal shootings and homicides in the 9th precinct. The funding allotted to the department will be utilized to create a dedicated non-fatal shooting team that will respond to all non-fatal shootings in the 9th precinct.

If approval is granted to accept and appropriate this funding, the appropriation number is 20666.

I respectfully ask your approval to accept and appropriate 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

This request has been approved by the Law Department

This request has been approved by the Office of Budget

RESOLUTION

Council Member _____

WHEREAS, the Detroit Police Department is requesting authorization to accept a grant of reimbursement from Wayne County, in the amount of \$303,570.00, to reduce non-fatal shootings and homicides in the 9th precinct; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

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

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20666, in the amount of \$303,570.00, for the FY 2016 Police-Prosecution Initiative Grant.

**FY16 BJA POLICE-PROSECUTOR PARTNERSHIP INITIATIVE
SUBAWARD AGREEMENT**

**Between the
THE CHARTER COUNTY OF WAYNE**

**And the
CITY OF DETROIT**

**REFERENCE: Federal Award #: 2017-DG-BX-K012;
CFDA #16.751**

THIS SUBRECIPIENT AGREEMENT hereinafter referred to as the "Agreement," is a contract between the Charter County of Wayne, Michigan, a body corporate and a Michigan Charter County, acting by and through the Wayne County Prosecuting Attorney's Office ("County") the City of Detroit, a Michigan municipal corporation, acting by and through its Police Department ("City"). This Agreement sets forth the terms between the parties beginning October 1, 2017 concerning the Police-Prosecutor Partnership Initiative grant project and award.

1. PURPOSE

1.01 This Agreement is entered into with specific federal authorization under grant award number 2017-DG-BX-K012 and for the purpose of providing police support to the Non-fatal Shooting Grand Jury project.

1.02 Federal authorization of this subaward to the City is a result of the inclusion of a sufficiently-detailed description and justification of the proposed subaward in the application as approved by the Office of Justice Programs. The City is a subrecipient of the County's grant award referenced herein.

1.03 To this end, the City will be reimbursed for costs incurred for performance on the grant project up to but not more than \$303,570.

2. FEDERAL AWARD IDENTIFICATION

2.01 Funding Source and Agreement Amount

- a. The County under the terms of this Agreement, will provide federal pass-through funding not to exceed \$303,570 in the form of a subaward to the City from the County's FY16 Police-Prosecution Initiative grant award; Award No. 2017-DG-BX-K012.
- b. The City's DUNS number is 137199266.
- c. The Federal Award Identification Number is 2017-DG-BX-K012.
- d. The Federal Award date is September 21, 2017.
- e. The Catalog of Federal Domestic Assistance (CFDA) number is 16.751.
- f. The CFDA Title is the Edward Byrne Memorial Competitive Grant Program.
- g. The solicitation's name under which this Agreement is formed is "The Police-Prosecutor Partnership Initiative FY 2016 Competitive Grant Announcement."
- h. The awarded project's full title is "The Detroit Non-Fatal Shooting Grand Jury Project: An Innovative Problem-Solving Strategy to Reduce Non-Fatal Shootings and Homicides."
- i. The total Federal Award amount is \$1,000,000.
- j. The type of award is a cooperative agreement.
- k. The Federal Awarding Agencies are the Bureau of Justice Assistance (BJA) and the Office of Justice Programs (OJP).

2.02 **Grant Summary:** The Detroit Police Department and the Wayne County Prosecutor's Office propose to reduce the non-fatal shootings (NFS) and homicides by 10% in the Detroit Police Department's 9th precinct by reinventing the criminal justice response to NFS. The Detroit NFS Grand Jury project will rely on a one-man grand jury combined with a witness protection program to assist with investigations and indictments.

- j. Article 12 of Chapter 120 of the Wayne County Code governing "Ethics in Public Contracting."
- k. Section 120-46(f) of Chapter 120 of the Wayne County Code governing Prompt Payment of subcontractors.
- l. All applicable provisions of 41 U.S.C. 4712, including all applicable provisions that prohibit, under specified circumstances, discrimination against an employee as reprisal for the employee's disclosure of information related to gross mismanagement of a federal grant, a gross waste of federal funds, an abuse of authority relating to a federal grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal grant.

27.02 The City will inform its employees, in writing (and in the predominant native language of the workforce), of employee rights and remedies under 41 U.S.C. 4712.

27.03 The City will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this Agreement. The City will also comply with all applicable general administrative requirements covering cost principles, grant/agreement principles, and audits in carrying out the terms of this Agreement.

28. JURISDICTION AND LAW

28.01 This Agreement, and all actions arising from it, must be governed by, subject to, and construed according to the law of the State of Michigan. The City consents to the personal jurisdiction of any competent court in Wayne County, Michigan, for any action arising out of this Contract. Service of process at the address and in the manner specified in this Contract will be sufficient to put the City on notice. The City will not commence any action against the County because of any matter arising out of or relating to the validity, construction, interpretation and enforcement of this Contract, in any courts other than those in the County of Wayne, State of Michigan unless original jurisdiction is in the United States District Court for the Eastern District of Michigan, Southern Division, the Michigan Supreme Court or the Michigan Court of Appeals.

29. AUTHORIZATION

29.01 The City warrants to the County that it has taken all corporate actions necessary for the authorization, execution, delivery and performance of this Agreement and is ready to perform its obligations. The City further warrants that the person signing this Contract is authorized to do so and is empowered to bind the City to this contract.

Signature Page Follows

The Authorized Official's signature below, represents the legal acceptance of the terms of this Agreement, including Certifications and Assurances.

Name of Authorized Official Kym L. Worthy	Title of Authorized Official Wayne County Prosecuting Attorney
Signature <i>Kym L. Worthy</i>	Date 9/7/18

Name of Authorized Official	Title of Authorized Official
Signature	Date

Name of Authorized Official	Title of Authorized Official
Signature	Date

Name of Authorized Official	Title of Authorized Official
Signature	Date

**ATTACHMENT 1
STATEMENT OF WORK**

Project Title: The Detroit Non-Fatal Shooting Grand Jury Project
Award Number: 2017-DG-BX-K012
Grantee: Wayne County Prosecutor's Office (County)
Subrecipient: Detroit Police Department (City)

Building on the success of the 10th Pct GJ and witness protection project, the Charter County of Wayne and the City of Detroit have entered into this project with a shared goal to reduce NFS and Homicides in the 9th Pct by 10%.

To this end, the City will complete the assigned activities identified in the BJA-approved Action Plan and make all reasonable efforts to complete said activities within the timeframe provided.

The County will make sure that the City receives a copy of the Action Plan once it is approved by BJA.

**ATTACHMENT 2
SUBRECIPIENT PROJECT BUDGET**

Project Title: The Detroit Non-Fatal Shooting Grand Jury Project

Award Number: 2017-DG-BX-K012

Grantee: Wayne County Prosecutor's Office (County)

Subrecipient: Detroit Police Department (City)

I. General

(a) The City shall be paid for those Services performed pursuant to this Agreement a maximum amount of, three hundred three thousand, five hundred seventy dollars (\$303,570) , for the term of this Agreement.

(b) Payment for the proper performance of the Services shall be contingent upon receipt by the County of invoices for payment in accordance with the terms of this Agreement.

II. Project Fees

(a) The following chart outlines the costs for this project:

Personnel (Overtime): \$297,050

Supplies: \$2,000

Travel: \$4,520

Total: \$303,570



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

84

June 10, 2019

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

RE: Request to Accept and Appropriate the FY 2019 Child Lead Exposure Elimination Innovation Grant

The Michigan Department of Health and Human Services has awarded the City of Detroit Health Department with the FY 2019 Child Lead Exposure Elimination Innovation Grant for a total of \$150,000.00. There is no match requirement. The grant period is June 1, 2019 through May 31, 2020.

The objective of the grant is to pilot an innovative model to eliminate exposure to lead and childhood lead poisoning. The funding allotted to the department will be utilized to administer lead screenings for children and to complete educational modules for children and parents. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 20665.

I respectfully ask your approval to accept and appropriate 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

This request has been approved by the Law Department
This request has been approved by the Office of Budget



Office of Development and Grants

RESOLUTION

Council Member _____

WHEREAS, the Detroit Health Department is requesting authorization to accept a grant of reimbursement from the Michigan Department of Health and Human Services, in the amount of \$150,000.00, to eliminate exposure to lead and childhood lead poisoning; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

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

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20665, in the amount of \$150,000.00, for the FY 2019 Child Lead Exposure Elimination Innovation Grant.

**Grant Agreement Between
Michigan Department of Health and Human Services
hereinafter referred to as the "Department"**

and

**Detroit Health Department
City Treasurer 1151 Taylor Ste 333-C
Detroit MI 48202 1732**

Federal I.D.#: 38-6004606, DUNS#: 006530661

hereinafter referred to as the "Grantee"

for

Child Lead Exposure Elimination Innovation Grant - 2019

Part I

1. Period of Agreement:

This agreement will commence on June 1, 2019, and continue through May 31, 2020. No service will be provided and no costs to the state will be incurred prior to June 1, 2019 of the Agreement. Through the Agreement June 1, 2019 shall be referred to as the begin date. This agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount:

A. Agreement Amount

The total amount of this agreement is \$150,000.00. The Department under the terms of this agreement will provide funding not to exceed \$150,000.00. The source of funding provided by the Department and approved indirect rate shall be followed as described in Attachment 1 of this agreement, which is part of this agreement through reference.

The grant agreement is designated as a:

Subrecipient relationship (federal funding); or

X Recipient (non-federal funding).

The grant agreement is designated as:

Research and development project; or

X Not a research and development project.

B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

C. Deviation Allowance

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, subcontracts, equipment items or positions not shown in the attached Program Budget Summary and supporting detail schedules.

3. Purpose:

The focus of the program is to pilot an innovative model for the elimination of exposure to lead and therefore the elimination of childhood lead poisoning.

4. Statement of Work:

The Grantee agrees to undertake, perform and complete the services described in Attachment A, which is part of this agreement through reference.

5. Financial Requirements:

The financial requirements shall be followed as described in Part II of this agreement and Attachments B, which are part of this agreement.

6. Performance/Progress Report Requirements:

The progress reporting methods shall be followed as described in Part II and Attachment C, which are part of this agreement.

7. General Provisions:

The Grantee agrees to comply with the General Provisions outlined in Part II, which are part of this agreement.

A Attachment A - Statement of Work

- Objective :** By May 31st, 2020 increase lead testing rate of children aged 2 and younger by 20% among participating providers
- Activity :** Obtain provider profile data to develop baseline rates and identify low performing providers for targeting outreach and education
- Responsible Staff :** DHD Program Analyst, MHP Provider Outreach Staff
- Date Range :** 06/03/2019 - 06/28/2019
- Expected Outcome :** Increased lead testing rates among children aged 0-2
- Measurement :** Blood lead testing rates based on data provided by participating Medicaid Health Plans
-
- Activity :** Create provider dashboard template
- Responsible Staff :** DHD Program Analyst, MHP Provider Outreach Staff, WCHAP Executive Director
- Date Range :** 06/03/2019 - 06/28/2019
- Expected Outcome :** Increased lead testing rates among children aged 0-2
- Measurement :** Blood lead testing rates based on data provided by participating Medicaid Health Plans
-
- Activity :** Prepare and distribute initial and subsequent quarterly provider testing dashboard
- Responsible Staff :** DHD Program Analyst, MHP Provider Outreach Staff, WCHAP Executive Director
- Date Range :** 10/01/2019 - 05/29/2020
- Expected Outcome :** Increased lead testing rates among children aged 0-2
- Measurement :** Blood lead testing rates based on data provided by participating Medicaid Health Plans
-
- Activity :** Hold monthly meetings to review progress towards goals and technical support to providers
- Responsible Staff :** DHD Program Analyst MHP Provider Outreach Staff
- Date Range :** 10/01/2019 - 05/29/2020
- Expected Outcome :** Increased lead testing rates among children aged 0-2
- Measurement :** Blood lead testing rates based on data provided by participating Medicaid Health Plans
-
- Activity :** Conduct outreach to consistently low-performing providers and offer technical assistance in setting up PDSA project
- Responsible Staff :** WCHAP Executive Director DHD Program Analyst (support)
- Date Range :** 11/12/2019 - 05/29/2020
- Expected Outcome :** Increased lead testing rates among children aged 0-2
- Measurement :** Blood lead testing rates based on data provided by participating Medicaid Health Plans
-
- Activity :** Develop and distribute Universal Testing campaign
- Responsible Staff :** DHD Program Analyst, DHD Communications Director
- Date Range :** 08/01/2019 - 05/29/2020
- Expected Outcome :** Increased lead testing rates among children aged 0-2
- Measurement :** Blood lead testing rates based on data provided by participating Medicaid Health Plans
-
- Objective :** Project SMART Objective 2: By May 31st, 2020, Increase the percentage of venous confirmatory testing by 5% among participating providers.
- Activity :** Obtain baseline data on venous confirmatory test rate from participating providers

Responsible Staff : DHD Program Analyst
Date Range : 06/03/2019 - 06/28/2019
Expected Outcome : Increased confirmatory venous testing rates among participating providers
Measurement : Confirmatory venous testing rates based Medicaid health plan data

Activity : Initiate PDSA cycle to better understand root causes of low venous testing rates
Responsible Staff : WCHAP Executive Director DHD Program Analyst (supporting)
Date Range : 09/02/2019 - 09/30/2019
Expected Outcome : Increased confirmatory venous testing rates among participating providers

Measurement : Confirmatory venous testing rates based Medicaid health plan data

Activity : Track progress using monthly dashboards and monthly meetings to review progress towards goals and technical support to providers
Responsible Staff : DHD Program Analyst, DHD Lead Intervention and Prevention Manager
Date Range : 10/01/2019 - 05/29/2020
Expected Outcome : Increased confirmatory venous testing rates among participating providers

Measurement : Confirmatory venous testing rates based Medicaid health plan data

Activity : Present barriers and solutions at Grand Rounds and CME events
Responsible Staff : WCHAP Executive Director
Date Range : 01/01/2020 - 05/29/2020
Expected Outcome : Increased confirmatory venous testing rates among participating providers

Measurement : Confirmatory venous testing rates based Medicaid health plan data

B1 Attachment B1 - Program Budget Summary

PROGRAM Child Lead Exposure Elimination Innovation Grant - 2019			DATE PREPARED 6/6/2019	
CONTRACTOR NAME Detroit Health Department			BUDGET PERIOD From : 6/1/2019 To : 5/31/2020	
MAILING ADDRESS (Number and Street) City Treasurer 1151 Taylor Ste 333-C			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			AMENDMENT # 0	
CITY Detroit	STATE MI	ZIP CODE 48202-1732	FEDERAL ID NUMBER 38-6004606	

	Category	Total	Amount	Cash	Inkind
DIRECT EXPENSES					
Program Expenses					
1	Salary & Wages	0.00	0.00	0.00	0.00
2	Fringe Benefits	0.00	0.00	0.00	0.00
3	Travel	0.00	0.00	0.00	0.00
4	Supplies & Materials	0.00	0.00	0.00	0.00
5	Contractual	150,000.00	150,000.00	0.00	0.00
6	Equipment (unallowable in this RFP)	0.00	0.00	0.00	0.00
7	Other Expense	0.00	0.00	0.00	0.00
Total Program Expenses		150,000.00	150,000.00	0.00	0.00
TOTAL DIRECT EXPENSES		150,000.00	150,000.00	0.00	0.00
INDIRECT EXPENSES					
Indirect Costs					
1	Indirect Costs	0.00	0.00	0.00	0.00
Total Indirect Costs		0.00	0.00	0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00	0.00	0.00
TOTAL EXPENDITURES		150,000.00	150,000.00	0.00	0.00

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections	0.00	0.00	0.00	0.00
	State Agreement	150,000.00	150,000.00	0.00	0.00
	Local	0.00	0.00	0.00	0.00
	Federal	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00
	Total Source of Funds	150,000.00	150,000.00	0.00	0.00
	Totals	150,000.00	150,000.00	0.00	0.00

B2 Attachment B2 - Program Budget - Cost Detail Schedule

Line Item	Qty	Rate	Units	UOM	Total	Amount	Cash	Inkind	
DIRECT EXPENSES									
Program Expenses									
1	Salary & Wages								
2	Fringe Benefits								
3	Travel								
4	Supplies & Materials								
5	Contractual								
	Subcontracting Agency-SEMHA Contact Details : SEMHA 3011 w . Grand Blvd. Ste 200, DETROIT,MI,48202, Phone : 3138736500	0.0000	0.000	0.000		150,000.00	150,000.00	0.00	0.00
6	Equipment (unallowable in this RFP)								
7	Other Expense								
Total Program Expenses					150,000.00	150,000.00	0.00	0.00	
TOTAL DIRECT EXPENSES					150,000.00	150,000.00	0.00	0.00	
INDIRECT EXPENSES									
Indirect Costs									
1	Indirect Costs								
Total Indirect Costs					0.00	0.00	0.00	0.00	
TOTAL INDIRECT EXPENSES					0.00	0.00	0.00	0.00	
TOTAL EXPENDITURES					150,000.00	150,000.00	0.00	0.00	



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

85

June 10, 2019

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

RE: Request to Accept and Appropriate the FY 2019 Head Start Program Child Lead Exposure Elimination Innovation Grant

The Michigan Department of Health and Human Services has awarded the City of Detroit Health Department with the FY 2019 Head Start Program Child Lead Exposure Elimination Innovation Grant for a total of \$75,000.00. There is no match requirement. The grant period is June 1, 2019 through May 31, 2020.

The objective of the grant is to pilot an innovative model to eliminate childhood lead poisoning by introducing a more robust lead testing pilot project through the City of Detroit's Head Start Program. The funding allotted to the department will be utilized to administer lead screenings for children and to provide parents with the results and the information for venous blood lead testing, as well as treatment support, if needed. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 20664.

I respectfully ask your approval to accept and appropriate 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

This request has been approved by the Law Department
This request has been approved by the Office of Budget

RESOLUTION

Council Member _____

WHEREAS, the Detroit Health Department is requesting authorization to accept a grant of reimbursement from the Michigan Department of Health and Human Services, in the amount of \$75,000.00, to eliminate childhood lead poisoning by introducing a more robust lead testing pilot project through the City of Detroit's Head Start Program; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

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

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20664, in the amount of \$75,000.00, for the FY 2019 Head Start Program Child Lead Exposure Elimination Innovation Grant.

**Grant Agreement Between
Michigan Department of Health and Human Services
hereinafter referred to as the "Department"
and**

**Detroit Health Department
City Treasurer 1151 Taylor Ste 333-C
Detroit MI 48202 1732
Federal I.D.#: 38-6004606, DUNS#: 006530661
hereinafter referred to as the "Grantee"
for**

**Child Lead Exposure Elimination Innovation Grant - 2019
Part I**

1. Period of Agreement:

This agreement will commence on June 1, 2019, and continue through May 31, 2020. No service will be provided and no costs to the state will be incurred prior to June 1, 2019 of the Agreement. Through the Agreement June 1, 2019 shall be referred to as the begin date. This agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount:

A. Agreement Amount

The total amount of this agreement is \$75,000.00. The Department under the terms of this agreement will provide funding not to exceed \$75,000.00. The source of funding provided by the Department and approved indirect rate shall be followed as described in Attachment 1 of this agreement, which is part of this agreement through reference.

The grant agreement is designated as a:

- Subrecipient relationship (federal funding); or
- X Recipient (non-federal funding).

The grant agreement is designated as:

- Research and development project; or
- X Not a research and development project.

B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

C. Deviation Allowance

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, subcontracts, equipment items or positions not shown in the attached Program Budget Summary and supporting detail schedules.

3. Purpose:

The focus of the program is to pilot an innovative model for the elimination of exposure to lead and therefore the elimination of childhood lead poisoning.

4. Statement of Work:

The Grantee agrees to undertake, perform and complete the services described in Attachment A, which is part of this agreement through reference.

5. Financial Requirements:

The financial requirements shall be followed as described in Part II of this agreement and Attachments B, which are part of this agreement.

6. Performance/Progress Report Requirements:

The progress reporting methods shall be followed as described in Part II and Attachment C, which are part of this agreement.

7. General Provisions:

The Grantee agrees to comply with the General Provisions outlined in Part II, which are part of this agreement.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES SCHEDULE OF FINANCIAL ASSISTANCE

Detroit Health Department

Source of Funds	Catalog of Federal Domestic Assistance (CFDA)		Federal Award		Award Date	Grant Phase	Amount
	Federal Agency Name	Number	Title	Award Number			
State General Funds (01000)							75,000.00
			Total Allocation				75,000.00

The federal funding provided by the Department is \$0.00.

Attachment 1b - APPROVED INDIRECT RATE

APPROVED INDIRECT RATE (S)

Rate Description	Indirect Rate %	Rate Base \$	Total Approved Indirect Costs
Total Approved Indirect Costs			

A Attachment A - Statement of Work

- Objective :** By May 2020, increase lead screening rates among children enrolled in Early Head Starts by 20%
- Activity :** Finalize implementation plan, procedures and pre-visit checklist
- Responsible Staff :** Program Manager
- Date Range :** 06/30/2019
- Expected Outcome :** Increased lead screening rates among children enrolled in Early Head Starts
- Measurement :** Blood lead levels as defined by capillary blood lead test
-
- Activity :** Schedule first half of Early Head Start visits
- Responsible Staff :** Program Manager
- Date Range :** 06/01/2019 - 09/30/2019
- Expected Outcome :** Increased lead screening rates among children enrolled in Early Head Starts
- Measurement :** Blood lead levels as defined by capillary blood lead test
-
- Activity :** Obtain number of children needing lead screenings from Early Head Start prior to visit
- Responsible Staff :** Service Integration Specialists
- Date Range :** 06/01/2019 - 09/30/2019
- Expected Outcome :** Increased lead screening rates among children enrolled in Early Head Starts
- Measurement :** Blood lead levels as defined by capillary blood lead test
-
- Activity :** Obtain signed consent forms for lead screenings prior to visit. Reconcile missing information from parents prior to visit.
- Responsible Staff :** Service Integration Specialists
- Date Range :** 06/01/2019 - 04/30/2020
- Expected Outcome :** Increased lead screening rates among children enrolled in Early Head Starts
- Measurement :** Blood lead levels as defined by capillary blood lead test
-
- Activity :** Administer lead screenings to children
- Responsible Staff :** Service Integration Specialists
- Date Range :** 07/01/2019 - 05/31/2020
- Expected Outcome :** Increased lead screening rates among children enrolled in Early Head Starts
- Measurement :** Blood lead levels as defined by capillary blood lead test
-
- Activity :** Provide parents with results and information for venous blood lead testing, if needed
- Responsible Staff :** Registered Nurse
- Date Range :** 07/01/2019 - 05/31/2020
- Expected Outcome :** Increased lead screening rates among children enrolled in Early Head Starts
- Measurement :** Blood lead levels as defined by capillary blood lead test
-
- Objective :** By May 2020, 100% of families with children enrolled in Early Head Starts receive education on preventing lead exposure
- Activity :** Complete educational modules for children and parents
- Responsible Staff :** Program Manager
- Date Range :** 06/30/2019
- Expected Outcome :** Families of children enrolled in Early Head Starts educated on preventing lead exposure
- Measurement :** Number of families reached and educated through parent meetings

Activity : Finalize project overview and infographics to send home to parents prior to early head start visits
Responsible Staff : Program Manager, Service Integration Specialists
Date Range : 07/31/2019
Expected Outcome : Families of children enrolled in Early Head Starts educated on preventing lead exposure
Measurement : Number of families reached and educated through parent meetings

Activity : Attend early head start parent meetings to provide education on lead prevention and available MCH services
Responsible Staff : Service Integration Specialists
Date Range : 06/01/2019 - 05/31/2020
Expected Outcome : Families of children enrolled in Early Head Starts educated on preventing lead exposure
Measurement : Number of families reached and educated through parent meetings

Activity : Provide education to children prior to receiving services
Responsible Staff : Service Integration Specialists
Date Range : 06/01/2019 - 05/31/2020
Expected Outcome : Children enrolled in Early Head Starts educated on preventing lead exposure
Measurement : Number of children reached through lead testing and education within Early Head Start facilities

Activity : Assess parents and children for satisfaction of information provided
Responsible Staff : Service Integration Specialists
Date Range : 06/01/2019 - 05/31/2020
Expected Outcome : Children enrolled in Early Head Starts, and their parents, satisfied with information and education provided on preventing lead exposure
Measurement : Parent and children surveys and/or assessments

Objective : By May 2020, 100% of eligible families linked to case management and lead abatement services.

Activity : Finalize referral system for warm hand off between Early Head Starts and DHD
Responsible Staff : Program Manager, Coordinating Team, Service Integration Specialists
Date Range : 07/31/2019
Expected Outcome : Eligible families linked to case management and lead abatement services
Measurement : Number of families that receive case management from DHD Lead Advocates and/or Lead Nurse
 Number of families receiving lead abatement services and/or families that have filled out an application for lead abatement services

Activity : Provide referrals and resources to families at parent meetings
Responsible Staff : Service Integration Specialists
Date Range : 06/01/2019 - 05/31/2020
Expected Outcome : Eligible families linked to case management and lead abatement services
Measurement : Number of families that receive case management from DHD Lead Advocates and/or Lead Nurse
 Number of families receiving lead abatement services and/or families that have filled out an application for lead abatement services

Activity : Contact parents of children with EBL to provide lead nurse case management visits
Responsible Staff : Registered Nurse
Date Range : 07/01/2019 - 05/31/2020

Expected Outcome : Eligible families linked to case management and lead abatement services

Measurement : Number of families that receive case management from DHD Lead Advocates and/or Lead Nurse

Activity : Contact provider of children identified with high EBL

Responsible Staff : Registered Nurse

Date Range : 07/01/2019 - 05/31/2020

Expected Outcome : Children with elevated blood lead levels are connected with their provider to receive confirmatory venous test

Measurement : Number of children receiving confirmatory venous testing from their provider

Activity : Conduct home visits including nutrition screening, home visual assessment and linkages to needed health and human services

Responsible Staff : Registered Nurse/Lead Advocate

Date Range : 07/01/2019 - 05/31/2020

Expected Outcome : Eligible families linked to case management and lead abatement services

Measurement : Number of families that receive case management from DHD Lead Advocates and/or Lead Nurse
Number of families receiving lead abatement services and/or families that have filled out an application for lead abatement services

Activity : Coordinate lead inspection, relocation assistance, and abatement services for eligible families

Responsible Staff : Lead Advocate

Date Range : 07/01/2019 - 05/31/2020

Expected Outcome : Eligible families linked to case management and lead abatement services

Measurement : Number of families that receive case management from DHD Lead Advocates and/or Lead Nurse
Number of families receiving lead abatement services and/or families that have filled out an application for lead abatement services

Activity : Provide venous testing

Responsible Staff : Phlebotomist

Date Range : 07/01/2019 - 05/31/2020

Expected Outcome : Children with elevated blood lead levels receive confirmatory venous test

Measurement : Number of children receiving confirmatory venous testing either from their provider or DHD phlebotomist

B1 Attachment B1 - Program Budget Summary

PROGRAM Child Lead Exposure Elimination Innovation Grant - 2019			DATE PREPARED 6/6/2019		
CONTRACTOR NAME Detroit Health Department			BUDGET PERIOD From : 6/1/2019 To : 5/31/2020		
MAILING ADDRESS (Number and Street) City Treasurer 1151 Taylor Ste 333-C			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Detroit	STATE MI	ZIP CODE 48202-1732	FEDERAL ID NUMBER 38-8004606		

	Category	Total	Amount	Cash	Inkind
DIRECT EXPENSES					
Program Expenses					
1	Salary & Wages	0.00	0.00	0.00	0.00
2	Fringe Benefits	0.00	0.00	0.00	0.00
3	Travel	0.00	0.00	0.00	0.00
4	Supplies & Materials	0.00	0.00	0.00	0.00
5	Contractual	75,000.00	75,000.00	0.00	0.00
6	Equipment (unallowable in this RFP)	0.00	0.00	0.00	0.00
7	Other Expense	0.00	0.00	0.00	0.00
Total Program Expenses		75,000.00	75,000.00	0.00	0.00
TOTAL DIRECT EXPENSES		75,000.00	75,000.00	0.00	0.00
INDIRECT EXPENSES					
Indirect Costs					
1	Indirect Costs	0.00	0.00	0.00	0.00
Total Indirect Costs		0.00	0.00	0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00	0.00	0.00
TOTAL EXPENDITURES		75,000.00	75,000.00	0.00	0.00

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections	0.00	0.00	0.00	0.00
	State Agreement	75,000.00	75,000.00	0.00	0.00
	Local	0.00	0.00	0.00	0.00
	Federal	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00
	Total Source of Funds	75,000.00	75,000.00	0.00	0.00
	Totals	75,000.00	75,000.00	0.00	0.00

B2 Attachment B2 - Program Budget - Cost Detail Schedule

Line Item	Qty	Rate	Units	UOM	Total	Amount	Cash	Inkind	
DIRECT EXPENSES									
Program Expenses									
1	Salary & Wages								
2	Fringe Benefits								
3	Travel								
4	Supplies & Materials								
5	Contractual								
	Subcontracting Agency-SEMHA Contact Details : SEMHA 3011 w . Grand Blvd. Ste 200, DETROIT,MI,48202, Phone : 3138764820	0.0000	0.000	0.000		75,000.00	75,000.00	0.00	0.00
6	Equipment (unallowable in this RFP)								
7	Other Expense								
Total Program Expenses					75,000.00	75,000.00	0.00	0.00	
TOTAL DIRECT EXPENSES					75,000.00	75,000.00	0.00	0.00	
INDIRECT EXPENSES									
Indirect Costs									
1	Indirect Costs								
Total Indirect Costs					0.00	0.00	0.00	0.00	
TOTAL INDIRECT EXPENSES					0.00	0.00	0.00	0.00	
TOTAL EXPENDITURES					75,000.00	75,000.00	0.00	0.00	



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

86

June 12, 2019

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

RE: Authorization to submit a grant application to the MDHHS Office of Local Health Services for the Local Health Opioid Response grant, and to accept and appropriate the grant if awarded

The Detroit Health Department is hereby requesting authorization from Detroit City Council to submit a grant application to the MDHHS Office of Local Health Services for the Local Health Opioid Response grant. The amount being sought is \$28,000.00. The State share is 100 percent or \$28,000.00 of the approved amount. There is no required match. The total project cost is \$28,000.00.

The Local Health Opioid Response grant will enable the department to:

- Increase the number of pharmacies registered under the MDHHS standing order to distribute Naloxone, and conduct a continuing education event to train pharmacists on opioid misuse and Naloxone administration

If approval is granted to accept and appropriate this funding, in the case of award, the appropriation number will be 20667. We anticipate the grant period will be less than 12 months. If awarded, this will be a reimbursement grant.

We respectfully request your approval to submit the grant application, and to accept and appropriate funding if awarded, by adopting the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

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

This Request has been approved by the Office of Budget.

CITY CLERK 2019 JUN 28 PM 1:44

RESOLUTION

Council Member _____

WHEREAS, the Detroit Health Department has requested authorization from City Council to submit a grant application to the MDHHS Office of Local Health Services, for the Local Health Opioid Response grant, in the amount of \$28,000.00, to increase the number of pharmacies registered to distribute Naloxone and conduct a continuing education event for pharmacists; and

WHEREAS, there is no City match requirement for the Local Health Opioid Response grant; and

WHEREAS, the Detroit Health Department is requesting authorization if awarded to accept a grant of reimbursement from MDHHS Office of Local Health Services, in the amount of \$28,000.00, to increase the number of pharmacies registered to distribute Naloxone and conduct a continuing education event for pharmacists; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE BE IT RESOLVED, the Detroit Health Department is hereby authorized to submit a grant application to the MDHHS Office of Local Health Services, for the Local Health Opioid Response grant, and

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

BE IT FURTHER RESOLVED, that if awarded the Budget Director is authorized to establish Appropriation number 20667, in the amount of \$28,000.00, for the Local Health Opioid Response grant.



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

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DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
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Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 18-4-2 of the Detroit City Charter, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, parkersa@detroitmi.gov and Greg Andrews, Program Analyst IV, andrewsgr@detroitmi.gov

City Department	Health
Date	6/12/19
Department Contact Name	Adaora Ezike
Department Contact Phone	313 400 3008
Department Contact Email	ezikea@detroitmi.gov
Grant Opportunity Title	Local Health Opioid Response
Grant Opportunity Funding Agency	MDHHS Office of Local Health Services
Web Link to Opportunity Information	N/A - Opportunity shared via email to DHD Health Officer
Award Amount (that Department will apply for)	\$28,000
Application Due Date	6/14/19
Anticipated Proposed Budget Amount	\$28,000
City Match Contribution Amount	\$0
Source of City Match (include Appropriation Number, Cost Center, and Object Code)	N/A
List of programs/services/activities to be funded and the Budget for each Sample: - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	Continuing Education event for pharmacists practicing in Detroit: \$8,000 Academic detailing to register 100 Detroit pharmacies to dispense Naloxone under the MDHHS Standing Order: \$20,000
Brief Statement of Priorities/Purpose for the Application Sample: To support expansion of promising youth development programs in MNO neighborhood.	We submit this proposal in response to an offer from MDHHS to provide additional funds to expand work being done under an existing grant. The requested funds will increase the number of pharmacies registered under the MDHHS standing order to distribute naloxone. We will conduct a continuing education event to train pharmacists on opioid misuse and Naloxone administration.
Key Performance Indicators to be Used to Measure the Programs/Services/Activities Sample: # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance	- # of pharmacies registered under the MDHHS standing order for Naloxone distribution - # of pharmacists attending the CE event - Increased understanding of opioid misuse and Naloxone administration measured by a survey

David Yeh

Director's Name (Please Print)

Director's Signature

6/12/19

Date



City of Detroit

COUNCILMAN SCOTT R. BENSON

CITY CLERK 2019 JUN 27 PM12:144

87

MEMORANDUM

TO: Ron Brundidge, Department of Public Works

FROM: Hon. Scott Benson, City Council District 3

CC: Stephanie Washington, Mayor's Office

VIA: Hon. Brenda Jones, City Council President

DATE: 27 June 2019

RE: SAINT AUBIN STREET – ILLEGAL DUMPING

Our office has received a complaint regarding illegal dumping that has been regularly occurring at 17161 Saint Aubin Street. Please investigate this property for remediation.

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



City of Detroit

COUNCILMAN SCOTT R. BENSON

CITY CLERK 2019 JUN 27 AM 12:44

88

MEMORANDUM

TO: David Bell, BSEED
FROM: Hon. Scott Benson, City Council District 3
CC: Brian Farkas, BSEED
Stephanie Washington, Mayor's Office
VIA: Hon. Brenda Jones, City Council President
DATE: 27 June 2019
RE: SAINT AUBIN STREET – VACANT PROPERTIES

Our office has received a complaint regarding several vacant properties which are open to trespass on Saint Aubin Street. The street addresses for the various properties are as follows:

- 17161
- 17165
- 17171
- 17190
- 17167
- 17260
- 17202
- 17214

It has been reported that once the properties are boarded up they are vandalized and re-exposed for trespass. Please provide a response detailing whether or not the above mentioned properties have been scheduled for investigation and/or demolition.

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

MEMORANDUM

89

TO: Mr. Ron Brundidge
Director of the Department of Public Works
Boise Jackson
Chief Procurement Officer

THROUGH: Scott Benson, Council Member
City of Detroit

FROM: Roy McCalister, Jr., Council Member
City of Detroit

DATE: June 27, 2019

RE: **Contract #6002055 Guard Rails and Posts**

1. Can you described the proposed guard rails that will be purchased through this contract?
2. Are the guard rails "77X-lite or X-lite" guard rails?
3. Are you aware of the pending law suits relative to this type of guard rail and the potential for injury or death during collisions, because of the potential to spear vehicles?
4. Can you identify other potential guard rails which can be installed by DPW in lieu of the potentially deadly ones as described above?
5. If you have the time, can you review the recent story regarding the dangerous guard rails within the attached story concerning the potential danger?

Roy McCalister, Jr.
Detroit City Council

CC:

- Council President Brenda Jones
- President Pro Tem Mary Sheffield
- Council Member Janee' Ayers
- Council Member Gabe Leland
- Council Member Andre Spivey
- Council Member James Tate
- Council Member Scott Benson
- Council Member Raquel Contaneda-Lopez'
- City Clerk
- Gail Fulton, Mayor's Office

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Metro Detroit freeway guardrails linked to driver injuries, deaths in other states

Three lawsuits filed about X-Lite guardrails

By Karen Drew [<https://www.clickondetroit.com/author/karendrew>] - Reporter/Anchor, Derick Hutchinson [<https://www.clickondetroit.com/author/dhutchinson>]

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DETROIT - As the summer travel season begins in Metro Detroit, there's a growing concern among drivers about a potentially deadly hazard on the roads.

Three lawsuits have been filed claiming a certain type of guardrail can spear into vehicles on impact, causing injury and maybe even death.

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- There are 77 X-Lite guardrails in total along the I-275 corridor between I-96, I-696 and Five Mile Road.

The Local 4 Defenders did some digging and discovered the X-Lite guardrails in question are being used in Michigan. The majority of them are found in Metro Detroit.

One incident involved a former Detroit school teacher who died when his car hit an X-Lite guardrail.

William Byrd, 69, was headed to a funeral and driving through Chattanooga, Tennessee, in his SUV when it veered off the road and crashed into an X-Lite guardrail.

"All I see is metal going straight out the back of my dad's vehicle," his son, Malcolm Byrd, said. "They told me my dad was dead on arrival."

Malcolm Byrd isn't the only family member mourning the death of a loved one killed after hitting an X-Lite guardrail.

Gonzalo Martinez, 23, was driving with his brother in Southern California when he swerved off the freeway and wiped out 60 feet of guardrail posts before stopping. Martinez wasn't wearing his seat belt, officials said.

"It was a bad accident," his father, Sergia Martinez, said.

Investigation photos show a guardrail pierced Martinez's windshield, ripping out the headrest of the driver's seat, and came out the back window.

According to California Highway Patrol officials, the guardrail was an X-Lite end terminal made by Lindsay Transportation Solutions.

The X-Lite guardrail was linked to another crash in Tennessee, involving 17-year-old Hannah Eimers.

Eimers' car went off the road and collided with an X-Lite guardrail.

"A guardrail pierced her car and she was killed instantly," her father, Steve Eimers, said.

When a car hits a guardrail, the end terminal, or cap, is supposed to act like an accordion and absorb the car's impact. Video obtained from the Federal Highway Administration shows safety test footage of a vehicle crashing into a Lindsay X-Lite guardrail and what is supposed to happen during a collision.

Investigator photos show something else happened in the crashes involving Byrd, Martinez and Eimers.

The Local 4 Defenders contacted Lindsay Transportation Solutions.

"The X-Lite guardrail end terminal successfully passed crash and safety tests in accordance with Federal Highway Administration standards," a company statement said, in part. "No guardrail and terminal system can prevent every tragedy."

"I think it should be addressed," Malcolm Byrd said.

The Byrd lawsuit states, "(The) X-Lite end terminal and rail system failed to perform its intended safety function ... 60 feet of guardrail pierced through the vehicle, where Wilbert Byrd was sitting, violently striking Byrd and causing him to suffer fatal injuries."

The Local 4 Defenders obtained records from the Michigan Department of Transportation (MDOT) showing there are 90 X-Lite terminals statewide, the majority of which are in Metro Detroit.

According to state records, there are 77 in total along the I-275 corridor between I-96, I-696 and Five Mile Road.

"So we're talking about less than .4% of our total inventory consists of the X-Lite guard ending," said MDOT development director Brad Wieferich.

The Defenders also obtained an MDOT document dated in February 2018 stating that effective immediately and until further notice, damaged X-Lite guardrail terminals must not be replaced with another X-Lite guardrail terminal.

"If that is MDOT's ruling, then why not just get rid of the 90 X-Lite terminals we have now that are mostly here along I-275?" Defender Karen Drew asked. "Why take the chance?"

"MDOT is in the process right now of reviewing the performance of our X-Lites," Wieferich said. "We understand that other states have had issues. We're being very cautious of this. We are, but we need to complete our review to make sure we know what our next move is."

As the state remains cautious, Malcolm Byrd said every driver needs to be cautious, as well.

"All I can say is I wouldn't wish what I'm going through right now on my worst enemy," he said.

There are many pieces to the investigation. You can view the lawsuits filed against Lindsay Transportation Solutions, a list of other companies named, documents obtained from MDOT and a map of the location of Michigan's X-Lite guardrails below.

Lindsay Transportation Solutions released a statement just before this story aired Monday night:

"The Federal Highway Administration (FHWA) has examined and re-examined the X-Lite and its in-service performance and has gathered input from state departments of transportation across the country. In FHWA's evaluations, the X-Lite has performed consistently with other end terminals on U.S. roads and highways."

Lindsay Transportation Solutions shared a link to a 2017 memorandum from the Federal Highway Administration. **Click here to view it**
[https://safety.fhwa.dot.gov/roadway_dept/countermeasures/reduce_crash_severity/policy_memorandum_2017_01_20.pdf].

Lindsay Transportation Solutions also shared this report titled "Safety Analysis of Extruding W-Beam Guardrail Terminal Crashes" -- **view here**
[<https://www.fhwa.dot.gov/guardrailsafety/safetyanalysis/>].

More information

- Byrd case information [https://www.cohenmilstein.com/search?search_api_views_fulltext=Malcolm+Byrd]
- Eimers case information [https://www.cohenmilstein.com/search?search_api_views_fulltext=MHANNAH+EIMER]
- X-Lite fast facts [<https://xlitefacts.com/>]
- Guardrail resources and in-service performance evaluation [https://safety.fhwa.dot.gov/roadway_dept/countermeasures/reduce_crash_severity/guardrail_ispr]

Here's a breakdown of all the X-Lite guardrails in the state:

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90

MEMORANDUM

TO: Ms. Saskia Thompson
Executive Director
Detroit Land Bank Authority
City of Detroit

Mr. David Whitaker
Director
Legislative Policy Division

FROM: Roy McCalister, Jr., Councilman
City of Detroit

DATE: June 27, 2019

RE: Questions regarding Ownership of Joe Louis Arena Parking garage

- 1- Please provide the name of the owner of the JLA Parking Garage.
- 2- Please provide a detailed timeline for the revitalization of the JLA garage
- 3- Please provide the name of the governing body for the JLA garage upon completion of revitalization. Specifically, who will oversee the operation, who will staff and who will be allowed to park at the garage?
- 4- Is the JLA garage still attached to the Bankruptcy exit plan?
- 5- If so, how is it tied in?
- 6- What is the future for the JLA garage?

Sincerely,

Roy McCalister, Jr.
Detroit City Council

CC:
City Clerk
Stephanie Washington, Mayor's Office

CITY CLERK 2019 JUN 27 PM 1:48