

Referrals
7/16/19

**PUBLIC HEALTH
AND SAFETY
STANDING
COMMITTEE**

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 667 Event Name: Renegade Craft Fair

Event Date : September 14, 2019

Street Closure: Division Street

Organization Name: Renegade Craft Fair

Street Address: 1910 S. Halsted Street #2 Chicago, IL 60608

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: Craft Fair
- 24-Hour Liquor License**

Petition Communications (include date/time)

The Renegade Craft Fair will host its 3rd Annual Fair on Division Street to host local vendors with handcrafted goods from 11:00am - 6:00pm; with temporary street closure on Division Street between Service Street & Maple Street.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with H&P Protective Services to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Universal Macomb 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"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Aushier

Date: 7-11-19

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, February 04, 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

667 *Renegade Craft Fair, request to hold " Renegade Craft Fair" on Division St. between Russell St and Rivard St. in Eastern Market area, on 9/14/19 at 11am - 6 pm, set-up on 9/13/19 from 8am - 7pm, Tear down 9/15/19, Street closure on Division St. @ Russell St - Rivard St.*

#667

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: Renegade Craft Fair

Event Location: on Division Street between Russell Street and Rivard Street in Eastern Market neighborhood

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Renegade Craft Fair

Organization Mailing Address: 1910 S Halsted St #2 Chicago IL 60608

Business Phone: 312-226-8654 Business Website: www.renegadecraft.com

Applicant Name: Susie Daly

Business Phone: 312-226-8654 Cell Phone: 312-342-0687 Email: susie@renegadecraft.com

Event On-Site Contact Person:

Name: Justin Rathell

Business Phone: 312-226-8654 Cell Phone: 913-424-4915 Email: justin@renegadecraft.com

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: Craft fair

Please provide a brief description of your event:

Renegade Craft Fair brings local and national vendors with handcrafted goods in a two day craft fair event.

It is free and open to the public.

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

Begin Set-up Date : 9/13/2019 Time: 8:00am Complete Set-up Date: 9/13/2019 Time: 7:00pm

Event Start Date: 9/14/2019 Time: 11:00am Event End Date: 9/15/2019 Time: 6:00pm

Begin Tearing Down Date: 9/15/2019 Complete Tear Down Date: 9/15/2019

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

Saturday 9/14/2019 11am-6pm & Sunday 9/15/2019 11am-6pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: On Russell Street, between Service Street and Maple Street (in Eastern Market)

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:

WE would like to have light DJ music playing for shoppers.

Will a sound system be used? Yes No

If yes, what type of sound system? Small PA system for light shopping music

Describe specific power needs for entertainment and/or music:

Small generator will be rented to power PA system.

How many generators will be used? TBD, but likely 1-2

How will the generators be fueled? Gasoline managed by the production team

Name of vendor providing generators:

Contact Person: Mary Alice Mirochna

Address: 28399 Dartmouth Street

Phone: (248) 545-4845

City/State/Zip Madison Heights, MI 48071

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: Food + drink, jewelry, clothing, ceramics, houswares, plants, prints, kids toys

Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Frederick Hall, H & P Protective Services

Address: 29829 Greenfield

Phone: 248-752-5364

City/State/Zip: Southfield, MI 48076

Number of Private Security Personnel Hired Per Shift:

2-3 per day

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

We post parking information on our website and in event promotions.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

We will be bringing shopping business to the area with minimal traffic disruption.

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 begin the notification process this spring, and plan to obtain the same letters of support as we had for our 2017 and 2018 events.

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)	≈ 4-6	10' x10'
Canopy (open on all sides)	≈ 60-80	10' x10'
Staging/Scaffolding	n/a	
Bleachers	n/a	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Universal-Macomb Ambulance Service / (586) 939-4350

Address: 7733 E. Jefferson Avenue

City/State/Zip: Detroit, MI 48214

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

Contact Person: Lori Proctor

Address: 27940 Wick Street

Phone: 888-407-2900

City/State/Zip: Romulus, MI 481803

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: Division Street

FROM: Russell Street **TO:** Rivard Street

CLOSURE DATES: 9/13/2019 - 9/15/2019 **BEG TIME:** 8:00am **END TIME:** 10:00pm

REOPEN DATE: 9/15/2019 **TIME:** 10:00pm

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**

Letters of support will include Division Street Boutique, Signal Return Press, and Maceri Produce

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.



January 16, 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: Renegade Craft Fair Event Date: 9/14/2019 - 9/15/2019

Event Organizer: Justin Brookhart

Applicant Signature:  Date: January 16, 2019

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 842 Event Name: Metro Detroit AFL - CIO Labor Day March

Event Date: September 2, 2019

Street Closure: Michigan & Trumbull

Organization Name: Metro Detroit AFL - CIO

Street Address: 115 West Willis Detroit, MI 48221

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

Event Elements (check all that apply):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>March</u> | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Union Members of the Metro Detroit AFL - CIO will host their annual Labor Day March from 7:00am - 1:00pm; with temporary street closures on Michigan Avenue & Trumbull.

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

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

MAYOR'S OFFICE

Signature: B. Kushier

Date: 7-11-19

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
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER
MUNICIPAL PARKING DEPARTMENT TRANSPORTATION DEPARTMENT

842 *Metro Detroit AFL-CIO, request to host the "Metro Detroit AFL-CIO Labor Day March" Downtown Detroit on 9-2-2019 at 7AM - 1PM, Set up pn 9/2/2019 from 7AM - 9AM, Tear down on 9/3/2019, with multiple street closures.*

Please provide a brief description of your event:

Union members, members of the community and community groups, and members of faith-based groups and the community will stage 7am – 8:55am. Marchers will be going west on Michigan Avenue promptly at 9am.

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

Begin Set-up Date: 09.02.2019	Time: 07.00am	Complete Set-up Date: 09.02.2019	Time: 9am
Event Start Date: 09.02.2019	Time: 07.00am	Event End Date: 09.02.2019	Time: 01:00pm
Begin Tearing Down Date: 09.03.2019	Complete Tear Down Date: 09.03.2019		

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

One Day Event

Section 3- LOCATION/SITE INFORMATION

Location of Event: **Downtown Detroit**

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 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

Describe the entertainment for this year's event: **None**

Will a sound system be used? Yes No

If yes, what type of sound system? **None**

Describe specific power needs for entertainment and/or music:

Not applicable

How many generators will be used? **None**

How will the generators be fueled? **None**

Name of vendor providing generators:

Contact Person: **Not Applicable**

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: **NO**

Will there be on-site ticket sales? Yes No

If yes, list price(s): **Not applicable**

Will there be vending or sales? Yes No

If yes, check all that apply: **NO**

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold: **None**

Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

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?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

This event is on a holiday and the majority of area businesses are not affected. Residents are informed by flyers posted in the area and in past years we have not been advised of any complaints or concerns.

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 will be distributed to business

and residents throughout the community.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	<u>0</u>	<u>0</u>
Tents (enclosed on 3 sides)	<u>0</u>	<u>0</u>
Canopy (open on all sides)	<u>0</u>	<u>0</u>
Staging/Scaffolding	<u>0</u>	<u>0</u>

Bleachers

0

0

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing port-a-johns.

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

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. (For details see attached)

STREET NAME: Michigan Avenue

FROM: Rosa Parks **TO:** Washington Blvd.

CLOSURE DATES: 09.02.2019 **BEG TIME:** 7am **END TIME:** 1pm

REOPEN DATE: 09.02.2019 **TIME:** 1pm

STREET NAME: Trumbull

FROM: Spruce **TO:** Howard

CLOSURE DATES: 09.02.2019 **BEG TIME:** 7am **END TIME:** 1pm

REOPEN DATE: 09.02.2019 **TIME:** 1pm

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

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

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

Signature of Applicant



04.09.2019

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.

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: Metro Detroit AFL-CIO Labor Day March

Event Date: September 2, 2019

Event Organizer: Tanise Hill

Applicant Signature:



Date: 04.09.2019

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 916 Event Name: Greektown Heritage Festival

Event Date: July 27, 2019

Street Closure: Monroe Street

Organization Name: Greektown Preservation Society

Street Address: 1216 Beaubien

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)

The Greektown Heritage Festival will host their annual event from 12:00pm - 10:00pm; with temporary street closure on Monroe Street between Brush Street and St. Antoine.

**** 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 Greektown Security 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, Generators & Stages
	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 & No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Jusher

Date: 7-11-19



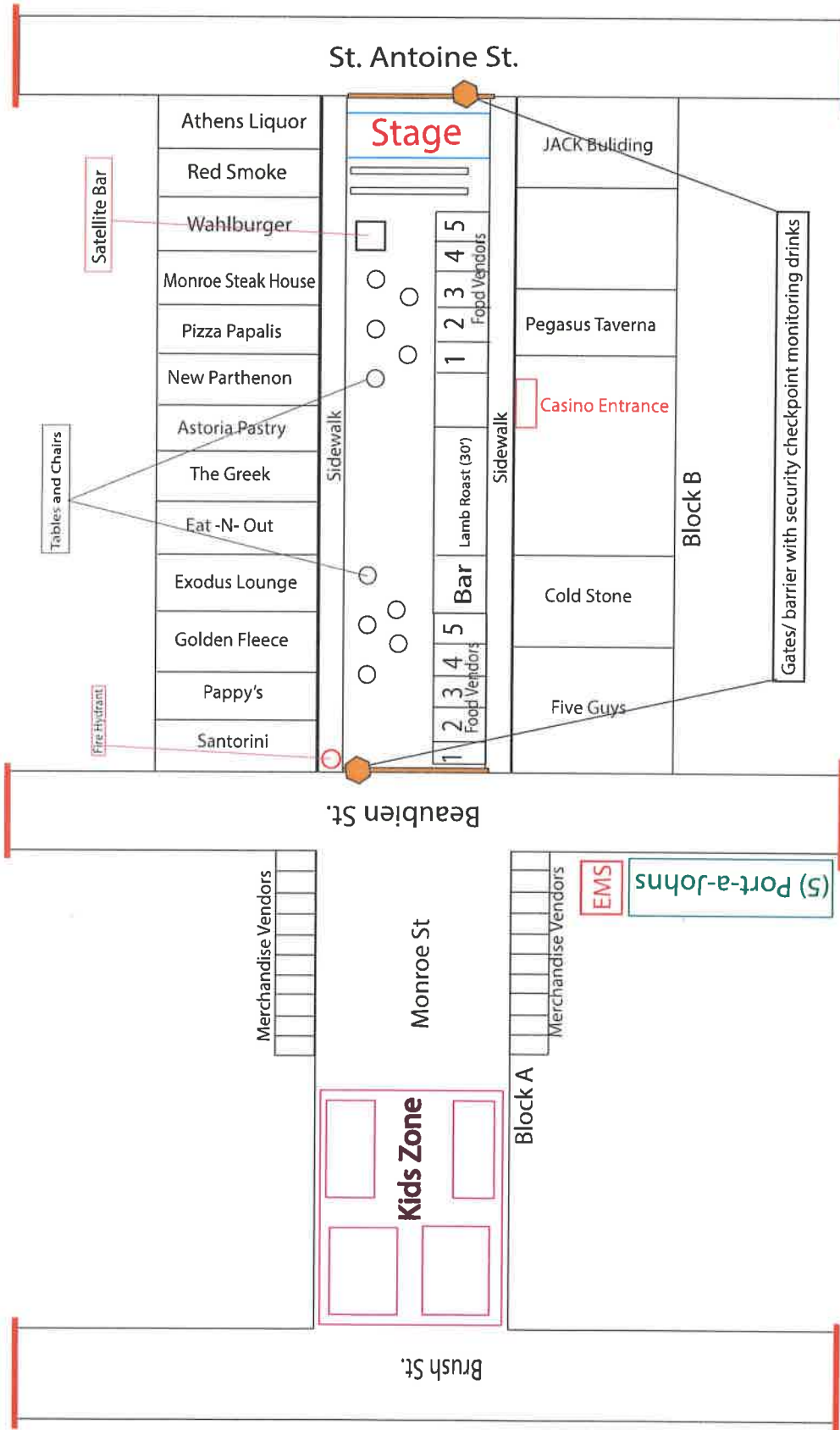
July 2, 2019

To Whom It May Concern:

The Downtown Detroit Ambassador Program will be providing cleaning support services for the Greektown Heritage Festival on July 27, 2019. Please feel free to contact me should you have any questions regarding this request.

Best,

Racheal Allen
Operations Manager
Downtown Detroit Ambassador Program
313-495-1304
Racheal.allen@downtowndetroit.org



- Type 3 Jersey Barricades

CONFIDENTIAL
HART EMS MEDICAL SERVICES PLLC
220 Bagley, Suite 912 - Detroit, MI 48216
Phone 313-366-4278 Fax 313-216-1771

June 18, 2019

This is to confirm that HART EMS MEDICAL SERVICES PLLC (HART) will provide on-site medical service **Detroit Greektown Society (DGTS); Greek Heritage Festival** in Greek town Detroit, MI on the following date(s) and time(s):

Saturday September 21, 2019 12:00pm-10:00pm (10hrs)

HART EMS MEDICAL SERVICES PLLC will provide these on-site standby services:

One (1) Life Support Ambulance @ \$125.00 per hour

The total amount due for 10 hours - \$1250.00

DGTS will provide the following:

- Location for Ambulance with proper egress
- Any necessary credentials
- Parking Passes for HART EMS MEDICAL SERVICES PLLC staff vehicles
- Bathroom Facilities
- Contact Person name
- Ice & Water for patient use

It is understood that all on-site medical facilities and ambulances have a limited capacity and should other emergency resources be called in by mutual agreement of both HART EMS MEDICAL SERVICES PLLC and DGTS that HART EMS MEDICAL SERVICES PLLC will be held harmless for any overtaxing of its resources and will not be held responsible for other costs incurred. It is further understood that the request for services is as outlined above and designed by DGTS. HART EMS MEDICAL SERVICES PLLC assumes no responsibility for the planning and accuracy of it. Should the request for transport result in overtaxing of resources contracted for, HART EMS MEDICAL SERVICES PLLC. Will, at its' discretion, call for transport via city or private provider. HART EMS MEDICAL SERVICES PLLC assumes no responsibility for availability or response capabilities of outside ambulance services. It is understood by the parties that HART EMS MEDICAL SERVICES PLLC is held accountable for medical treatments by the governing county agencies and must adhere to all policies and procedures pertaining to medical provision. HART EMS MEDICAL SERVICES PLLC, its staff, and agents shall be held harmless for any incidents arising from this event. Furthermore any treatment provided by other contracted, volunteer agencies or employees will not be the responsibility of HART EMS MEDICAL SERVICES PLLC and will be held harmless for any liability resulting in treatment by other agencies, either contracted or volunteered. Premature termination of the event shall not result in discount or refund of any kind from HART EMS MEDICAL SERVICES PLLC.

The balance is due in full to a HART EMS MEDICAL SERVICES PLLC supervisor before the end of the event.

AGREED:

Adam Gottlieb
HART EMS MEDICAL SERVICES PLLC

Authorized Signature
Detroit Greektown Society

Date

Date

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

916 *Greektown Preservation Society, request to hold "Greektown Heritage Festival" on 7/27/19 from 12 pm - 10pm, Set-up on 7/27/19 from 7 am - 12 pm, Tear down on 7/27/19 - 7/28/19, Street Closure on Monroe, from Brush to St. Antoine.*

#916

7/27/2019

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: Greektown Heritage Festival

Event Location: Greektown- On Monroe between Brush and St. Antoine

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Greektown Preservation Society

Organization Mailing Address: 111 Dearborn

Business Phone: 313-223-1234

Business Website: http://greektowndetroit.org/

Applicant Name: Vivian Lee

Business Phone: 313-223-1234

Cell Phone: 734-612-2068

Email: vlee@greektowncasino.com

Event On-Site Contact Person:

Name: Vivian Lee

Business Phone: 313-223-1234

Cell Phone: 734-612-2068

Email: vlee@greektowncasino.com

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" 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: 2000

Please provide a brief description of your event:

Annual Greektown Heritage Festival- Celebrate culture, food, and art.

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

Begin Set-up Date: 07/27/2019 Time: 07:00am Complete Set-up Date: 07/27/2019 Time: 12:00pm

Event Start Date: 07/27/2019 Time: 12:00pm Event End Date: 07/27/2019 Time: 10:00pm

Begin Tearing Down Date: 07/27/2019 Complete Tear Down Date: 07/28/2019

Event Times (If more than one day, give times for each day):
07/27/2019 from 12pm-10pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: Greektown- On Monroe between Brush and St. Antoine

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

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

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

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Live Band or DJ _____

Will a sound system be used? Yes No

If yes, what type of sound system? Over head and stick speakers

Describe specific power needs for entertainment and/or music:

6 EV, X11150, line array, 4-12' sub woofer, 4 power monitors, microphone w/cables, amp rack, 2 power 15"

How many generators will be used? Yes _____

How will the generators be fueled?
TBD

Name of vendor providing generators:

Contact Person: Party Dreams

Address: 30195 John R.

Phone: 248-688-4640

City/State/Zip: Madison Hts. MI 48071

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:

Food and Beverage, arts and crafts

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Safe Provision Security Services

Contact Person: TBD

Address: 2700 E. State Street

Phone: 734-845-9654

City/State/Zip:

Ann Arbor, MI 48104

Number of Private Security Personnel Hired Per Shift:

6

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Parking available at Greshamdown parking garage

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Requesting to close Monroe St. Between Brush and St. Antoine

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:
Greektown merchant Association will be working with Greektown preservation society with 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	60' x 20' and 10' x 20'
Canopy (open on all sides)	40	10' x 10'
Staging/Scaffolding	1	15 Sections- 20' x 24'
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Safe Provision Security Services

Address: 2723 S. State Street

City/State/Zip: Ann Arbor, MI 48104

Name of company providing port-a-johns: Greathouse Portables

Contact Person: TBD

Address: 27340 Waver Rd

Phone: 734-421-140

City/State/Zip: Romulus, MI 48174

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: Monroe
FROM: Brush **TO:** St. Antoine

CLOSURE DATES: 07/28/11 **BEG TIME:** 07:00am **END TIME:**
REOPEN DATE: 07/28/11 (8:00am) **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.


Vivian Lee
City of Detroit, Michigan

05/23/2019

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: Greentown Heritage Festival **Event**

Date: 07/27/2019

Event Organizer:

Vivian Lee


Vivian Lee
City of Detroit, Michigan

Applicant Signature:

Date: 05/23/2019

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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 920 Event Name: Detroit Drag Way Reunion Car Show - Youth Empowerment Festival

Event Date : August 25, 2019

Street Closure: John R.

Organization Name: Greater New Straight Street Baptist

Street Address: 20067 John R Detroit, MI 48203

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

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Car Show</u> | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Greater New Straight Street Baptist Church will host their annual Car Show & Community Day at 20067 John R and the adjacent parking lot from 12:00pm - 8:00pm; with temporary street closure on John R between E. State Fair & Remington.

** *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"/>	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 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 Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Auer

Date: 7-11-19

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

920 *Greater New Straight Street Baptist, request to hold "Detroit Drag Way Reunion Car Show - Youth Empowerment Festival" on 20067 John R on 8/25/19 from 12 noon - 8pm, Set-up on 8/25/19 at 10am, Tear down following event, Street closure on John R from E. State Fair to Remington.*

8/25/2019

City of Detroit Special Events Application

#920

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. There is a 90 day review process. At the end of the 90 days, the petition could either be approved or denied by departments. Please take into consideration the amount of time it will take to plan the event when submitting the application. If submitted later than 90 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: Detroit DragWay Reunion Car Show - Youth Empowerment Festival

Event Location: 20067 John R. Det. MI 48203

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Greater New Straight Street Baptist

Organization Mailing Address: 20067 John R. Det. MI 48203

Business Phone: 313-7360432

Business Fax:

Federal Tax ID # 47-4865178

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

Applicant Name: Rev. Johnny E. Broaden

Title/Role: Pastor

Email Address: gnstraightst@gmail.com

Mailing Address: 20067 John R. Detroit, MI 48203

Business Phone: 313-7360432 / 313-4549666

Business Fax::

Event On-Site Contact Person: Mailing

Address: 20067 John R. Detroit, MI 48203

Business Phone: Pastor Broaden, 313-7360432 / Lady Broaden, 313-4549666

Business Fax:

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

List Event Sponsors:

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>Car Show</u> |

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

Begin Set-up Date & Time: Aug 25, 2019 10am Complete Set-up Date & Time: Aug 25, 2019

Event Start Date & Time: Aug 25, 2019 12 noon Event End Date & Time: Aug 25, 2019 8pm

Begin Tearing Down Date: Aug 25, 2019 Complete Tear Down Date: Aug 25, 2019

Event Times (If more than one day, give times for each day): Sun. Aug. 25, 2019 12 Noon - 8pm

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? Annually since 2005

When was the event last held in Detroit? Sun. Aug. 26, 2018 Where was

the event last held in Detroit? Greater New Straight Street Baptist Church
20067 John R.
Det. MI 48203

What were the hours last year? 10am - 9pm

Project Attendance This Year (Minimum - Maximum)? 200-300

What is the basis for your projected attendance? Community Engagement / School Supplies Donations

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? (Annually) 4th Sun. of August / Aug. 23, 2020

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

N/A

- People
- Balloons Floats
- Animals Vehicles
- Other:

Bands _____

If animals included, specify type, number and how used.

Name of business supplying animal(s): _____

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

N/A

Section 3- LOCATION/SITE INFORMATION

Location of Event: 20067 John R. / John R. (Btw. Remington + E. State Fair)

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

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

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

Section 4- ENTERTAINMENT

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

- Singers
- Musicians
- Comedians
- Magician
- Story Telling
- Other: DJ - Music

Describe the entertainment for this year's event: DJ - Music will be played during the event (clean/appropriate lyrics)

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

N/A

Will a sound system be used? Yes No

If yes, what type of sound system?

Church Peavy Speakers & Microphone

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:

Church Electricity

How many generators will be used? No

How will the generators be fueled?

N/A

Name of vendor providing generators:

Contact Person:

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

[x] Flyers

[] Street Banners

[x] Other (specify):

Mail, Email

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? [] Yes [x] No
If yes, please describe:

Will there be on-site ticket sales? [] Yes [x] No If
yes, list price(s):

Will food be sold? [x] Yes [] No If
yes, please pick up Special Events Vendor Packet in Suite 105:

Food Sold out of Greater Detroit Community Outreach Ctr. / 20030 John R.

Will merchandise be sold? [] Yes [x] No
If yes, describe:

Will a percentage of the proceeds be distributed to a charitable organization? [] Yes [x] No
If yes, describe:

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

Will there be vending or sales? [] Yes [] No If
yes, check all that apply:

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

[] Other (specify):

Indicate type of items to be sold:

Hot dogs, Hamburgers, Chips, Pop, Water

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

Exclusive

Section 7- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: _____

Address: _____

N/A

Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

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

Licensed

Armed

Bonded

Describe the emergency evacuation plan: _____

Describe the parking plan to accommodate anticipated attendance: _____

3 surrounding parking lots

How will you advise attendees of parking options? _____

Upon Arrival

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)?

1 block ReRoute of Traffic + Bus
(E. State fair to Remington)

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

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

Personal invites for continued annual participation to neighboring businesses and Flyer invites within neighborhood and throughout city.

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) → 2 _____

Staging/Scaffolding _____

Bleachers _____

Company:

Grill

Gas Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial Stage

N/A

Provide Sketch:

Portable Restrooms:

Standard ADA Accessible

Vehicles

Type/Weight: _____

N/A

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:

N/A

Address:

Phone:

City/State/Zip

Name of company providing emergency medical services?

Contact Person:

N/A

Address:

City/State/Zip:

Name of company providing porta-johns.

Contact Person:

N/A

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person:

N/A

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: John R

Time:

FROM

TO

Closure Dates:

Beg. Time:

End Time: 9:00pm

Sun. Aug. 25, 2019
10am - 9pm
E. State Fair
Remington
Sun. Aug. 25, 2019
10:00 am
Reopen Date: Sun. Aug. 25, 2019



STREET NAME: _____

FROM _____
TO _____

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

STREET NAME: _____

FROM _____
TO _____

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

STREET NAME: _____

FROM _____
TO _____

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

Requested City Equipment

Provided In: _____ (year)

N/A

Current Request: _____ (year)

Street Closures:

- Posting no parking signs
- Light pole
- Electrical Services
- Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests? **YES**

We kindly ask that both the 11th & 12th NPS Precincts be informed of this Special Event Request. After 6 consecutive years of a successful Annual Community Event, our street closure was disrupted by Sgt. Bledsoe - who informed us that their Precinct was not advised (therefore, did not approve) of the street closure. She advised us that one side of John R Street is under jurisdiction of 11th Precinct, and the other side of John R Street is supposedly under 12th Precinct jurisdiction. This matter of jurisdiction(s) for approval is beyond our knowledge of who is to be properly informed.

Therefore we ask that our 2019 Event Request reaches all involved for approvals, so that we are able to continue on with our 8th Annual Event (with approved street closure). Thank you so kindly. God Bless.

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: Rev. Johnny E. Broaden Date: 4-24-19

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.

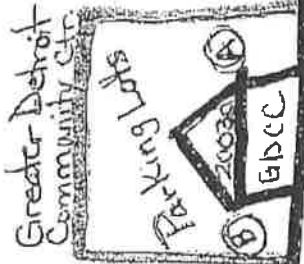
(Please

Print)

Event Name: Detroit Dragway Reunion Car Show & Youth Empowerment Event Event Date: Sun. Aug. 25, 2019
Event Organizer: Rev. Johnny E. Broaden - GNSS Pastor
Applicant Signature: Rev. Johnny E. Broaden Date: 4-24-19

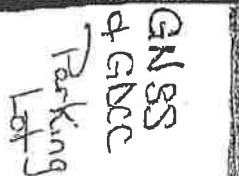
E. State Fair

John R.



Remington St.

Remington St.



E. 8 Mile Rd.

Please be advised that the mentioned plans for our
DETROIT DRAGWAY REUNION CAR SHOW
YOUTH ENPOWERMENT FESTIVAL
will be held and hosted on **Private Properties**
for this year's annual event.

~ GOD BLESS ~

Greater New Straight Street Baptist Church
Reverend Johnny E. Broaden, Pastor

Date of this notice: 08-24-2015

Employer Identification Number:
47-4865178

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

GREATER NEW STRAIGHT STREET BAPTIST
CHURCH
17372 SANTA ROSA DR
DETROIT, MI 48221

Church Address: 20067 John R.
Detroit, MI 48203

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4865178. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it's very important that you use your EIN along with your complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information shown above isn't correct, please send us the correction using the attached tear-off stub.

Annual filing requirements

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax exempt, you may be required to file one of the following returns or notices:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-PF, Return of Private Foundation
- Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to www.irs.gov/990filing for the most current information on your filing requirements.

B. If you are not tax-exempt, you may be required to file one of the following returns:

- Form 1120, U.S. Corporation Income Tax Return
- Form 1041, U.S. Income Tax Return for Estates and Trusts
- Form 1065, U.S. Return of Partnership Income

Please refer to Publication 1635, Understanding Your EIN, for more information about which forms you may be required to file.

GREATER NEW STRAIGHT STREET BAPTIST CHURCH

DETROIT DRAG WAY REUNION CAR SHOW

"Youth Empowerment Festivities"
SUNDAY, AUGUST 25TH, 2019

20067 JOHN R. (Btw. E. State Fair / 8 Mile)

11:00am - 8:00pm

In Memory Of
The Late
**JOHN
BROADEN**



**** NO "PARTICIPANT REGISTRATION" FEE ****

We ask that all **Participants** and **Visitors** of the event

... Please Bring School Supplies Donations ...

(To be distributed to all **School aged** and **College bound** students present.)

Please Help in our efforts to **Not Turn Any Student Away Empty Handed.** *Thanks!!*

VENDORS WELCOME

With Advance Notice / No Tables Provided

THIS YEAR ... 2019

****CASH PRIZES** TO BE AWARDED**



DON'T MISS OUT!!

FOOD * FUN * MUSIC * ACTIVITIES

FELLOWSHIP * LAUGHTER * SMILES

***Don't Forget The School Supplies!!
See Ya There!!!***

For More Info. Contact:

Rev. Johnny Broaden 313-736-0432

Lady Anita Broaden 313-454-9666

Min. Antoine Gulley 313-799-6409



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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 923 Event Name: Atwater Blocktoberfest 2019

Event Date : September 21, 2019

Street Closure: Wight Street

Organization Name: Atwater Brewery

Street Address: 237 Jos. Campau 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):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input checked="" type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Atwater Brewery will host their annual Blocktoberfest at 237 Joseph Campau and the adjacent parking lot from 10:00am - 10:00pm; with temporary street closure on Wight Street between Chene & Joseph Campau.

**** 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 Atwater Brewery Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 & 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 & No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Auster

Date: 7-11-19

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, June 7, 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

923 *Atwater Brewery, request to hold "Atwater Blocktoberfest 2019" at Atwater Brewery on 9/21/19 starting at 10am - 10pm, Set-up on 9/21/19 @ 8am - 9am, Tear down following event, Street Closure on Wight Street from Chene to Jos Campau.*

#923

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: Atwater's Bloktoberfest 2019

Event Location: Atwater Brewery

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Atwater Brewery

Organization Mailing Address: 237 Jos. Campau

Business Phone: 3138889861

Business Website: www.atwaterbeer.com

Applicant Name: Patrick Blair

Business Phone: 3138889861

Cell Phone: 2489141943

Email: eventsdetroit@atwaterbeer.com

Event On-Site Contact Person:

Name: Michael Walsh

Business Phone: 3138889861

Cell Phone: 2483798605

Email: detroitgm@atwaterbeer.com

Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: _____

Projected Number of Attendees: Hopefully 500

Please provide a brief description of your event:

This year for our Bloktoberfest we are looking to incorporate a larger area to host more people. In the past we have been limited to internal space to host our guests. We are hoping to have the street closure in order for our guests to roam freely while enjoying games, winning prizes and some great weather! (knock on wood).

We are not looking to do anything over the top, rather just have an area for people to enjoy the festivities!

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

Begin Set-up Date 09/21/2019 Time:08:00am Complete Set-up Date:09/21/2019 Time:09:00am

Event Start Date:09/21/2019 Time:10:00am Event End Date:09/21/2019 Time:10:00pm

Begin Tearing Down Date:09/21/2019 Complete Tear Down Date:09/21/2019

Event Times (If more than one day, give times for each day):
Start at 10:00am, conclude around 9:00pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: Wight St. from Chene to Jos. Campau

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:

We are not planning on having live music, rather just a speaker set-up. However, if we do come into

Will a sound system be used? Yes No

If yes, what type of sound system? N/A

Describe specific power needs for entertainment and/or music:

Internal power from our building

How many generators will be used? 0

How will the generators be fueled?
N/A

Name of vendor providing generators:

Contact Person: N/A

Address: N/A

Phone: N/A

City/State/Zip: N/A

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:

Business as usual in terms of our food, merchandise, N/A beverage and alcoholic beverage sales. Everything happens internally

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: N/A

Contact Person: N/A

Address: N/A

Phone: N/A

City/State/Zip:

N/A

Number of Private Security Personnel Hired Per Shift:

N/A

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

- Licensed
- Armed
- Bonded

How will you advise attendees of parking options?

There is plenty of parking around the area. We will have our parking lot cleared out, but between all the street parking around the area, plus the structure on Jos. Campau and Wight, there should be enough for everyone.

That being said, I hope that if people are planning on drinking, they use ride services such as Uber & Lyft.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

The only "impact" this event will have on the surrounding community is that the street will be closed for the day. The only business on the street is us, and the University Prep School on the opposite corner will be closed on Saturday.

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

Indicate what steps you have or will take to notify them of your event:
Talked with local business owners about the event. No issues thus far!

Section 8- EVENT SET-UP

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

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

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: N/A

Address: N/A

City/State/Zip: N/A

Name of company providing port-a-johns. N/A

Contact Person: N/A

Address: N/A

Phone: N/A

City/State/Zip: N/A

Name of private catering company? Food made in house provided by SYSCO

Contact Person: N/A

Address: N/A

Phone: N/A

City/State/Zip: N/A

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: Wight Street

FROM: Chene Street **TO:** Jos. Campau

CLOSURE DATES: 09/21/2019 **BEG TIME:** 10:00am- **END TIME:**

REOPEN DATE: 09/21/2019 **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:**

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

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

eSigned via SignEasy.com
Patrick James Blair
Key: e35ba16b12b7d9f51ee7281230c758

05/07/2019

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: Atwater's Bloktoberfest 2019 **Event**

Date: 09/21/2019

Event Organizer:

Patrick Blair

eSigned via SignEasy.com
Patrick James Blair
Key: e35ba16b12b7d9f51ee7281230c758

Applicant Signature: _____

Date: 05/07/2019

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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 941 Event Name: University of Detroit Mercy Homecoming

Event Date: September 19, 2019

Street Closure: None

Organization Name: University of Detroit Mercy

Street Address: 4001 W. McNichols Detroit, MI 48221

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: Bike Ride, Car Show, Fun Center, Food & Beer Tent & Yard Games
- 24-Hour Liquor License**

Petition Communications (include date/time)

University of Detroit Mercy will host their annual Homecoming at 4001 W. McNichols in the adjacent parking lot from 8:00am - 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 Assisted Event; Contracted with U of D Mercy Security to Provide 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"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Health License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections for Tents, Stage & Generator
	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 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. Ausher

Date: 7-11-19

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

941 *University of Detroit Mercy, request to hold "University of Detroit Mercy Homecoming" at University of Detroit Mercy McNichols Campus on 9/21/19 from 8am to 4pm, Set-up on 9/19/19 - 9/21/19 from noon to 8AM, Tear down following the event.*

9/21/2019

#941

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: University of Detroit Mercy Homecoming

Event Location: University of Detroit Mercy McNichols campus

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: University of Detroit Mercy

Organization Mailing Address: 4001 W. McNichols. Road, Detroit, MI 48221

Business Phone: 313.578.0327

Business Website: udmercy.edu

Applicant Name: Peggy Pattison

Business Phone: 313.578.0327

Cell Phone: 734.765.3723

Email: peggy.pattison@udmercy.edu

Event On-Site Contact Person:

Name: Peggy Pattison

Business Phone: SAME AS ABOVE

Cell Phone:

Email:

Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

RuN

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: Bike Ride, car show, fun center, Food and Beer tent, yard games

Please provide a brief description of your event:

A variety of activities meant to attract alumni, students, faculty and staff. We will have a main stage with student performances. Also incorporated in the day: a neighborhood bike ride (about 75 people), a car show (20 – 25 cars), yard games, flag football tournament, a food and beer tent, game rentals, campus tours and carnival games.

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

Begin Set-up Date : Sept. 19 Time: Noon Complete Set-up Date: Sept. 21 Time: 8:00 AM

Event Start Date: Sept. 21 Time: 8:00 AM Event End Date: Sept. 21 Time: 4:00 PM

Begin Tearing Down Date: Sept. 29 Complete Tear Down Date September 23, 2019

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

Saturday, September 21 8:00 AM – 4:00 PM

Section 3- LOCATION/SITE INFORMATION

Location of Event: University of Detroit, McNichols Campus

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

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

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: We will have a main stage on campus with a DJ,

plus up to four student groups doing dance performances. The rest of the entertainment comes from

the other activities listed above.

Will a sound system be used? Yes No

If yes, what type of sound system? DJ audio system with small speakers.

Describe specific power needs for entertainment and/or music:

None needed, hosted on campus and supported by our facilities department

How many generators will be used? 3 for the inflatables only

How will the generators be fueled? Gas _____

Name of vendor providing generators:

Contact Person: Alan Brown, Funny Business

Rentals

Address: P.O. Box 1052

Phone: 888.593.7387

City/State/Zip: Ada, MI 49301

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes * No

If yes, please describe: People will register to attend in advance but no tickets are necessary

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: We will have food and beverages from our campus caterer, plus beer and wine from outside vendors (liquor license permit in application process), merchandise from the campus book store

Section 6- PUBLIC SAFETY & PARKING INFORMATION

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

Contact Person: Chief Joel Galihugh/Lt. Edmund Black

Address: Public Safety Department, University of Detroit Mercy

Phone: 313.993.1234

City/State/Zip: Detroit, MI 48221

Number of Private Security Personnel Hired Per Shift: N/A

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

[] Licensed

[] Armed

[] Bonded

How will you advise attendees of parking options? Through a confirmation letter when they register, in a reminder e-mail the day before the event and signs will be on campus, along with volunteers and public safety officers.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Sound – N/A
 Traffic – there will be an increase of traffic in the area as guests make their way to campus for the day's activities.
 Safety There will be a larger presence of public safety in and around campus.

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

Indicate what steps you have or will take to notify them of your event: Live6 Alliance is part of our planning committee and is providing information to the local neighborhood groups along the way. We will also provide information to the neighborhood groups leading up to the event through meetings at the police station and through Live6 Alliance.

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)	4	30 x 60, 20 x 20, 20 X 20, 15 x 15
Staging/Scaffolding	1	10 x 10 x 12 inches
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart EMS Medical Services

Address: 920 Bagley Suite 912

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns. N/A -- using restrooms in campus buildings

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? Metz Catering – university caterer

Contact Person: Randy Fowler

Address: 4001 W. McNichols Road

Phone:313.993.1683

City/State/Zip: Detroit, MI 48221

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. No street closures

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

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

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

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.

Peggy Patis
Signature of Applicant

6/16/19
Date

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

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

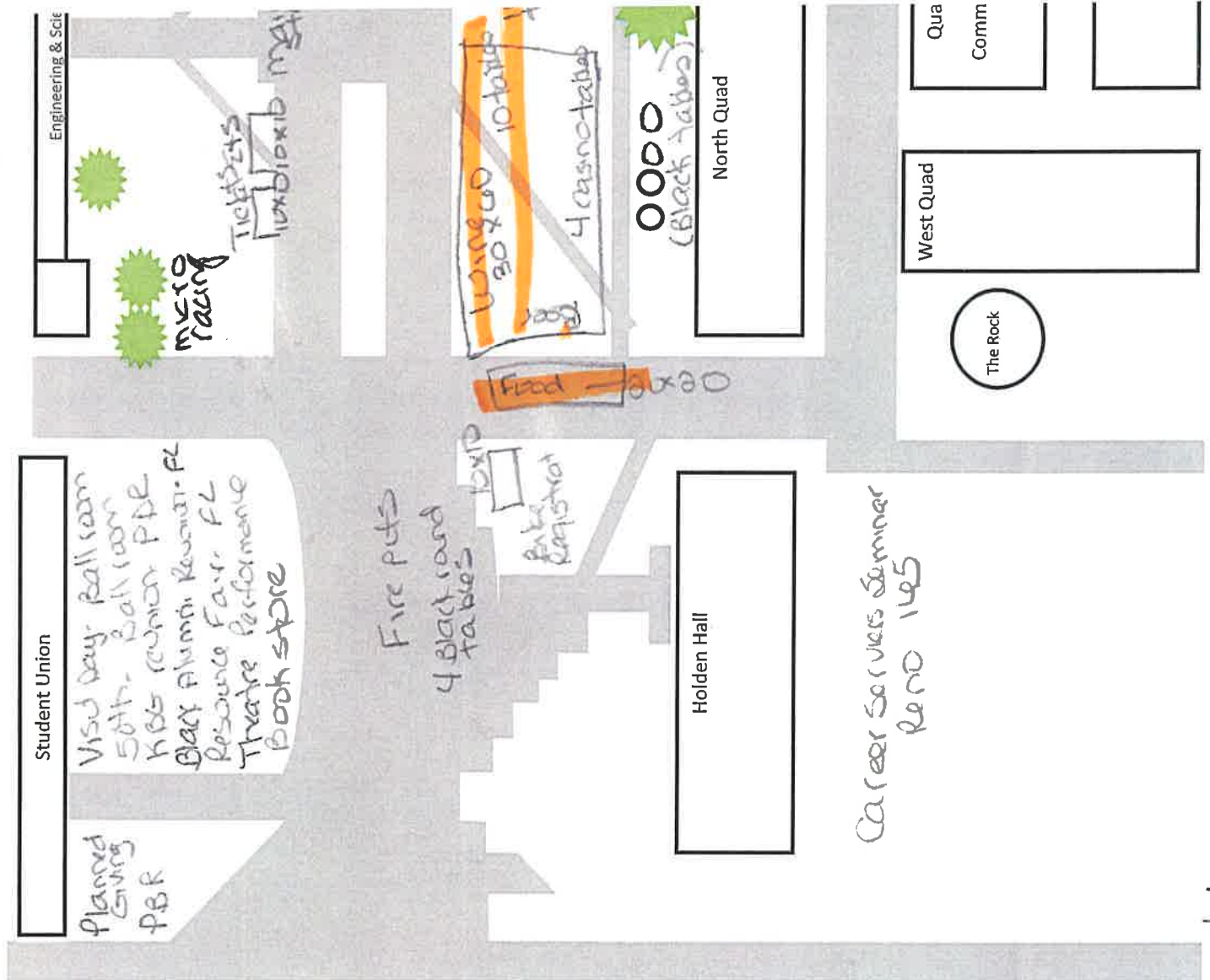
(Please Print)

Event Name: _____ Event Date: _____

Event Organizer: _____

Applicant Signature: _____ Date: _____

CTP Lec

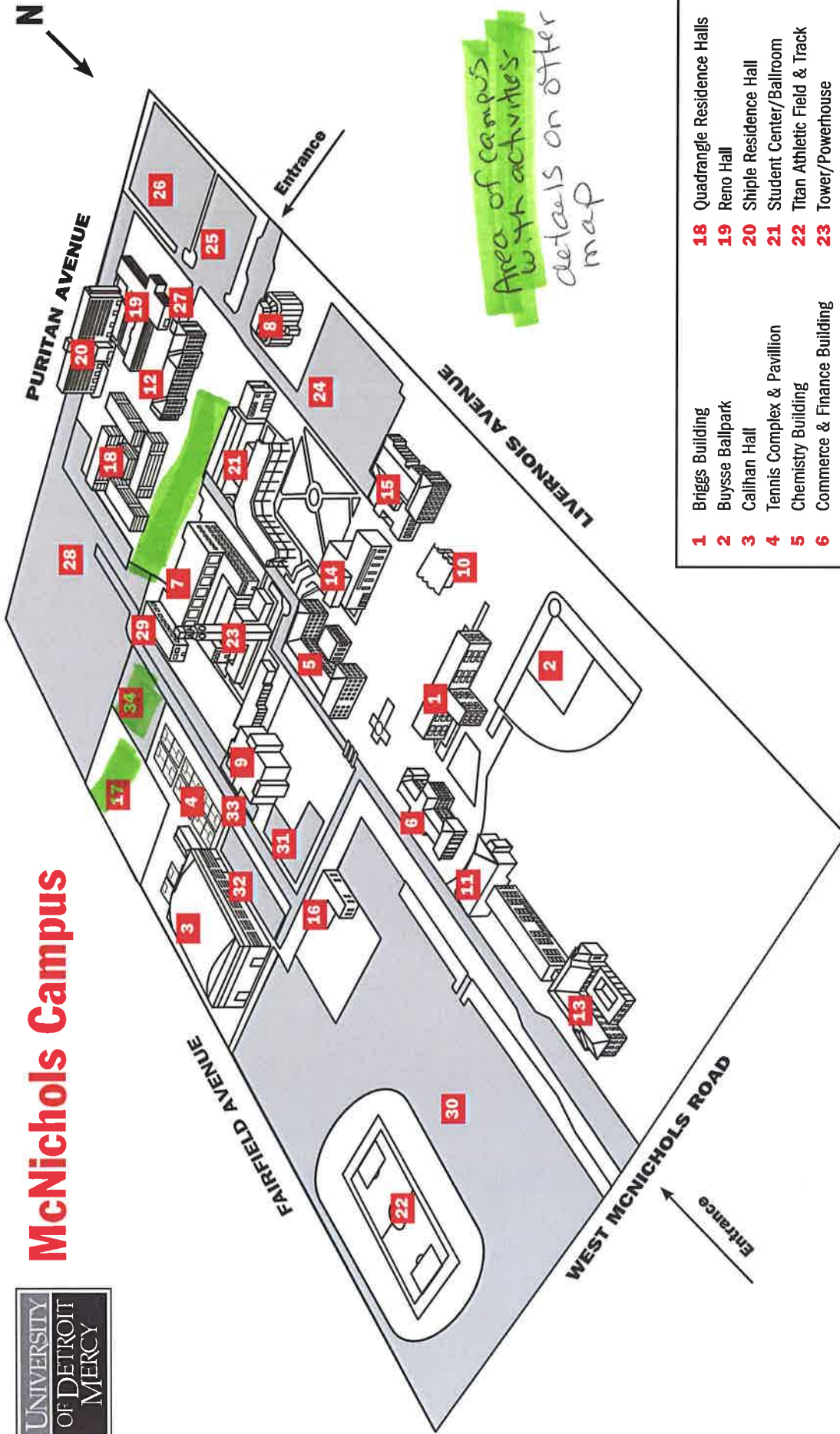


Career Services Seminar
Reno 145

5/3/19



McNichols Campus



Area of campus with activities
 details on other map

- | | | | |
|----|---------------------------------|----|-------------------------------|
| 1 | Briggs Building | 18 | Quadrangle Residence Halls |
| 2 | Buyse Ballpark | 19 | Reno Hall |
| 3 | Callihan Hall | 20 | Shiple Residence Hall |
| 4 | Tennis Complex & Pavillion | 21 | Student Center/Ballroom |
| 5 | Chemistry Building | 22 | Titan Athletic Field & Track |
| 6 | Commerce & Finance Building | 23 | Tower/Powerhouse |
| 7 | St. Ignatius Chapel | 24 | Faculty/Staff Parking Lot A |
| 8 | Engineering Building | 25 | Visitor Parking Lot B |
| 9 | Fisher Administration Center | 26 | Student/Visitor Parking Lot B |
| 10 | Ford Life Sciences Building | 27 | Faculty/Visitor Parking Lot C |
| 11 | Gardella Honors House | 28 | Student/Visitor Parking Lot D |
| 12 | Health Professions Facility | 29 | Student Fitness Center |
| 13 | Holden Residence Hall | 30 | Student/Visitor Parking Lot F |
| 14 | Lansing-Reilly Jesuit Residence | 31 | Faculty/Staff Parking Lot G |
| 15 | Library | 32 | Student Parking Lot H |
| 16 | Loranger Architecture Building | 33 | Student Parking Lot I |
| 17 | Facility Operations Building | 34 | Faculty/Staff Parking Lot E |

Shaded areas indicate parking lots and thoroughfares.

Revised 06/13

HART EMS MEDICAL SERVICES PLLC

920 Bagley, Suite 912

Detroit, MI 48226

Phone 313-366-4278 Fax 313-216-1771

June 5, 2019

This is to confirm that **HART EMS MEDICAL SERVICES PLLC (HART)** will provide on-site medical service for **University of Detroit Mercy; Homecoming Weekend Festival at University of Detroit Mercy College Campus at 4001 West McNichols Road** in Detroit, MI on the following date(s) and time(s):

Saturday September 21, 2019

HART EMS MEDICAL SERVICES PLLC will provide these on-site standby services:

Two (2) Medical Providers @ 35.00 ea/hr 11:00am - 4:00pm five (5) hrs.

Total cost for coverage: \$350.00 FOR THE ABOVE HOURS

**** Should the event run longer than contracted, additional cost will be added****

University of Detroit Mercy College will provide:

- **Appropriate location for Ambulance parking with egress route**
- **Any necessary credentials**
- **Parking Passes and/or reimbursement for HART EMS MEDICAL SERVICES PLLC staff vehicles**
- **Bathroom Facilities**
- **Contact Person name**
- **Ice & Water for patient use**
- **Access to telephone services**
-

It is understood that with no ambulance on site, there is no guarantee of ambulance response times and the Detroit Emergency Medical Services 911 System will be utilized in case of an emergency transport. It is understood that all on-site medical facilities and ambulances have a limited capacity and should other emergency resources be called in by mutual agreement of both HART and University of Detroit Mercy that HART will be held harmless for any overtaxing of its resources and will not be held responsible for other costs incurred. It is further understood that the request for services: the number of personnel, starting and ending times to be on-site, is as outlined above and designed by University of Detroit Mercy. HART assumes no responsibility for the planning, accuracy and /or outcome of same. Should the request for transport result in overtaxing of resources contracted for, HART will, at its' discretion, call for transport via city or private provider. HART assumes no responsibility for availability or response capabilities of outside ambulance services. It is understood by the parties that HART is held accountable for medical treatments by the governing county agencies and must adhere to all policies and procedures pertaining to medical provision. HART, its staff, and agents shall be held harmless for any incidents arising from this event. Furthermore any treatment provided by other contracted, volunteer agencies or employees will not be the responsibility of HART and will be held harmless for any liability resulting in treatment by other agencies, either contracted or volunteered. Premature termination of the event shall not result in discount or refund of any kind from HART. Payment is immediately due upon receipt of Invoice.

AGREED:

Adam Gottlieb
HART EMS MEDICAL SERVICES PLLC



Authorized Signatory
University of Detroit Mercy

ce/ce/19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/4/2019

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Artex Risk Solutions, Inc. (CB) 2850 Golf Road, 5th Floor Rolling Meadows IL 60008-4050	CONTACT NAME: Christian Brothers Services PHONE (A/C, No., Ext): 800-807-0300 E-MAIL ADDRESS:	FAX (A/C, No.): 630-378-2508													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Pennsylvania Manufacturers Assoc Ins Co</td> <td>12262</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Pennsylvania Manufacturers Assoc Ins Co	12262	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER E :															
INSURER F :															
INSURED CHRIBRO-14 Brothers of the Christian Schools & Affiliates Loc #1191031 UNIVERSITY OF DETROIT MERCY 1205 Windham Parkway Romeoville IL 60446-1679															

COVERAGES **CERTIFICATE NUMBER:** 903660259 **REVISION NUMBER:**

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			821900 0998922	6/15/2019	6/15/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ N/A PRODUCTS - COMP/OP AGG \$ Included \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of coverage for University of Detroit Homecoming event to be held September 21, 2019, per times agreed upon.

CERTIFICATE HOLDER City of Detroit 2 Woodward Avenue, Ste. 208 Detroit MI 48226	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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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 944 Event Name: 2nd Annual Detroit Truck Pull Presented by Kroger

Event Date : August 10, 2019

Street Closure: Charlotte Street

Organization Name: Founders Brewing Co.

Street Address: 456 Charlotte Street 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: Truck Pull Fundraiser
- 24-Hour Liquor License**

Petition Communications (include date/time)

Founders Brewing Co. will host their annual Truck Pull to raise fund for Move for Hunger from 12:00pm - 4:00pm; with temporary street closure on Charlotte between Cass Avenue and 456 Charlotte 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; Contracted with Founders Taproom Security to Provide Private Security Services
	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"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required

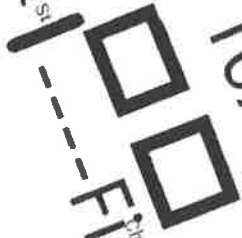
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction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

MAYOR'S OFFICE

Signature: B. Lusher

Date: 7-11-19

Entrance/Exit St.



4 10x10 tents

Fire Lane



Truck 1



Truck 2

Cass Ave

Cass Ave

Cass Ave

Charlotte St

Move for Hunger 2nd Annual Truck Pull at Founders Taproom Detroit

Saturday, August 10th 12pm-4pm

Expected Attendance: 200-400 guests

Sidewalk/Street Closure Timeframe: 9:30am – 5pm

Event location: Founders Detroit Taproom, Patio, and half of Charlotte St. between Cass and Second Ave.

What is a Truck Pull? A family-friendly event where teams of 5-10 compete to see who could pull a moving truck in the fastest time. This event is a fundraiser for Move for Hunger, who works with the relocation industry to reduce food waste and fight hunger during the moving process. Last year's event took place in Eastern Market and attracted around 300 people.

Tickets will be sold in advance and on-site at the cost of \$200 per team of 10 people.

Street Closure Measurement: 294 ft. by 19ft

Structures:

Four to six 10x10 tents for:

- Check in and registration
- Two iHeart Radio Stations
- Merch
- Possible partner/sponsor promotional tents

One 26 ft. moving truck

Security Plan/Logistics:

- Fire lane will be kept open
- Event is rain or shine – in case of bad weather, guests will be asked to take shelter in the Founders Detroit Taproom.
- Each participant will sign a waiver as part of their event registration on-site.
- Moving truck will be at least 100 feet from barricade
- Move For Hunger Staff will secure the rope to the truck
- Move For Hunger Staff will discuss the rules with all participants before the event begins
- Move For Hunger Staff will walk within eye-shot of the driver to ensure an extra set of eyes while the truck is being pulled
- Move For Hunger Staff will walk behind the truck when reversing to ensure nobody walks into a blind spot
- Move For Hunger Volunteers will assist in ensuring no alcoholic beverages are taken into the street or off Founders' premises
- Founders Staff will be checking IDs for anyone consuming alcoholic beverages
- Founders to supply security, Move for Hunger will supply volunteers as well

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, June 21, 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

944 *Founders Brewing Co., request to hold "2nd Annual Detroit Truck Pull Presented by Kroger" at 456 Charlotte St. on 8/10/19 @12pm - 4pm, Set-up same day of event @ 9:30am - 12pm, Tear down after event, street closure on Charlotte St, between Cass - Founders Brewing Entrance*

City of Detroit Special Events Application

8/10/2019
#944

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: 2nd Annual Detroit Truck Pull Presented by Kroger

Event Location: Founders Brewing Co. 456 Charlotte St. Detroit, MI 48201

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Founders Brewing Co.

Organization Mailing Address: 456 Charlotte St. Detroit, MI 48201

Business Phone: 313-335-3440

Business Website: www.foundersbrewing.com

Applicant Name: Lauren Metcalf

Business Phone: 313-335-3422

Cell Phone: 313-580-1915

Email: metcalf@foundersbrewing.com

Event On-Site Contact Person:

Name: Lauren Metcalf

Business Phone: 313-335-3422

Cell Phone: 313-580-1915

Email: metcalf@foundersbrewing.com

Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: Truck Pull Fundraiser

Projected Number of Attendees: 200-400

Please provide a brief description of your event:

A Truck Pull is when teams of 5-10 people compete to pull a moving truck in the fastest time. This event also includes a radio station/DJ, food trucks and raffles with approximately 300 people in attendance. This event is a fundraiser for the national nonprofit, Move For Hunger, who works with the relocation industry to reduce food waste and fight hunger during the moving process.

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

Begin Set-up Date 08/10/19 Time: 9:30am Complete Set-up Date: 08/10/19 Time: 12:00pm

Event Start Date: 08/10/19 Time: 12:00pm Event End Date: 08/10/19 Time: 4:00pm

Begin Tearing Down Date: 08/10/19 Complete Tear Down Date: 08/10/19

Event Times (If more than one day, give times for each day):
12pm-4pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: Founders Brewing Company Detroit Taproom

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

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

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

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

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Radio Station

Will a sound system be used? Yes No

If yes, what type of sound system? Radio Station

Describe specific power needs for entertainment and/or music:

All sound will be plugged into Founders Taproom Patio electrical

How many generators will be used? _____

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

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:

Registration will be collected online prior to event and on-site ticket sales will be \$200 per team.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Founders Taproom existing security will be used

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?

Email notification

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event:
E-mail, phone calls

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)	3-4	10x10
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Founders Tap Room (restaurant/bar) to provide indoor facilities

Address: 456 Charlotte St.

City/State/Zip: Detroit, MI 48201

Name of company providing port-a-johns: Founders Tap Room (restaurant/bar) to provide indoor facilities

Contact Person: Lauren Metcalf

Address: 456 Charlotte St.

Phone: 313-335-3422

City/State/Zip: Detroit, MI 48201

Name of private catering company? Founders Tap Room (restaurant/bar) to provide indoor facilities

Contact Person: 456 Charlotte St.

Address: 456 Charlotte St.

Phone: 313-335-3422

City/State/Zip: Detroit, MI 48201

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: Charlotte St. Detroit, MI 48201
FROM: Cass St. **TO:** Founders Brewing Co. Main Entrance

CLOSURE DATES: 08/10/19 **BEG TIME:** 9:00am- **END TIME:**
REOPEN DATE: 08/10/19 5:00pm **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 & 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.

eSigned via SeamlessData.com
Lauren Metcalf
Key: 433fa18029a0844a7044233270

06/07/2019

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: Move For Hunger Truck Pull 2019 **Event**
Date: August 10, 2019

Event Organizer:
Lauren Metcalf

eSigned via SeamlessData.com
Lauren Metcalf
Key: 433fa18029a0844a7044233270

Applicant Signature: _____
Date: 06/07/2019

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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 947 Event Name: St. Joseph Oktoberfest

Event Date : September 21 - 22, 2019

Street Closure: None

Organization Name: St. Joseph Oratory

Street Address: 1828 Jay Street Detroit, MI 48207

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

Event Elements (check all that apply):

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

Petition Communications (include date/time)

The St. Joseph Oratory will host their annual Oktoberfest with family friendly activities at 1828 Jay Street and the adjacent parking lot from 5:00pm - 8:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Granco Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Stages
	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 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. Kusher

Date: 7-11-19

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, June 21, 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

947 *St. Joseph Oratory, request to hold "St. Joseph Oktoberfest" @ 1828 Jay Street on 9/21/2019 from 5pm - 8pm, Set-up before event from 9am - 5pm, tear down on 9/22/19 -9/23/19,.*

City of Detroit Special Events Application

9/21/2019
947

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. Joseph Oktoberfest

Event Location: 1828 Jay Street, Detroit, MI 48207

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: St. Joseph Oratory

Organization Mailing Address: 1828 Jay Street, Detroit, MI 48207

Business Phone: 313.784.9152

Business Website: www.stjosephoratory.org

Applicant Name: Rev. Canon Michael Stein

Business Phone: 773.571.7440

Cell Phone: 773.571.7440

Email: sjdetroit@institute-christ-king.org

Event On-Site Contact Person:

Name: Julie Parthum

Business Phone: 313.300.3382

Cell Phone: 313.300.3382

Email: julie_parthum@hotmail.com

Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: _____

Projected Number of Attendees: 1000

Please provide a brief description of your event:

The St. Joseph Oktoberfest is a relatively small, family friendly festival in the church parking lot, social hall, and church building. It includes bands, dancers, food, drink, church tours, and kids games.

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

Begin Set-up Date 09/21/2019 Time:09:00 Complete Set-up Date:09/21/2019 Time:5:00 pm

Event Start Date:09/21/2019 Time:5:00 Event End Date:09/22/2019 Time:8:00 pm

Begin Tearing Down Date:09/22/2019 Complete Tear Down Date:09/23/2019

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

Saturday, 9/21/19: 5pm-8pm and Sunday, 9/22/19: 12:30 pm - 8pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: St. Joseph Church, Hall, & Parking lot; 1828 Jay Street, Detroit, MI 48207

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:

Jazz band, German band and dancers

Will a sound system be used? Yes No

If yes, what type of sound system? Each band will bring their own

Describe specific power needs for entertainment and/or music:

N/A

How many generators will be used? _____

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

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:

Religious articles

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Granco Security

Contact Person: Corey Granco

Address: 24801 Five Mile Road, Suite 11

Phone: 734.780.1880

City/State/Zip:

Redford Township, MI 48239

Number of Private Security Personnel Hired Per Shift:

2

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

Licensed

Armed

Bonded

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

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Somewhat more traffic than usual; visual sights of the festival

Have local neighborhood groups/businesses approved your event?

Yes No

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

The surrounding property owners know about the festival and have given us permission to use their lots for parking.

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)	1	80x100
Canopy (open on all sides)	4	20x40, 30x40, 20x20, 10x10 (2)
Staging/Scaffolding	1	12x40
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. Parkway Services, Inc.

Contact Person: Parkway Services

Address: 2876 Tyler Road

Phone: 734.482.7633

City/State/Zip: Ypsilanti, MI 48198

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: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

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

REOPEN DATE: _____ **TIME:** _____

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

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

Signed via DocuSign.com
Michael Stein
Key: 453ba11002b0c044c10442330766

06/03/2019

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. Joseph Oktoberfest **Event**

Date: 06/03/2019

Event Organizer:
Rev. Canon Michael Stein

Signed via DocuSign.com
Michael Stein
Key: 433fa10002b0c044c10442330765

Applicant Signature: _____

Date: 06/03/2019

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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 958 Event Name: Detroit Free Press Wine & Food Experience

Event Date : September 14, 2019

Street Closure: Cadillac Square & Brush Street

Organization Name: Detroit 300 Conservancy

Street Address: 1 Campus Martius Suite 380 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: Wine & Food Event
- 24-Hour Liquor License**

Petition Communications (include date/time)

USA Today will host the 3rd Annual Wine & Food Event from 11:00am - 4:00pm at Cadillac Square; with temporary street closures on Cadillac Square & Bates.

**** 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 Eagle Security 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 for Street Closures
	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 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"/>	Permits Required for Tents, Generators & Staging
	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 & No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Kusler

Date: 7-11-19

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, June 24, 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

958 *Detroit Conservancy, request to hold "Detroit Free Press Wine & Food Experience" at Cadillac Square Park, on 9/14/19 @11am to 4pm, Set-up on 9/12 -9/14/19 @6am - 11 am, Tear down on 9/14 -9/15/19, Street Closure on Cadillac Square, East & Westbound, Woodward - Randolph.*

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: Detroit Free Press Wine & Food Experience

Event Location: Cadillac Square Park, 662 Woodward Ave, Detroit, MI 48226

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit 300 Conservancy

Organization Mailing Address: 1 Campus Martius, Suite 380, Detroit, MI 48226

Business Phone: 313-715-9944

Business Website: DowntownDetroitParks.com

Applicant Name: Heather Badrak

Business Phone: 313-715-9944

Cell Phone: 313-715-9944

Email: hbadrak@detroit300.org

Event On-Site Contact Person:

Name: Vittoria Horne

Business Phone: 775-750-8543

Cell Phone: 775-750-8543

Email: vittoria@r-entertainment.com

Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: Wine & Food Event

Projected Number of Attendees: 750 - 1000

Please provide a brief description of your event:

Showcasing the best food, wine and beer from local and national chefs.

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

Begin Set-up Date 09/12/2019 Time: 6a Complete Set-up Date: 09/14/2019 Time: 11a

Event Start Date: 09/14/2019 Time: 11a Event End Date: 09/14/2019 Time: 4p

Begin Tearing Down Date: 09/14/2019 Complete Tear Down Date: 09/15/2019

Event Times (If more than one day, give times for each day):
noon - 4p

Section 3- LOCATION/SITE INFORMATION

Location of Event: Cadillac Square Park, 662 Woodward Ave, Detroit, MI 48226 (Woodward to Randolph)

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:

Culinary extravaganza of food, wine beer and spirits from the best chefs. Enjoy chef demonstrations and

Will a sound system be used? Yes No

If yes, what type of sound system? 2-4 speakers per large tent excluding Martha Stewart Tent

Describe specific power needs for entertainment and/or music:

Power for cooking demonstrations and classroom lesson using park power inside park. Generators in

How many generators will be used? (3) 56Kw

How will the generators be fueled?
Gasoline

Name of vendor providing generators:

Contact Person: Sunbelt

Address: 5162 Akron Cleveland Rd

Phone: 330-650-1874

City/State/Zip Peninsula, OH 44264

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:

On-line tickets \$50 General Tasting, \$120 VIP Tasting, \$180 Chef Package
\$85 General Tasting, \$140 VIP Tasting, \$180 Chef Package

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Eagle Security

Contact Person: Matt Warner

Address: 500 Griswold, Suite 400

Phone: 734-306-4871

City/State/Zip:

Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift:

12 Event officers

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

Licensed Armed Bonded

How will you advise attendees of parking options?
Website

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:
Notifying tenants through property managers.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	(62)	10' x 10'
Tents (enclosed on 3 sides)	(1) each	30'x40', 30'x30, 40'x40'
Canopy (open on all sides)	(1)	10'x20'
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Adam Gotlieb, Hart Medical

Address: 220 Bagley, suite 912

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns: John's Sanitation

Contact Person: Daniel Docis

Address:

Phone: 248-437-0841

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.**

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

STREET NAME: Cadillac Square, Eastbound & Westbound
FROM: Woodward **TO:** Randolph

CLOSURE DATES: 9/12 - 9/15 **BEG TIME:** 6a **END TIME:**
REOPEN DATE: 9/16, noon **TIME:**

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

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

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

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

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

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

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

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

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

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

eSign via DocuSign.com
Heather Badrak
Key: 432fa15b02b9c024a7c04c330788

06/15/2019

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: Detroit Free Press Wine + Food Experience **Event**

Date: September 14, 2019

Event Organizer:

R-Entertainment and Downtown Detroit Partnership

Applicant Signature:

eSign via DocuSign.com
Heather Badrak
Key: 432fa15b02b9c024a7c04c330788

Date: 06/15/2019

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MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 981 Event Name: Fourth Annual Festival of the Harvest

Event Date: August 14, 2019

Street Closure: 14th Street & Hughes Terrace

Organization Name: Detroit Men Organization

Street Address: 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: _____
- 24-Hour Liquor License**

Petition Communications (include date/time)

The Detroit Men Organization will host their 4th Annual Festival of the Harvest at 6100 14th Street from 12:00pm - 6:00pm.

**** 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 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"/>	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 Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	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 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. Jushier

Date: 7-11-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, July 12, 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

981 *Detroit Men Organization, request to hold "Fourth Annual Festival of The Harvest" at 6100 14th St @ Marquette, on 8/24/19 from 12pm - 6pm, Set-up same day of the event from 9am - 12pm, Complete tear down following event, with multiple street closures.*

#981

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: FOURTH ANNUAL FESTIVAL OF THE HARVEST
Event Location: 6100 14th ST @ MARQUETTE

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DETROIT MEN ORGANIZATION
Organization Mailing Address: P.O. BOX DETROIT, MI 48201

Business Phone: _____ Business Website: _____

Applicant Name: TYRONE ALLEN

Business Phone: _____ Cell Phone: ³¹³ 926-2978 Email: TYRONEX383191@gmail.com

Event On-Site Contact Person:

Name: REV CHARLES WILLIAMS SR.

Business Phone: _____ Cell Phone: ⁷³⁴ 652-6382 Email: _____

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: 100-150

Please provide a brief description of your event: NEIGHBORHOOD APPRECIATION AND BACK TO SCHOOL EVENT.

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

Begin Set-up Date: 8/24/19 Time: 9a Complete Set-up Date: 8/24/19 Time: 12:00 P

Event Start Date: 8/24/19 Time: 12 P Event End Date: 8/24/19 Time: 6:00 P

Begin Tearing Down Date: 8/24/19 Complete Tear Down Date: 8/24/19

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

ONE DAY EVENT

Section 3- LOCATION/SITE INFORMATION

Location of Event: 6100 14th ST @ MARQUETTE

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:

3 ON 3 Basketball competition
Horserack Riding
other kids games

Will a sound system be used? Yes No

If yes, what type of sound system? PORTABLE

Describe specific power needs for entertainment and/or music:

How many generators will be used? 0

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?

If yes, check all that apply:

~~Yes~~ ~~No~~ SA
NO

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: DEACONS FOR DEFENSE

Contact Person: TYRONE

Address: 6100 14th St DET. 48205 Phone: 313-926-2978

City/State/Zip:

Number of Private Security Personnel Hired Per Shift: 6-8

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

N/A
 Licensed Armed Bonded

How will you advise attendees of parking options? WORD OF MOUTH
SECURITY WILL ASSIST

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

NEIGHBORHOOD SPARSELY POPULATED SO NEGATIVE IMPACT WILL BE MINIMAL.

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 WORD OF MOUTH

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)	NO TENTS	
Canopy (open on all sides)		
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing port-a-johns. _____

Contact Person: LANG PORTA JOHNS

Address: 26490 W. 8MI Phone: 248-327-3430

City/State/Zip: SOUTHFIELD MI 48033

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: 14th St.
FROM: W. FERRY TO: MARQUETTE
CLOSURE DATES: AUG 24, 2019 BEG TIME: 11:30 a END TIME: 6:00 P
REOPEN DATE: AUG 24, 2019 TIME:

STREET NAME: HUGHES TERRACE
FROM: ~~AUG 24, 2019~~ TO: ~~AUG 24, 2019~~
14th ST 15th ST.
CLOSURE DATES: AUG 24 2019 BEG TIME: 11:30 a END TIME: 6:00 P
REOPEN DATE: AUG 24, 2019 TIME:

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____
REOPEN DATE: _____ TIME: _____

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____
REOPEN DATE: _____ TIME: _____

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____
REOPEN DATE: _____ TIME: _____

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

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

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

Sybrone Allen 7/10/19
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: FOURTH ANNUAL FESTIVAL OF Event
Date: AUG 24, 2019 THE HARVEST

Event Organizer: DETROIT MEN ORGANIZATION

Applicant Signature: Sybrone Allen
Date: ~~17~~ July 10, 2019

982

82

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: #982 Event Name: Third Annual Rendez-vous at Ste. Anne Parish Detroit

Event Date : September 15, 2019

Street Closure: None

Organization Name: Ste. Anne Parish

Street Address: 1000 St. Anne Street Detroit, MI 48216

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)

The Ste. Anne Parish will host their 3rd Annual French Canadian - Native American Cultural Festival at 1000 St. Anne and the adjacent parking lot from 11:00pm - 7:00pm.

**** 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"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits 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"/>	Fencing 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
	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 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. Aushier

Date: 7-11-19

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, July 12, 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

982 *Ste. Anne Parish, request to hold "Thrid Annual Rendez-vous at Ste. Anne Parish Detroit" at 1000 Ste. Anne, on 9-15-19 at 11am - 7pm, Set-up on 9/14/19, Complete tear down on 9/15/19 - 9/16/19.*

City of Detroit Special Events Application

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

Section 1- GENERAL EVENT INFORMATION

Event Name: Third Annual Rendez-vous at Ste. Anne Parish Detroit

Event Location: 1000 Ste Anne St. Detroit, MI 48216

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Ste. Anne Parish

Organization Mailing Address: 1000 Ste Anne St. Detroit, MI 48216

Business Phone: 313-496-1701

Business Website: www.ste-anne.org

Applicant Name: Msgr. Charles Kosanke

Business Phone: 313-496-1701

Cell Phone: 313-496-1701

Email: businessoffice@steannedetroit.org

Event On-Site Contact Person:

Name: Elizabeth Bourne

Business Phone: 313-496-1701

Cell Phone: 313-496-1701

Email: businessoffice@steannedetroit.org

Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: _____

Projected Number of Attendees: 1000

Please provide a brief description of your event:

The third annual Rendez-vous at Ste. Anne Parish is a French Canadian and Native American cultural festival featuring French and Indian music, dancing, food, cultural exhibits, children's activities and a beer and wine tent.

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

Begin Set-up Date 9/14/19 Time:11:00 Complete Set-up Date:9/14/19 Time:10:00 am

Event Start Date:9/15/19 Time:11:00 Event End Date:9/15/19 Time:7:00 pm

Begin Tearing Down Date:9/15/19 Complete Tear Down Date:9/16/19

Event Times (If more than one day, give times for each day):
9/15/19 11:00 am - 7:00 pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: 1000 Ste Anne St. Detoit, MI 48216

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:

French Canadian and Native American traditional music and dancing. Story telling of French and Indian

Will a sound system be used? Yes No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

4 powered speakers, 110 outlet

How many generators will be used? 0

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

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:

Vendors will have food and artwork.
Ste Anne will have a beer and wine tent.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

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?

Parking information will be provided on the church website and Facebook. At the event, volunteers will direct traffic.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Additional pedestrian and vehicle 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:
Neighbors have received a personal invitation and visit to notify of the festival

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	60' x 120' frame tent
Canopy (open on all sides)	18	20' x 30'
Staging/Scaffolding	1 stage	16'w x 12'd x 2'h
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

Address:

City/State/Zip:

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

Contact Person:

Address: 2876 Tyler Rd

Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

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: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

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

REOPEN DATE: _____ TIME: _____

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

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

Festival will be held in the campus of the parish, no road or city walk way will be blocked.

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.

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Bautista
Rep. of the City of Detroit

07/01/2019

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: 3rd annual Rendez-Vous Festival **Event**
Date: 9/15/19

Event Organizer:
Ste Anne Parish

Applicant Signature:

 © 2019 by Bautista (City of Detroit)
Bautista
Rep. of the City of Detroit

Date: 07/01/2019

83 #984

MAYOR'S OFFICE COORDINATORS REPORT

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

Petition #: 984 Event Name: In the Cut Fun Run/Walk

Event Date: August 17, 2019

Street Closure: Atwater

Organization Name: Omega Psi Phi Fraternity, Inc.

Street Address: P.O. Box 87878 Canton, MI 48187

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)

Omega Psi Phi Fraternity, Inc. will host their annual fun run/walk from Chene Park to the Dequindre Cut from 9:00am - 12:00pm.

**** 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; Contracted with Stratus Security Management to Provide Private Security Services
	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 Closure; 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 Required for Closure
	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. Kushier

Date: 7-11-19

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 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.

RECREATION DEPARTMENT

984 *Omega Psi Phi Fraternity, Inc. Rho Mu Nu Chapter, request to hold "In the Cut 5k Fun Run/Walk" at Chene Park (Atwater through the Dequindre Cut), on 8/17/2019 from 9am - 12pm, Set-up on 8/17/19 @ 6am - 7am, Tear down following event. Street closure Atwater from Chene to Riopelle.*

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: In the Cut 5k Fun Run / Walk

Event Location: Chene Park (Atwater through the Dequindre Cut)

Is this going to be an annual event? Yes No Last Date: 9/8/18 - Previous : 2013, 2014, 2015, 2016, 2017, 2018

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Omega Psi Phi Fraternity, Inc. Rho Mu Nu Chapter

Organization Mailing Address: P.O. Box 87878, Canton, MI 48187

Business Phone: 248-274-6270

Business Website: Inthecut5k.com

Applicant Name: Marquis Sagnia

Business Phone:

Cell Phone: 248-910-1603

Email: ysagnia@yahoo.com

Event On-Site Contact Person:

Name: Marquis Sagnia

Business Phone:

Cell Phone: 248-910-1603

Email: ysagnia@yahoo.com

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input checked="" 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:

Fun run/ walk 3.1 miles. from Chene Park, through Dequindre Cut and back.

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

Begin Set-up Date : 8/17/19 Time: 6:00 am Complete Set-up Date: 8/17/19 Time: 7:00 am

Event Start Date: 8/17/19 Time: 9:00 am Event End Date: 8/17/19 Time: 12 Noon

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

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

Section 3- LOCATION/SITE INFORMATION

Location of Event: Chene park start, down atwater, through dequindre cut

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:

Attached.

- 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:
N/A

Will a sound system be used? Yes No

If yes, what type of sound system? Speakers, Turntable and AMP

Describe specific power needs for entertainment and/or music:
A DJ will be setup to play background music and make announcements.

How many generators will be used? 1

How will the generators be fueled? Gasoline

Name of vendor providing generators:

Contact Person: Personal.

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No
If yes, please describe: Individuals will pre-register at inthecut5k.com

Will there be on-site ticket sales? Yes No
If yes, list price(s): Individuals will register on site \$35

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: Stratus Security Management (Brandon Pierce)

Address: 19804 Fitzpatrick Ave

Phone: 313-837-7000

City/State/Zip: Detroit, MI 48228

Number of Private Security Personnel Hired Per Shift: 3

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

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Event will take place outside, directional signage will be posted. Email notification will be sent to pre-registrants.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

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

Non-Residential Area

Have local neighborhood groups/businesses approved your event?

Yes No

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

Chene Park is donating the space.

Section 8- EVENT SET-UP

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

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	<u>5</u>	<u>10 x 10 Canopy</u>
Canopy (open on all sides)	<u> </u>	<u> </u>
Staging/Scaffolding	<u> </u>	<u> </u>
Bleachers	<u> </u>	<u> </u>

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart EMS Medical Services, PLLC - Karen Baer

Address: 220 Bagley Suite 912

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns.

Contact Person: Scotty's Potties

Address: N/A

Phone: 734-421-1400

City/State/Zip:

Name of private catering company? N/A

Contact Person: N/A

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: Atwater

FROM: Chene **TO:** Riopelle

CLOSURE DATES: 8/17/19 **BEG TIME:** 6:00 am **END TIME:** 12:00 Noon

REOPEN DATE: 8/17/19 **TIME:** 12:00 Noon

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:** _____

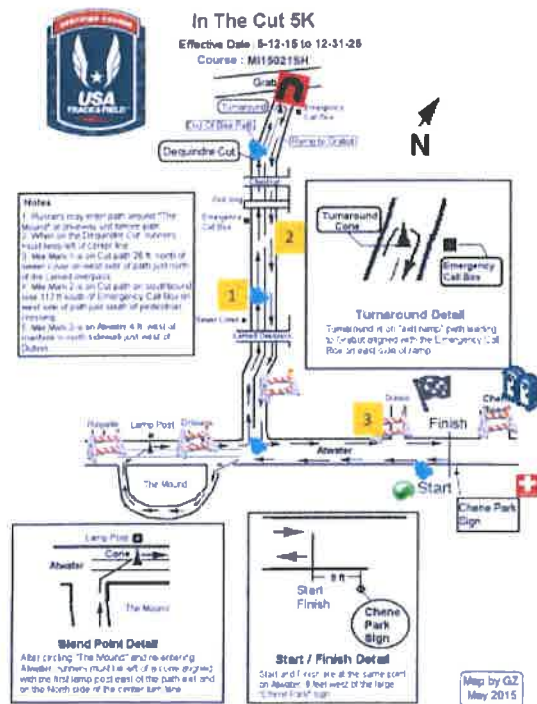
CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

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

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

Map/setup below.



Streets will need to be blocked off accordingly

1. On Atwater at Riopelle preventing traffic from entering Atwater
2. On Orleans at Atwater preventing traffic from entering Atwater
3. On DuBois at Atwater preventing traffic from entering Atwater
4. On Chene at Atwater preventing traffic from entering Atwater
5. On Atwater at Chene preventing traffic from entering Atwater
6. On WoodBridge at the Dequindre Cut
7. On Franklin at the Dequindre Cut

Mile Markers

- Streets blocked off
- Port-a-potty
- Water Stations
- First Aid
- Turn Around

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.

A. Fagnis D. Fagnis
Signature of Applicant

6/17/2019
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.

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: In the Cut 5k Event Date: 8/17/2019

Event Organizer: Rho Mu Nu Chapter, an unincorporated chapter of the Omega Psi Phi

Applicant Signature: A. Fagnis D. Fagnis Kell Cole Date: 6/14/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/15/2019

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945	CONTACT NAME: Will Maddux PHONE (A/C, No., Ext.): (530) 477-6521 E-MAIL ADDRESS: info@theeventhelper.com	FAX (A/C, No.):
	INSURER(S) AFFORDING COVERAGE	
INSURED The Like Minds Foundation Marquis Sagnia PO Box 87878 Canton MI 48187	INSURER A: Evanston Insurance Company	NAIC # 35378
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		3DS5468-M1388793	08/17/2019	08/18/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	Host Liquor Liability						MED EXP (Any one person) \$ 5,000
	Retail Liquor Liability						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				12:01 AM	12:01 AM	PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:						Deductible \$ 1,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19.

Attendance: 500, Event Type: 5 K Run.

CERTIFICATE HOLDER**CANCELLATION**

1. City of Detroit
2. Detroit RiverFront Conservancy
3. Detroit/Wayne County Port Authority
4. Jefferson Acquisitions, LLC
5. Roberts Hotels Detroit, LLC
6. Bloomfield Farms - Talon Centre, LLC
7. The Stroh Companies, Inc.
8. General Motors Corporation
9. UAW-GM Center for Human Resources
10. CBRE
11. LMC Resources Capital Limited Partner
12. RenCen Associates LLC
13. Riverfront Holdings, Inc.
14. Riverfront Holdings Phase II, Inc
15. The Right Productions
16. Aretha Franklin Amphitheater
17. C. Penfield Stroh, Frances R. Stroh and James L. Hughes, Successor Trustees or the Irrevocable Trust f/b/o Stroh Fam
18. Omega Psi Phi Rho Mu Nu Chapter

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

Will Maddux

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EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

- | | |
|---|--|
| 1. City of Detroit | 10. CBRE |
| 2. Detroit RiverFront Conservancy | 11. LMC Resources Capital Limited Partner |
| 3. Detroit/Wayne County Port Authority | 12. RenCen Associates LLC |
| 4. Jefferson Acquisitions, LLC | 13. Riverfront Holdings, Inc. |
| 5. Roberts Hotels Detroit, LLC | 14. Riverfront Holdings Phase II, Inc |
| 6. Bloomfield Farms – Talon Centre, LLC | 15. The Right Productions |
| 7. The Stroh Companies, Inc. | 16. Aretha Franklin Amphitheater |
| 8. General Motors Corporation | 17. C. Penfield Stroh, Frances R. Stroh and
James L. Hughes, Successor Trustees
or the Irrevocable Trust f/b/o Stroh Fam |
| 9. UAW-GM Center for Human Resources | 18. Omega Psi Phi Rho Mu Nu Chapter |

PO Box 87878, Canton, MI 48187

- A.** Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B.** With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

HART EMS MEDICAL SERVICES PLLC
220 Bagley Suite 912
Detroit, MI 48226
313.366.4278 or 313.216.1771 fax

May 10, 2019

This is to confirm that **HART EMS MEDICAL SERVICES PLLC (HART)** will provide on-site medical service for Global Education and Athletics Association (GEAA) and Omega Phi Fraternity; 5k In the Cut in **Detroit, Michigan** on the following date(s) and time(s):

Saturday August 17, 2019 9:00am – 11:00pm
Total hours = 2

HART EMS MEDICAL SERVICES PLLC will provide these on-site standby services:

One (1) Life Support Ambulance @ \$175.00 per hour

GEAA will provide the following:

- **Location for ambulance with appropriate egress**
- **Location for personnel parking**
- **Any necessary credentials**
- **Parking Passes for all HART EMS MEDICAL SERVICES PLLC staff vehicles**
- **Bathroom Facilities**
- **Contact Person name**
- **Ice & Water for patient use**

It is understood that all on-site medical facilities and ambulances have a limited capacity and should other emergency resources be called in by mutual agreement of both HART EMS MEDICAL SERVICES PLLC and GEAA that HART EMS MEDICAL SERVICES PLLC will be held harmless for any overtaxing of its resources and will not be held responsible for other costs incurred. It is further understood that the request for services is as outlined above and designed by GEAA and HART EMS MEDICAL SERVICES PLLC assumes no responsibility for the planning and accuracy of it. Should the request for transport result in overtaxing of resources contracted for, HART EMS MEDICAL SERVICES PLLC. Will at its' discretion, call for transport via city or private provider. HART EMS MEDICAL SERVICES PLLC assumes no responsibility for availability or response capabilities of outside ambulance services. It is understood by the parties that HART EMS MEDICAL SERVICES PLLC is held accountable for medical treatments by the governing county agencies and must adhere to all policies and procedures pertaining to medical provision. HART EMS MEDICAL SERVICES PLLC, its staff, and agents shall be held harmless for any incidents arising from this event. Furthermore, any treatment provided by other contracted, volunteer agencies or employees will not be the responsibility of HART EMS MEDICAL SERVICES PLLC and will be held harmless for any liability resulting in treatment by other agencies, either contracted or volunteered. Premature termination of the event shall not result in discount or refund of any kind from HART EMS MEDICAL SERVICES PLLC. **The balance is due in full to a HART EMS MEDICAL SERVICES PLLC supervisor before the end of the event.**

AGREED:

Adam Gottlieb
HART EMS MEDICAL SERVICES PLLC



Authorized Signature
The Like Minds Foundation / Omega Psi Phi

Date

5/11/2019
Date



To: Marquis Sagnia

Date: December 19, 2018

Subject: In the Cut 5K

The Detroit RiverFront Conservancy approved The In the Cut 5K event on the Detroit Riverfront on August 17, 2019.

Please contact me should you have any questions.

Sincerely,

Anthony Casasanta
1340 E. Atwater St.
Detroit, MI. 48207
313 656-2275

~~85~~
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**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

2817890 Revenue – AMEND 1– To Provide Leasing of Ground Space, West of French Rd. for Five Years. – Contractor: FCA Transport Group – Location: 1000 Chrysler Dr., Auburn Hills, MI 48326 – Contract Period: Upon City Council Approval through December 31, 2023 – Contract Increase: \$600,000.00 – Total Contract Amount: \$1,710,000.00.
AIRPORT

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 2817890 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

OFFICE OF CONTRACTING
AND PROCUREMENT

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July 11, 2019

HONORABLE CITY COUNCIL:

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

6002249 100% City Funding – Environmental Assessment for Riverside Park Project. – Contractor: ASTI Environmental – Location: 10448 Citation Drive, Suite 100, Brighton, MI 48116– Contract Period: Upon City Council Approval through December 31, 2019 – Total Contract Amount: \$27,024.18. **BUILDING SAFETY ENGINEERING AND ENVIROMENT**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 6002249 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**



July 11, 2019

HONORABLE CITY COUNCIL:

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

3035178 100% City Funding – To Provide Emergency Residential Demolition at 19126, 19127, 19132, and 19133 Hershey. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$89,900.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035178 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

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**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035254 100% City Funding – To Provide Emergency Residential Demolition at 11631 Indiana. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$16,500.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035254 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035270 100% City Funding –To Provide Emergency Residential Demolition at 18601-03 Greenfield. – Contractor: DMC Consultants, Inc. – Location: 13500 Foley, Detroit, MI 48227 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$27,000.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035270 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

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**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035306 100% City Funding –To Provide Emergency Residential Demolition at 13394 Camden. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$24,350.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035306 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

90

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035309 100% City Funding –To Provide Emergency Residential Demolition at 17815 Orleans. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$23,250.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035309 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

91

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035379 100% City Funding – To Provide Emergency Residential Demolition at 8842, and 8848 Stoepel. – Contractor: Leadhead Construction – Location: 1660 Midland, Detroit, MI 48238 – Contract Date: Upon City Council Approval through July 22, 2020 – Total Contract Amount: \$57,150.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035379 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035380 100% City Funding – To Provide Emergency Residential Demolition at 2566 Chalmers. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 23, 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. 3035380 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035381 100% City Funded – To Provide Commercial Demolition for Group 128 Property at 11525 Van Dyke, 13108 Dequindre, 13114 Dequindre, 14269 Goddard, and 17847 Dequindre. – Contractor: Gayanga Co – Location: 1420 Washington Blvd. Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$210,200.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035381 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

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**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035382 100% City Funded – To Provide Commercial Demolition for Group 129 Property at 7001 Kercheval. – Contractor: Salenbien Trucking and Excavating, Inc. – Location: 9217 Ann Arbor Rd. Dundee, MI 48131– Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$31,036.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035382 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035383 100% City Funded – To Provide Commercial Demolition for Group 130 Property at 14680 E Seven Mile, 15110 Harper, 17101 Hayes, 17111 Hayes, 17115 Hayes, 17119 Hayes, 17123 Hayes, and 2224 Anderdon. – Contractor: Adamo Demolition – Location: 320 E. Seven Mile Rd. Detroit, MI 48203– Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$262,192.90. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035383 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

96

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035384 100% City Funding –To Provide Emergency Residential Demolition at 6202 Iowa. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$26,127.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035384 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

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**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035385 100% City Funding – To Provide Emergency Residential Demolition at 12096 Roselawn. – Contractor: Gayanga Co. – Location: 1420 Washington Blvd., Ste. 301, Detroit, MI 48226 – Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$18,522.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035385 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035386 100% City Funding – To Provide Emergency Residential Demolition at 14561 Minock. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile Rd., Detroit, MI 48203 – Contract Date: Upon City Council Approval through July 23, 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. 3035386 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

99

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035387 100% City Funding –To Provide Emergency Residential Demolition at
17520 Santa Rosa. – Contractor: DMC Consultants, Inc. – Location:
13500 Foley, Detroit, MI 48227 – Contract Date: Upon City Council
Approval through July 23, 2020 – Total Contract Amount: \$37,200.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035387 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035388 100% City Funding – To Provide Emergency Residential Demolition at 9737 Petoskey. – Contractor: Salenbien Trucking and Excavating Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131– Contract Date: Upon City Council Approval through July 23, 2020 – Total Contract Amount: \$20,305.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035388 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

101

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035390 100% City Funded – To Provide Commercial Demolition for Group 131 Property at 10027 Lyndon, 13200 Linwood, 3316 Puritan, and 8030 Lydon. – Contractor: Able Demolition – Location: 5675 Auburn Rd, Shelby Township 48317 – Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$193,799.71.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035390 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035391 100% City Funded – To Provide Commercial Demolition for Group 133 Property at 10350 Harper, 11980 Gratiot, 13100 Harper, 13112 Harper, and 8843 Harper. – Contractor: Homrich – Location: 65 Cadillac Square, Detroit MI, 48226 – Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$220,367.50. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035391 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035392 100% City Funded – To Provide Commercial Demolition for Group 134 Property at 11722 Dexter, 11847 W Grand River, 12100 Linwood, and 12240 W Grand River. – Contractor: Able Demolition – Location: 5675 Auburn Rd, Shelby Township 48317– Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$273,282.07.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035392 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035393 100% City Funded – To Provide Emergency Commercial Demolition for Property at 7325 Sarena. – Contractor: Adamo Demolition – Location: 320 E. Seven Mile Rd. Detroit, MI 48203. – Contract Date: Upon City Council Approval through July 31, 2020 – Total Contract Amount: \$59,500.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035393 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

105

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

6002271 100% City Funding – To Provide Additional Parking Meters, Software and Hardware Upgrades, App Upgrades, and Sign Costs for Multi-Spaced Parking Meter Expansion Project. – Contractor: Detroit Building Authority – Location: 1301 Third, Ste. 328, Detroit, MI 48226 – Contract Period: Upon City Council Approval through July 22, 2022 – Total Contract Amount: \$4,500,000.00. **MUNICIPAL PARKING**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 6002271 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

104

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035255 100% City Funding – To provide FY18/FY19 Invoice Payment. Mobile and Merchant Fees for MPD Park Detroit Meters Online Payment and Processing – Location: 128 S. Tryon Street, Suite 2200, Charlotte, NC 28202 – Contract Period: Upon City Council Approval – Total Contract Amount: \$525,000.00. **MUNICIPAL PARKING (Payment only.)**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035255 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

3035212 100% City Funding – To Provide Six Portable 9ft. Tactical Surveillance Systems to use as Forensic Scene Capture Devices by the DPD Crime Scene Services Unit. – Contractor: Zistos Corporation – Location: 1736 Church St., Hollbrook, NY 11741 – Contract Period: Upon City Council Approval through March 31, 2020 – Total Contract Amount: \$33,480.00.
POLICE

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3035212 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

6002267 100% Bond Funding – To Provide Installation of ITS Equipment (Cameras and LPRs) at Locations along Greenfield Road and 7 Mile for Crime Prevention. – Contractor: J. Ranck Electric – Location: 1993 Gover Parkway, Mt. Pleasant, MI 48858 – Contract Period: Upon City Council Approval through August 1, 2020 – Total Contract Amount: \$1,545,350.12. **POLICE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 6002267 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

6002067 100% Major Street Bond Funding – To Provide Construction Services for the Joseph Campau Streetscape Project. – Contractor: Audia Construction, Inc. – Location: 2985 Childs Lake Rd., Milford, MI 48381 – Contract Period: Upon City Council Approval through July, 22, 2021 – Total Contract Amount: \$2,260,001.70. **PUBLIC WORKS**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 6002067 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING
AND PROCUREMENT**

July 11, 2019

HONORABLE CITY COUNCIL:

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

6002242 100% Major Street Funding – To Provide Construction Services for the Conversion of Temporary Plaza Layout on the East Side of Randolph and Monroe and Gratiot. – Contractor: Giorgi Concrete Joint Venture with Major Cement – Location: 20450 Sherwood, Detroit, MI 48234 – Contract Period: Upon City Council Approval through July, 22, 2021 – Total Contract Amount: \$543,253.50. **PUBLIC WORKS**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 6002242 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.



Date: July 8, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL
ADDRESS: 669-671 W. Euclid
NAME: Central Detroit Christian Development Corporation
Demolition Ordered: September 30, 2013

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 20, 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: Central Detroit Christian Community Development Corp., 8840 Second AVE, Detroit, MI 48202
Piety Square LLC/Lisa E. Johanon, 1550 Taylor, Detroit, MI 48202



112

Date: July 5, 2019

HONORABLE CITY COUNCIL
RE: **RECOMMENDATION FOR DEFERRAL**
ADDRESS: 15330 Ferguson
NAME: Lesa Kent
Demolition Ordered: October 27, 2014

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 20, 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: Lesa Kent, 14200 Mansfield, Detroit, MI 48227



113

Date: July 5, 2019

HONORABLE CITY COUNCIL
RE: **RECOMMENDATION FOR DEFERRAL**
ADDRESS: **2212 Lothrop**
NAME: **Brian Conklin**
Demolition Ordered: **November 7, 2005**

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 26, 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: Brian Conklin, 2585 Mortenson, Berkley, MI 48072
Brian Conklin, 15817 W. 13 Mile RD, Southfield, MI 48076



114

Date: July 8, 2019

HONORABLE CITY COUNCIL
RE: **RECOMMENDATION FOR DEFERRAL**
ADDRESS: 5574 Marlborough
NAME: Royce Stubblefield
Demolition Ordered: June 12, 2012

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 27, 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: Royce Stubblefield, 3941 Aubudon, Detroit, MI 48224

115

David Whitaker, Esq.
Director
Irvin Corley, Jr.
Executive Policy Manager
Marcell R. Todd, Jr.
Senior City Planner
Janese Chapman
Deputy Director

City of Detroit CITY COUNCIL

LEGISLATIVE POLICY DIVISION
208 Coleman A. Young Municipal Center
Detroit, Michigan 48226
Phone: (313) 224-4946 Fax: (313) 224-4336

Christopher Gulock, AICP
Derrick Headd
Marcel Hurt, Esq.
Kimani Jeffrey
Anne Marie Langan
Jamie Murphy
Carolyn Nelson
Kim Newby
Analine Powers, Ph.D.
Jennifer Reinhardt
Sabrina Shockley
Thomas Stephens, Esq.
David Teeter
Theresa Thomas
Kathryn Lynch Underwood
Ashley A. Wilson

John Alexander
LaKisha Barclift, Esq.
M. Rory Bolger, Ph.D., AICP
Elizabeth Cabot, Esq.
Tasha Cowen
Richard Drumb
George Etheridge
Deborah Goldstein

TO: Detroit City Council

FROM: David Whitaker, Director
Legislative Policy Division



DATE: July 12, 2019

RE: Draft Memorandum of Understanding between Office of Sustainability and the Green Task Force

The Legislative Policy Division (LPD) has been requested by Council Member Scott Benson to prepare a draft memorandum of understanding between the Detroit City Council's Green Task Force and the City's Office of Sustainability, where the Green Task Force plays an advisory role to the Office of Sustainability on greenhouse reduction initiatives. As requested LPD is submitting the prosed draft Memorandum of Understanding.

The document may be referred to the Office of Sustainability for review and to the Law Department for review and approval as to form.

If we can be of further assistance please call upon us.

CITY CLERK 2019 JUL 12 4:01:55

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE CITY OF DETROIT'S
OFFICE OF SUSTAINABILITY
AND THE
DETROIT CITY COUNCIL'S
GREEN TASK FORCE**

This Memorandum of Understanding ("MOU"), dated _____, 2019, is entered into by the City of Detroit's Office of Sustainability ("OoS"), and the Detroit City Council's Green Task Force (GTF) in an effort to cooperate and coordinate their respective expertise by allowing the OoS to receive from GTF in an advisory capacity information relative to greenhouse reduction initiatives.

RECITALS:

A. In 2017, the Mayor's office established the OoS with a mission to create healthy, green, vibrant, accessible neighborhoods where all Detroiters can contribute and benefit through: (i) Collaboration between City departments and agencies; (ii) Engagement and partnership among the City, citizens, and relevant organizations; and (iii) Process and policy improvement.

B. The GTF has been established pursuant to City Council Rules Section 3.5.3 *Special Committees*, subsection 3.5.3.2 *Taskforce*, that allows for the creation of a taskforce for the purpose of studying a particular problem or issue that is limited to one year, but may be renewed annually by resolution.

C. The GTF has the dual focus of promoting internal sustainability practices to help City Government become more energy efficient and also to promote a sustainability agenda throughout Detroit as a whole.

D. The Administration and the City Council are in agreement that the collaboration between the OoS and the GTF would be effective and efficient in the promotion and development of greenhouse gas reduction initiatives and have reached a mutual understanding as to the following:

Section 1, Purpose: The purpose of the MOU is to provide the OoS the availability to engage with the GTF as an advisory body with regard to developing greenhouse gas deduction initiatives. The City Charter, Section 6-509 *Green Initiatives and Technologies*, provides that the City will implement a long-term strategic plan ("Green Initiatives and Sustainable Technologies Plan" or "GIST Plan") for the establishment, use and support of green initiatives, technologies and businesses, utilizing public and private partners. In furtherance of that objective, Subsection 6-509(5) provides that the Mayor may create advisory commissions under section 7-103 to assist with the development, monitoring, implementation and revision of the GIST Plan.

Section 2, Authority: The Administration and the City Council mutually understand that pursuant to the City Charter, 7-103, *Advisory Commissions*, that it is within the purview of the Mayor to establish advisory commissions to advise the Mayor or any administrative department. This MOU is entered into by and between the legislative and executive branches of government and that the Administration is selecting the GTF to serve in an advisory capacity pursuant to the authority granted under Section 7-103.

Section 3, GTF: The OoS entering this MOU understands that the GTF is established pursuant to City Council Rules of Procedure, Subsection 3.5.3.2 *Taskforce*. The representatives of the GTF consist of

numerous environmental advocacy groups, non-profit organizations, environmental businesses, government employees and residents and will be available in an advisory capacity as long as the GTF continues to be established pursuant to City Council Rules. The GTF is established for one year and may be renewed annually by resolution.

Section 4, Term: This MOU shall be effective as of the date upon which it is signed by the authorized representative of the OoS, and a resolution by the City Council of approval is obtained. The MOU will remain in effect unless or until the OoS submits a written notice of termination of the MOU to City Council and/or the GTF has been dissolved or discontinued. Upon termination of the MOU, the authority granted pursuant to Section 7-103 allowing the GTF to be utilized in an advisory capacity shall be voided.

This MOU being executed by the Parties:

City of Detroit's
Office of Sustainability

Detroit City Council's
Green Task Force

By: _____

By: _____

Print: _____

Print: _____

Its: _____

Its: _____

Dated: _____, 2019

Dated: _____, 2019



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

116
COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

July 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 increase in appropriation for the FY 2019 Comprehensive Agreement, Local Health Opioid Response Grant

The Michigan Department of Health and Human Services (MDHHS) has awarded an increase in appropriation to the City of Detroit Health Department for the FY 2019 Comprehensive Agreement, Local Health Opioid Response Grant in the amount of \$28,000.00. There is no match requirement for this grant. The total amount increase is \$28,000.00. This funding will increase appropriation 20627, previously approved in the amount of \$40,000.00 by council on 02/05/2019 to a total of \$68,000.00.

The Local Health Opioid Response Grant is a reimbursement grant. The objective of the grant is to expand the Health Department's Opioid Academic Detailing Initiative. This grant will enable the department to increase the number of pharmacies registered under the MDHHS standing order to distribute naloxone, and host an educational event to train pharmacist on opioid misuse and Naloxone administration.

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

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

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

This Request has been approved by the Office of the Budget Department.

CITY CLERK 2019 JUL 12 PM 1:10

RESOLUTION

Council Member _____

WHEREAS, the Health Department is requesting authorization to accept an increase in appropriation for the FY 2019 Comprehensive Agreement, Local Health Opioid Response Grant, from Michigan Department of Health and Human Services (MDHHS) in the amount of \$28,000.00 in order to expand the Health Department's Opioid Academic Detailing Initiative; and

WHEREAS, this funding will increase appropriation 20627 previously approved in the amount of \$40,000.00, by council on 02/05/2019 to a total of \$68,000.00; 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 modified grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to increase the budget accordingly for appropriation number 20627, in the amount of \$28,000.00, for the FY 2019 Comprehensive Agreement, Local Health Opioid Response Grant.

RE: Opioid Grant - Immediate Response Needed**Whitmire, Janine (DHHS-Contractor) <WhitmireJ@michigan.gov>**

Thu 6/27/2019 10 49 AM

To: David Yeh <yehd@detroitmi.gov>**Cc:** Adaora Ezike <ezikea@detroitmi.gov>; Kanzoni Asabigi <asabigik@detroitmi.gov>; Valentina Djelaj <DjelajV@detroitmi.gov>; Jean Ingersoll <Ingersollj@detroitmi.gov>

Good Morning –

We are pleased to announce that you have been granted an additional \$28,000 for the Local Health Opioid grant. This brings your total to \$68,000. We are in the process of applying for an extension. When we have a decision on the extension we will let all grantees know.

Please let me know if you have any questions.

Thank you.

Janine Whitmire
Operations Analyst
Office of Local Health Services
Michigan Department of Health and Human Services
517-284-4027

From: David Yeh <yehd@detroitmi.gov>**Sent:** Wednesday, June 12, 2019 4:59 PM**To:** Whitmire, Janine (DHHS-Contractor) <WhitmireJ@michigan.gov>**Cc:** Adaora Ezike <ezikea@detroitmi.gov>; Kanzoni Asabigi <asabigik@detroitmi.gov>; Valentina Djelaj <DjelajV@detroitmi.gov>; Jean Ingersoll <Ingersollj@detroitmi.gov>**Subject:** RE: Opioid Grant - Immediate Response Needed

Dear Ms. Whitmire,

Thank you for reaching out to our Health Officer with the opportunity below. On behalf of the Detroit Health Department, I would like to submit a request for \$28,000 to:

1. Expand academic detailing and public awareness of opioid misuse and Michigan's Naloxone Standing Order
2. Host a Continuing Education event to increase clinician awareness of opioid misuse and prescribing practices, and train them on overdose response and Naloxone administration

We're grateful for this opportunity. Please do not hesitate to reach out should you need any additional details for this request.

Best,

Dave

--

Dave Yeh

Director of Special Projects

City of Detroit

Detailed Budget - Amendment to MDHHS LHOR Grant
7/10/2019

Expense Category	Total Cost	Notes
Continuing Education Event		
Venue/Food	\$ 6,000	Continuing Education event space and food
CE Credit	\$ 2,400	200 Continuing Education Credits at \$12/Clinician
Total CE Event Cost	\$ 8,400	
Academic Detailing		
Academic Detailing (Contracted Services)	\$ 9,467	Fees for registered pharmacists and pharmacy students to conduct outreach to community pharmacists to register under MDHHS Standing Order
Community Access Point Materials	\$ 8,000	Displays, brochures, pamphlets, stickers, signage, kits, etc. to put in community pharmacies per MDHHS Standing Order
Total Academic Detailing Cost	\$ 17,467	
Subtotal	\$ 25,867	
SEMHA Fee (5% of Direct Costs)	\$ 1,293	Standard fee charged by 501(c)(3) fiscal agent on all funds administered
City Fee (3% of Total Award)	\$ 840	Standard City of Detroit charge on grant funds received
Total Award	\$ 28,000	



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

117
COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

June 28, 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 National Training and Technical Assistance Grant

The U.S. Department of Health and Human Services, Health Resource and Services Administration (HRSA), has awarded the City of Detroit Health Department with the FY 2019 National Training and Technical Assistance Grant for a total of \$81,763.00. There is no match requirement.

The objective of the grant is to create a targeted HIV awareness campaign in the City of Detroit. The funding allotted to the department will be utilized to support social media and peer outreach efforts to educate Young Black Men who have Sex with Men (YBMSM). This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 20669.

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

CITY CLERK 2019 JUL 12 AM 9:19

RESOLUTION

Council Member _____

WHEREAS, the Detroit Health Department is requesting authorization to accept a grant of reimbursement from U.S. Department of Health and Human Services, Health Resource and Services Administration (HRSA), in the amount of \$81,763.00, to create a targeted HIV awareness campaign in the City of Detroit; 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 20669, in the amount of \$81,763.00, for the FY 2019 National Training and Technical Assistance Grant.

1. DATE ISSUED: 06/14/2019		2. PROGRAM CFDA: 93.914	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded			
4a. AWARD NO.: 1 U69HA33217-01-00		4b. GRANT NO.: U69HA33217	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 07/01/2019 THROUGH: 06/30/2021			
7. BUDGET PERIOD: FROM: 07/01/2019 THROUGH: 06/30/2020			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Title XXVI, Section 2692
Public Health Service Act sec. 2692, 42 U.S.C. sec. 300ff-111
Section 2674 of the Public Health Service Act, 42 U.S.C. § 300ff-74
Sections 2606, 2619, 2654, and 2671 (42 U.S.C. §300ff-111) of the
Public Health Service Act, as amended by the Ryan White HIV/AIDS
Public Health Service Act, Title III, Section 301; Public Health
Service Act, Sections 2606, 2619, 2654, 2671, and 2692 (42 U.S.C.
§300ff-111), as amended by the Ryan White HIV/AIDS Treatment
Extension Act of 2009 (P.L. 111-87)
Public Health Service Act, Title III, Section 301; Public Health
Service Act, Sections 2606, 2619, 2654, 2671, and 2692 (42 U.S.C.
§300ff-111), as amended by the Ryan White HIV/AIDS Treatment
Extension Act of 2009 (P.L. 111-87) and the Consolidated
Appropriations Act of 2012 (PL.112-74), Division F, Title II,
Section 311(c) of the Public Health Service Act, 42 USC 243(c)
Sections 2606, 2654, and 2671, of Title XXVI of the Public Health
Service Act, and Section 311 (c) of the Public Health Service Act,
42 USC 243(c), as amended by the Ryan White HIV/AIDS
Treatment Extension Act of 2009 (P.L.118-87)
Sections 2606, 2654, and 2671 of the Public Health Service Act (42
U.S.C. §300ff-111), and Section 311(c) of the Public Health
Service Act, 42 USC 243(c) as amended by the Ryan White
HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)
Sections 2606, 2654, and 2671 of the Public Health Service Act (42
U.S.C. §300ff-111) as amended by the Ryan White HIV/AIDS
Treatment Extension Act of 2009 (P.L. 111-87).
Public Health Service Act, 2606 (42 USC 300ff-16), s amended by
the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public
Law 111-87)
Sections 2606 and 2654(b) of the Public Health Service Act, as
amended by the Ryan White HIV/AIDS Treatment Extension Act of
2009 (P.L. 111-87)
The Consolidated Appropriations Act, 2016 (P.L. 114-113), Division
H, Title II
Section 2606 (42 USC 300ff-16) of the Public Health Service Act
Section 311(c) of the Public Health Service Act (42 U.S.C. § 243(c))
and Sections 2606 and 2654 of the PHS Act (42 U.S.C. § 300ff-16;
42 U.S.C. § 300ff-54), as amended by the Ryan White HIV/AIDS
Treatment Extension Act of 2009 (P.L. 111
Section 2691 of the Public Health Service Act (42 U.S.C. § 300ff-
101) as amended by the Ryan White HIV/AIDS Treatment
Extension Act of 2009 (P.L. 111-87)

8. TITLE OF PROJECT (OR PROGRAM): National Training and Technical Assistance

9. GRANTEE NAME AND ADDRESS:
Detroit, City of
3245 E Jefferson Ave Ste 100
Detroit, MI 48207-4222
DUNS NUMBER:
603005542

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Leanne F Savola
Detroit, City of
3245 East Jefferson Avenue
Detroit, MI 48207-4222

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$36,975.00
b. Fringe Benefits :	\$15,160.00
c. Total Personnel Costs :	\$52,135.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$650.00
g. Travel :	\$522.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$8,556.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$81,763.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$81,763.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS

k . Trainee Related Expenses :	\$0.00
l . Trainee Stipends :	\$0.00
m Trainee Tuition and Fees :	\$0.00
n . Trainee Travel :	\$0.00
o . TOTAL DIRECT COSTS :	\$81,763.00
p . INDIRECT COSTS (Rate: % of S&WTADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$81,763.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$81,763.00

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)	
a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A]
 Estimated Program Income: \$0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached [X]Yes []No)

Electronically signed by Karen Mayo , Grants Management Officer on : 06/14/2019

17. OBJ. CLASS: 41.51 18. CRS-EIN: 1386004606A2 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
19 - 3772205	93.914	19U69HA33217	\$81,763.00	\$0.00		19SMAIF

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Specific Term(s)

1. Resumes/CV's for key personnel supported by this cooperative agreement and not named in the FY 2019 application must be submitted to the HRSA Grants Management Office through the EHB Prior Approval Portal for review prior to appointment to the project. This requirement also includes all key personnel hired due to vacancy, resignation, termination or attrition subsequent to the Issue date on the Notice of Award.
2. The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. In accordance with 45 CFR 75.322(b), HRSA HAB reserves a royalty free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.
3. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program in subsequent fiscal years, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.
4. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 (<http://www.hrsa.gov/grants/ffata.html>). The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <http://www.hrsa.gov/grants/ffata.html>.
5. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See <http://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>.
6. This award is subject to 45 CFR part 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
7. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>.
8. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
9. Unless otherwise specified, all Conditions, Program Terms and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHBs).
10. The recipient shall follow HHS Section 508 requirements for making all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully 508 compliant. Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) ensures that members of the public with disabilities have the ability to access government information and services. The Section 508 technical and functional standards are codified at 36 CFR Part 1194 (See 36 CFR 1194.21(a)-(j).) and may be accessed through the Access Board's Web site at <http://www.access-board.gov>.
11. Funding will be provided in the form of cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. The recipient is expected to collaborate with HAB and its RWHAP recipients to achieve the expectations described

project activities in sufficient time to provide input and/or assistance. This substantial involvement is in addition to the usual monitoring and technical assistance provided under the cooperative agreement. As a cooperative agreement, HRSA programmatic involvement will include:

- Providing the expertise of HAB personnel and other relevant resources to support the efforts of the targeted technical assistance activities to improve health outcomes along the HIV care continuum;
- Participating in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement;
- Providing ongoing review of the establishment and implementation of activities and measures for accomplishing the goals of the cooperative agreement;
- Participating, as appropriate, in conference calls and meetings that are conducted during the project period of the cooperative agreement;
- Reviewing and concurring with all information products prior to dissemination; and
- Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of RWHAP recipients.

In collaboration with HRSA, the cooperative agreement recipient's responsibilities will include:

- Completing proposed technical assistance activities within the two-year project period;
- Collaborating with HRSA on review of activities, procedures, and budget items, including timely communication with project officer;
- Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed technical assistance activities;
- Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified target population(s);
- Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement;
- Modifying activities as necessary to ensure relevant outcomes for the project; and
- Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds.

12. No funds will be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.
13. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://www.dpm.psc.gov/contacts/contacts.aspx?explorer.event=true>.
14. Per 45 CFR §75.351 - .353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
15. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See <https://www.aids.gov/federal-resources/policies/syringe-services-programs/>. Recipients are prohibited from using RWHAP funds to support Syringe Services Programs, inclusive of syringe exchange, access and disposal.
16. The recipient must comply with statutory requirements regarding the timeframe for obligation and expenditure of funds, and must comply with any cancellation of unobligated funds.
17. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.
18. RWHAP funds may not be used to make cash payments to intended clients of RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific needs or services that further the

Project Title: Building Capacity for HIV Elimination in Ryan White HIV/AIDS Program Part A Jurisdictions

Applicant Organization Name: Detroit Health Department- HIV/STI Program

Address: 3245 E. Jefferson, Detroit Michigan, 48207

Project Director: Leanne F. Savola, HIV/STI Program Director on behalf of Joneigh S. Khaldun, MD, MPH, FACEP, Director and Health Officer

Contact Phone Number: (313) 876-0266; **Fax Number:** (313) 202-9850

Email addresses: savolaL@detroitmi.gov; **Website:** <http://detroitmi.gov/health>

Selected Category: Information Dissemination and Marketing

Proposed Activities: Targeted Awareness Campaign (including social media efforts)

Summary of Proposed Activities: The Detroit Health Department plans to partner with the YBMSM community in Detroit to develop a campaign that shows that HIV viral suppression is attainable and should be encouraged, celebrated and maintained. A YBMSM work group led by a YBMSM, will drive the campaign and the end product will be a direct representation of their work and ideas. Messages will target peers in the YBMSM community and their support system. In addition to media products that will provide positive messages about the importance of viral suppression, the work group and Program staff will engage in instant two-way conversation with YBMSM. This will create a space where people can feel anonymous and safe, which is particularly important with a topic as stigmatized as living with HIV is among YBMSM.

Supporting Data: YBMSM represent the only demographic group in the City of Detroit, metropolitan area and State of Michigan experiencing an increase in HIV diagnosis rates. The rate of new diagnoses among non-YBMSM in Detroit decreased by 50% from 2000 to 2015, while the rate of new diagnoses among YBMSM has more than doubled. YBMSM are estimated to make up less than half of a percent of Detroit's population but accounted for 38% of new HIV diagnoses in 2017. While YBMSM living with HIV slightly trail PLWH in care engagement, the largest drop off among YBMSM is in viral suppression, followed by maintenance of suppression. In 2017, 42% of diagnosed YBMSM were virally suppressed compared to 65% of all diagnosed PLWH in Detroit. Further, only 29% maintained suppression throughout 2017, compared to 40% of all PLWH.

Intended Impact: The proposed activities will provide YBMSM and their support networks (family, friends and loved ones) with information on the importance of reaching and maintaining viral suppression to stay healthy and prevent transmission to sexual partners. This information will reduce stigma and encourage open discussion about living healthy with HIV among YBMSM, their support networks and the health department. In turn, the increased knowledge and community support will provide incentive for YBMSM to seek out, initiate use of and adhere to antiretroviral therapy.

Funding Request: For the two year period, the Detroit eligible metropolitan area is requesting a total of \$137,660. This includes \$81,763 for the first year (September 1, 2019- August 31, 2020) and \$55,897 for the second year (September 1, 2020- August 31, 2021).

▪ INTRODUCTION

The Detroit Health Department's Ryan White Part A Program proposes to implement technical assistance activities related to **Information Dissemination and Marketing**, specifically a **Targeted Awareness Campaign**.

The campaign will consist of social media efforts designed and implemented by and for young black gay, same-gender loving, bisexual and other men who have sex with men (YBMSM). The campaign will consist of positive HIV care messages and images on YBMSM-appropriate social media platforms plus participatory and reciprocal engagement with the community through live conversations. The purpose of the social media campaign is to increase knowledge of the importance of reaching and maintaining viral suppression, resulting in an increase in viral suppression among YBMSM in the City of Detroit.

For this application, YBMSM are defined as African American and black gay, same-gender loving, bisexual and other men who have sex with men, ages 15 – 29, who live in the City of Detroit.

These technical assistance activities will strengthen efforts in the Detroit eligible metropolitan area (DEMA) to end the HIV epidemic through improvements along the HIV care continuum for YBMSM. The proposed activities will provide YBMSM and their support networks (family, friends and loved ones) with information on the importance of reaching and maintaining viral suppression to stay healthy and prevent transmission to sexual partners. This information will reduce stigma and encourage open discussion about living healthy with HIV among YBMSM, their support networks and the health department. In turn, the increased knowledge and community support will provide incentive for YBMSM to "seek, initiate and adhere to antiretroviral therapy," as noted in a recent opinion piece in the *Journal of the American Medical Association*.¹ With the promise of Undetectable=Untransmittable, "achieving and maintaining an undetectable viral load becomes an aspirational goal and offers hope for persons living with HIV".²

Given the relatively small size and timeframe of this award, this opportunity will be used to develop and pilot the social media campaign in the City of Detroit. The proposed activities will be completed within the two-year period of performance. A sustainability plan will be developed and, if successful, the campaign will be expanded throughout the DEMA (and possibly the State).

As this funding is provided in the form of a cooperative agreement, it is the perfect opportunity for the Part A Program to have the support of the Health Resources and Services Administration in developing, launching and evaluating this campaign. Through this partnership, the Part A Program will be better placed to use social media in its work and YBMSM who work on the campaign will gain leadership skills they can apply to ending the epidemic.

This is a new proposal and is not an expansion of a previously funded Part A activity.

¹ Eisinger RW, Dieffenbach CW, Fauci AS. (2019). HIV Viral Load and Transmissibility of HIV Infection: Undetectable Equals Untransmittable *JAMA*. doi:10.1001/jama.2018.21167

² *Ibid.*

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Public Lighting Authority

65 Cadillac Square, Suite 3100
Detroit, MI 48226
313.324.8291 - office
313.638.2805 - fax
pladetroit.org

OUR MISSION is to improve,
modernize and maintain the
street lighting system in Detroit.

July 11, 2019

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

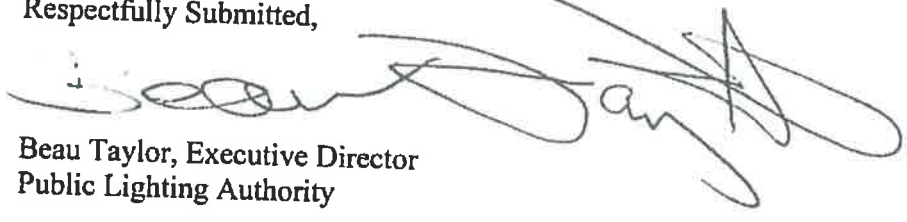
**RE: St. John's Presbyterian Church
Petition #809**

Dear Council Members:

St. John's Presbyterian Church is requesting permission to hang approximately 4 banners on E. Lafayette near St. Aubin to celebrate St. John's 100th year anniversary.

The Public Lighting Authority has inspected poles and finds them to be structurally sound and is recommending approval for St. John's Presbyterian Church to hang banners on approved pole locations from August 1, 2019 to August 1, 2020.

Respectfully Submitted,



Beau Taylor, Executive Director
Public Lighting Authority

Enclosure: Petition

cc: Council Members
File
PLD

CITY CLERK 2019 JUL 14 PM 2:17

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.

DPW - CITY ENGINEERING DIVISION BUSINESS LICENSE CENTER
PUBLIC LIGHTING DEPARTMENT

809 *St. Johns Presbyterian Church, request to install approximately 4 banners on Lafayette near St. Aubin*



Office Use Only: Petition Number:

City of Detroit
Banner Permit Application Form for
Banners in the Public Right-of-Way

NOTE: This application is for the proposed banner(s) for a specified period of time only. After expiration of the permit (if granted), or should the banner change in any way, another application will be required.

Please type or print information clearly:

I. APPLICANT INFORMATION

Contact Name: JANICE HOWELL

Name of Organization: St. John's Presbyterian Church

Mailing Address: 1961 E Lafayette

City/State/Zip Code: Detroit MI 48207

Phone: (313) 567-3610 Fax: E-Mail: Jhowell3610@comcast.net

Sponsoring Organization (if applicable): _____

Type of banner(s): City Non-profit* Business district**
 Community Special event Holiday

* If registered as a non-profit, please indicate your non-profit status identification number and attach a copy of the certificate. Non-profit identification number: 38-1555040

** If applying for a business district banner(s), please identify the business district: _____

Type of Request: Initial Permit Permit Renewal*

* If this request is for permit renewal, please provide the following:

Permit identification number: _____ Permit expiration date: _____

U.S. COMMERCIAL BANNER COMPANY

Contact Name: Jancee Howell

Name of Organization: St John's Presbyterian Church

Mailing Address: 1961 E. Lafayette

City/State/Zip Code: Detroit MI 48207

Phone: (313) 567-3610 Fax: () E-Mail: Jbhowell3610@comcast.net

BANNER INFORMATION

Purpose of banner(s):
St John's 100th yr. Anniversary

Time Period to display banner(s): Installation Date: / / Removal Date: / /

Number of banner(s) to display: 4

Streets on which banner(s) are to be displayed:
E. Lafayette near St Aubin

Are any of the poles located on a Michigan State Trunk Line or Wayne County Road? (See listing of State Trunk Lines and Wayne County Roads attached.)

Yes*
 No

* If yes, please note that the application must be submitted a minimum of 180 days prior to requested installation date (see Section 3 of the Policy on Banners in the Public Right-of-Way for details).

Describe wording on banner(s) and any graphics:
St. John's Presbyterian Church - Celebrating a Century of
100th Anniversary Doing God's Word
1919-2019 (Picture of a church)

The following items **MUST BE** included in the permit application package in order for it to be considered:

1. Completed banner permit application form
2. Signed and dated indemnity agreement (Attachment A)
3. Signed and dated maintenance and removal agreement (Attachment B)
4. Copy of certificate of insurance
5. Sketch, drawing, or actual sample of the banner to be displayed (see example attached)
6. Listing and/or map of the specific locations for the banners
7. \$100 non-refundable permit fee
8. A refundable deposit (amount specified in Section 4 of the Policy on Banners in the Public Right-of-Way) to be held in escrow presented to the Consumer Affairs Department prior to the issuance of a banner permit

The undersigned applicant(s) agrees to abide by the provisions set by the City of Detroit to suspend a banner or banners during the time period requested for this permit.

Janice Howell

Applicant: Print Name

Janice Howell

Applicant: Signature

4/4/19

Date:

Brent Walker

Commercial Banner Representative: Print Name
(i.e., installer/remover)

[Signature]

Commercial Banner Representative: Signature

4/4/19

Date:

Attachment A
AGREEMENT OF INDEMNITY

CITY OF DETROIT:

For and in consideration of the granting of a permit by the City of Detroit to suspend a banner or banners, the undersigned does agree to indemnify and hold harmless the City of Detroit, its officers, agents, and employees from any and all claims arising out of the placement of, maintenance of, use of, or removal of banners, including claim involving banners (or the structure upon which they are hung) falling on people or property.

INDEMNITOR(S):

Janice Howell

Signature of Authorized Representative (Organization)

Name JANICE HOWELL

Address 1010 Trevor Place

City, State, Zip Code Detroit 48207

Telephone Number 313-567-3610

4/4
Date

[Signature]

Signature of Authorized Representative (Banner Company)

Name Fadsigns Detroit DBA Detroit Signs LLC.

Address 2648 E. Jefferson Ave Suite B

City, State, Zip Code Detroit, MI 48207

Telephone Number 313-345-5858

4/4/19
Date

Attachment B
MAINTENANCE & REMOVAL AGREEMENT

It is understood and agreed that during the initial display, and subsequent renewal periods if applicable, the permittee shall be responsible for inspecting banners and poles, replacing and/or removing banners that are torn, defaced or in general disrepair, including rigging. Where any street banner is found to present an immediate threat of harm to the public health, welfare or safety, the City shall summarily cause its removal.

It is also understood and agreed that banners are to be removed within seventy-two (72) hours of the revocation date of the permit. Any street banner not removed within that time period shall be removed by the City without notice to the permittee.

If the City removes banners because they are in disrepair, present a threat of harm, or because the permit has expired, it is understood and agreed that a portion or all of the refundable deposit will be forfeited by the permittee in order to cover the City's expense. If the expense of removal exceeds the amount of deposit, it is understood and agreed that the excess amount shall be collected from the person/entity to which the permit was issued.

It is also understood and agreed that in such cases when the City removes banners there is no guarantee that the banners can be reclaimed by the permittee.

JANICE HOWELL

Applicant: Print Name

Janice Howell

Applicant: Signature

Date:

4/4/19

Brent Walker

Commercial Banner Representative: Print Name
(i.e., installer/remover)

Brent Walker

Commercial Banner Representative: Signature

Date:

4/4/19

STATE TRUNK LINES AND WAYNE COUNTY ROADS

Banners installed on State trunk lines or Wayne County Roads are subject to additional requirements. Permits for banners on State trunk lines or Wayne County Roads must comply with State and County guidelines. (Please see the City of Detroit Policy on Banners in the Public Right-of-Way for details.)

A. Michigan State Trunk Lines in the City of Detroit

Cadillac Square	Jeffries
Clark Street	John C. Lodge
Clifford & Middle	Michigan Avenue
Davison	Randolph (Cadillac Square to Jefferson)
Edsel Ford	Schaefer
Eight Mile Road	Shore Street
Fisher	Southfield
Ford Road	Telegraph Road
Fort Road	Van Dyke
Grand River	W. P. Chrysler
Gratiot	Washington Boulevard
Greenfield	Woodward
Groesbeck	Wyoming
Hoover	

B. Wayne County Roads in the City of Detroit

<u>Wayne County Road</u>	<u>Limits</u>
Chandler Park Drive	Dickerson to Outer Drive
Chandler Park Drive	Whittier to Moross
West Chicago Blvd.	Lamphere to West City Limits
Conant	South from Carpenter to Hamtramck West Line
Davison	Twelfth to Highland Park West City Limits
Davison	Syracuse to Dwyer
Dix	Woodmere to West City Limits
Dix	Rouge River Bridge to Oakwood Blvd.
Edward Hines Drive	West City Limits to South City Limits and Warren
Fenkell	200 East of Wyoming to West City Limits
Five Points	Eight Mile Road to Puritan
Gaines	Southfield East Service Drive to 390 East
Greenfield	Tireman to James Couzens Drive
Greenfield	Paul to Tireman
West Jefferson	Brennan to Rouge River
Joy Road	Greenfield to West City Limits
Kelly Road	Morang to Kingsville
Kelly Road	Kingsville to Eight Mile
Lahser Road	Chalfonte to Eight Mile Road
Lamphere Road	Outer Drive South to R.R. to Outer Drive

B. Wayne County Roads in the City of Detroit (continued)

Mack	Wayburn to North City Limits (650' of Moross)
McNichols	Wyoming to Five Points
McNichols	Alley West of Oakland to G.T.W.R.R.
McNichols	G.T.W.R.R. to Dequindre
Miller Road	Dearborn Road to Fort Street
Moross Road	Redmond to Mack
Mound	Caniff to Eight Mile
Outer Drive	Dunfries to Bassett
Outer Drive	Warren to Livernois
Outer Drive	Dequindre to McNichols
Outer Drive	Conner to Chandler Park
Outer Drive	Alter to Whittier
Schaefer Highway	Chandler Park to Mack
Schaefer Highway	Oakwood Boulevard to Dunfries
Schoolcraft	Dunfires to Bassett
Seven Mile Road East	Grand River to Patton
Seven Mile Road East	Gratiot to Redmond
Swift	Woodward to Five Points
Tireman	West Line of Hull to East Line of Swift
Warren	200' East of Miller Road (Meyers) to Greenfield
Warren	D.T.R.R. to 600' East
Warren	Greenfield to Heyden
Wyoming	Heyden to West City Limits
Wyoming	130' South of Michigan to Michigan
	Ford Road to D.T.R.R.

A. Hanging Banners from Utility Poles

Nothing may be attached to a utility or light pole without the permission of the City. The City Council can grant permission to attach banners to Lighting Department poles. To get permission to hang banners you must petition the City Council. The petition should identify where you want to hang the banners, what the banner will say and how long the banners will hang.

No banner will be allowed to block the view of traffic signals or signs. The Public Lighting Department will inspect the poles before advising the City Council about allowing any banners to be attached. The permission given by City Council is good for up to six months. If you want to hang banners for more than six months, you should petition the City Council for an extension.

The Petitioner is responsible for purchasing, installing and removing the banners and the hardware needed to hang them.

The Public Lighting Department will supply a copy of its Banner Specifications upon request.

A. Hanging Banners from Utility Poles

Nothing may be attached to a utility or light pole without the permission of the City. The City Council can grant permission to attach banners to Lighting Department poles. To get permission to hang banners you must petition the City Council. The petition should identify where you want to hang the banners, what the banner will say and how long the banners will hang.

No banner will be allowed to block the view of traffic signals or signs. The Public Lighting Department will inspect the poles before advising the City Council about allowing any banners to be attached. The permission given by City Council is good for up to six months. If you want to hang banners for more than six months, you should petition the City Council for an extension.

The Petitioner is responsible for purchasing, installing and removing the banners and the hardware needed to hang them.

The Public Lighting Department will supply a copy of its Banner Specifications upon request.



July 8, 2019

HONORABLE CITY COUNCIL

RE: Petition #951 – *Jefferson Village*, request to install approximately 8 banners along Edlie St., Lilibridge St., Harding St., Meadowbrook St., Montclair St., and St. Clair St. in order to display community name.

The Department of Public Works, Traffic Engineering Division received the above referenced petition. This department has no objections to the placement of banners, provided that the banner installation is in compliance with the banner policy adopted by your Honorable Body on November 30, 2001, and subject to the following conditions:

1. **Eight (08)** banners are to be located along Edlie St., Lilibridge St., Harding St., Meadowbrook St., Montclair St., and St. Clair St as shown on the attached map below.
2. The duration of banner installation shall be from July 16, 2019 through July 1st, 2020.
3. Banners shall not exceed thirty-two (32) inches in width by ninety-four (94) inches in height and should be acrylic or vinyl with standard slitting (also called “Happy Faces”).
4. Banners shall be affixed to allow minimum of (15) feet clearance from walkway surface.
5. Banners shall not include flashing lights that may be distracting to motorists.
6. Banners shall not have displayed thereon any legend or symbol which is, or resembles, or which may be mistaken for a traffic control device, or which attempts to direct the movement of traffic.
7. Commercial advertising is strictly prohibited on all banners; including telephone numbers, mailing addresses, and web site addresses.
8. A sponsoring organization’s logo and/or name may be included at the bottom of the banner in a space no more than ten (10) inches in height by thirty (30) inches in length, and letter size shall be limited to four (4) inch maximum and placed at the bottom of the banner.
9. Sponsoring organizations may not include messages pertaining to tobacco and related products, alcoholic beverages, firearms, adult entertainment or sexually explicit products, or political campaigns.
10. Sponsoring organizations may not include legends or symbols which may be construed to advertise, promote the sale of, or publicize any merchandise or commodity, with the exception of sponsorship as described in the banner policy (see section 9 of the policy).
11. Banner placement must be a minimum of 120 feet or every other pole apart, whichever is greater, including banners that may exist at the time of the installation and is limited to a two thousand (2000) feet radius area of the event location or within the stated organization’s boundaries.

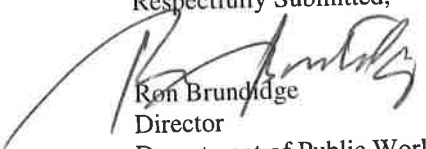


HONORABLE CITY COUNCIL (Cont.)
Petition #951

12. The design, method of installation and location of banners shall not endanger persons using the highway or unduly interfere with the free movement of traffic.
13. The petitioner *SHALL* secure an approval from **Public Lighting Department** to use their utility poles to hang the banners.
14. The petitioner *SHALL* secure Right of Way permit from City Engineering Division every time the banners are changed/replaced.
15. The wording on the banners will be (please see below).

If deemed appropriate by the City of Detroit, The City reserves the right to have the banners removed by the Petitioner at the Petitioner's cost prior to expiration date.

Respectfully Submitted,


Ron Brundage
Director
Department of Public Works

Copy: Linda Vinyard, Mayor's Office
Ashok Patel, Traffic Engineering Division

RB/AF/CB

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.

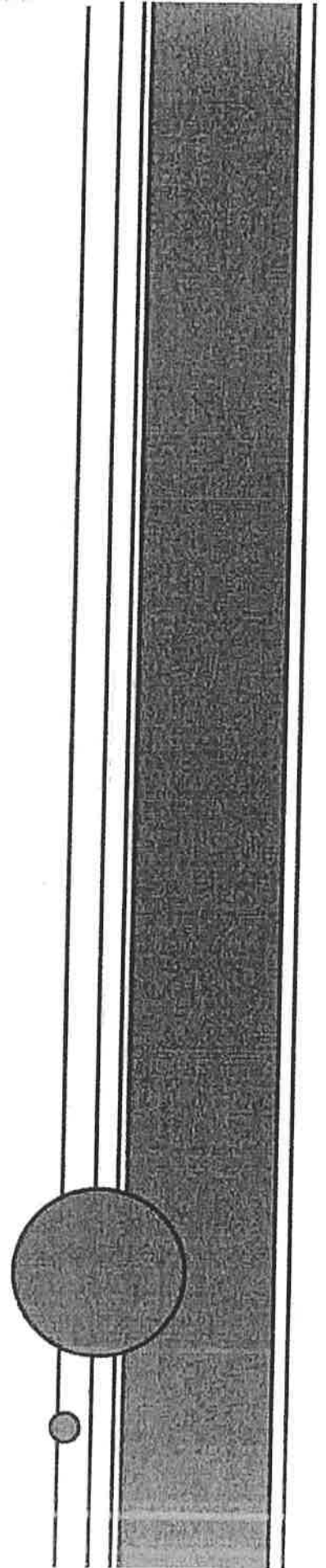
BUSINESS LICENSE CENTER DPW - CITY ENGINEERING DIVISION
PUBLIC WORKS DEPARTMENT

951 *Jefferson Village, request to install 8 banners on Edlie Ave, Lilibridge, Harding, Meadowbrook, Montclair and St. Clair statring in June 2019.*

#951

BANNER PERMIT APPLICATION

For Banners in Public Right-Of-Ways



Hanging Banners From Utility Poles Guidelines

The City of Detroit will allow on its light poles only Banners that promote or celebrate the City, its civic institutions, or public activities and events in the City. The City light poles will not be used for commercial advertising or for promoting any political social advocacy organization or political message.

No person or entity shall install, place, affix or attach a Banner on any property within the City of Detroit without first obtaining a permit. Banner permits are approved on a first-come, first-serve basis.

There are four categories of evaluation criteria:

1. Petitioner eligibility
2. Banner permit application package and fees
3. Banner specifications
4. Banner placement

The Banner permit application package must include the following items in order to be evaluated:

- Completed banner permit application form
- Signed and dated indemnity agreement
- Signed and dated maintenance and removal agreement
- Copy of certificate of insurance – City of Detroit additional insured
- Sketch, drawing, or actual sample of the banner to be displayed
- Listing and/or map of the specific locations for the Banner(s)
- \$100 non-refundable permit fee submitted to Business License Department
- A refundable deposit to be held in escrow presented to Business License Department prior to the issuance of the Banner Permit – 5 or less Banners \$500.00; 6 or more Banners \$1000.00

Nothing may be attached to a utility or light pole without the permission of the City. The City Council can grant permission to attach Banners to Lighting Department poles. To get permission to hang Banners you must petition the City Council. The petition should identify where you want to hang the Banners, what the Banner will say and how long the Banners will hang.

No Banner will be allowed to block the view of traffic signals or signs. The Public Lighting Department will inspect the poles before advising the City Council about allowing any Banners to be attached. The permission given by City Council is good for up to six months. If you want to hang Banners for more than six months, you should petition the City Council for an extension.

The Public Lighting Department will supply a copy of its Banner Specifications upon request.

City Of Detroit Banner Permit Application

For Banners in the Public Right-Of-Way

This application is for the proposed banner(s) for a specified period of time only. The City of Detroit will be strictly adhering to the Banner Permit Guidelines; please print them out for reference. This form must be completed and returned at least **60 days** prior to the date of installation. If submitted later than 60 days prior, application is subject to denial. If the requested Banner location is on a Michigan State Truck Line or Wayne County Road the application must be submitted at least **180 days** prior to the date of installation. After expiration of the permit (if granted), or should the banner change in any way, another application will be required.

SECTION 1 - APPLICANT INFORMATION

Contact Name: Sandra Hightower
Name of Organization: Jefferson Village
Mailing Address: c/o The Highlander Group 3080 Orchard Lk Rd, Ste J
Keego Harbor, MI 48320
Phone Number: 248-681-7883 E-Mail Address: Shightower@highlandergroup.net

Type of Banner(s) check all that apply:

- City of Detroit Non-Profit Other
 Community Business District
 Special Event Holiday

If registered as a non-profit, please indicate your non-profit status identification number and attach a copy of the certificate.

Non-profit identification number: _____

If applying for a business district banner(s) please identify the business district.

Business District: _____

Type of Request:

- Initial Permit Permit Renewal

If this request is for permit renewal, please provide the following:

Permit Identification Number: _____

Permit Expiration Date: _____

SECTION 2 - COMMERCIAL BANNER COMPANY

Contact Name: Que
Name of Organization: Fastsigns Downtown
Mailing Address: 2648 E. Jefferson Ave, Ste B Detroit MI 48207
Phone Number: 313-345-5858 E-Mail Address: 2185@fastsigns.com
Lic 2018-00134

SECTION 3 - BANNER INFORMATION

Purpose of Banner(s):
Display community name

Time Period to display Banner(s): Install Date: June 2019 Removal Date: NA

Number of Banner(s) to display: 8

Streets on which Banner(s) are to be displayed:
Edlie Ave., Lilibridge, Harding, Meadowbrook,
Montclair, St. Clair

Are any of the poles located on a Michigan State Trunk Line or Wayne County Road?
Refer to listing of Trunk Lines and Wayne County Roads. YES NO

Describe wording on the Banner(s) and any graphics:
Jefferson Village Community Marina District
w/compass logo
- Copy of banner design attached -

Jefferson
Village



COMMUNITY

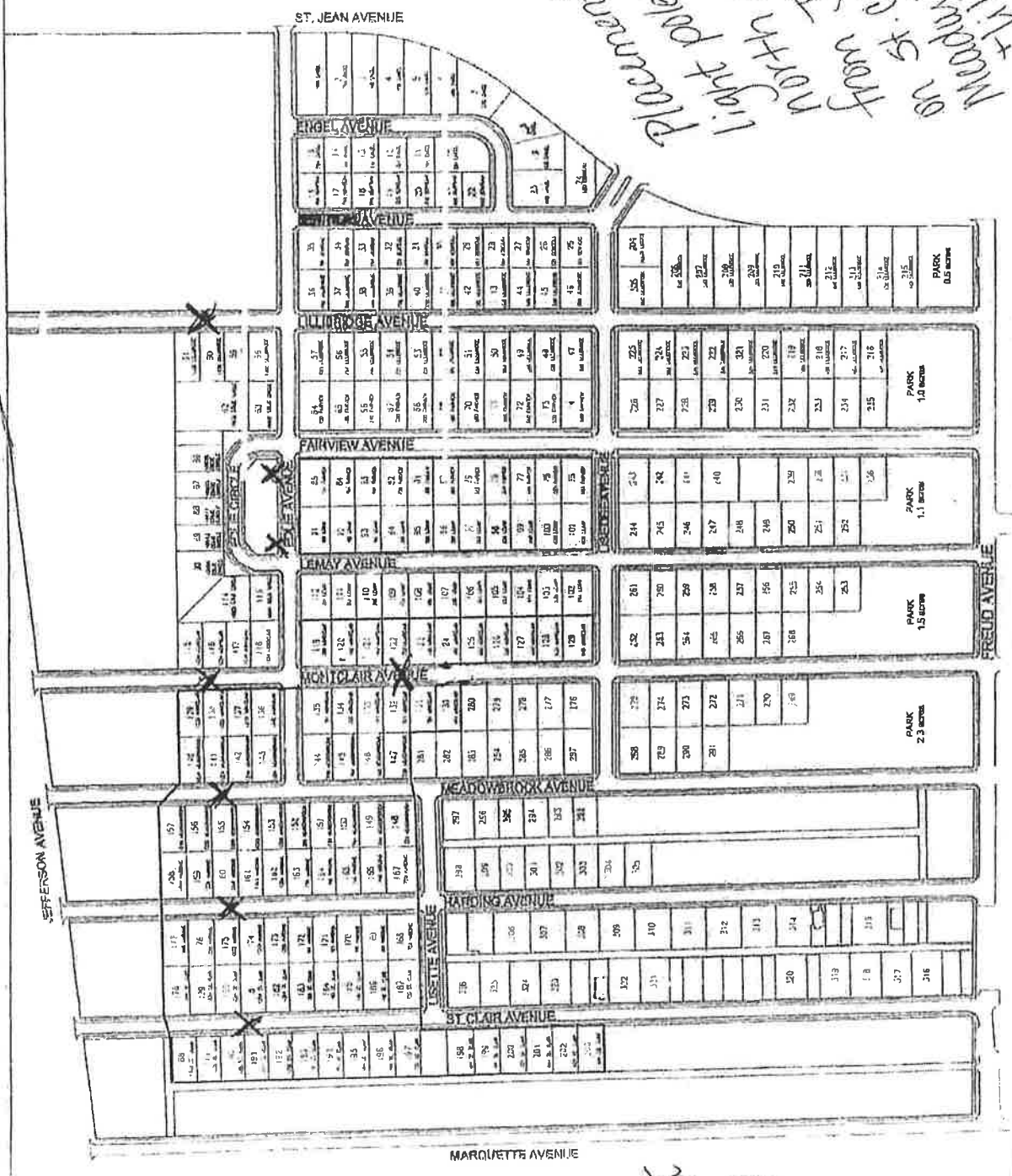


Marina District

Jefferson Village I
 Detroit MI 48214

Placement of
 light poles at
 north entrance of
 from Jefferson
 St. Clair, Harding,
 Maduik Brook, Northstar
 on St. Clair, Harding,
 Maduik Brook, plus
 a by marked on
 Gate Ave &
 Mid/South of
 Northstar.

Jefferson
 Village
 Placement
 (approx)
 of
 light
 poles



The following items **MUST BE** included in the permit application package in order for it to be considered:

- Completed banner permit application form
- Signed and dated indemnity agreement
- Signed and dated maintenance and removal agreement
- Copy of certificate of insurance
- Sketch, drawing, or actual sample of the banner to be displayed
- Listing and/or map of the specific locations for the Banner(s)
- \$100 non-refundable permit fee
- A refundable deposit to be held in escrow presented to Business License Department prior to the issuance of the Banner Permit

The undersigned applicant(s) agrees to abide by the provisions set by the City of Detroit to suspend a Banner or Banner(s) during the time period requested for this permit.

Sandra Hightower
Applicant: Print Name

Brent Walker
Commercial Banner Representative: Print Name
i.e., installer/remover

S. Hightower
Applicant: Signature

B. Walker
Commercial Banner Representative: Signature

3/22/19
Date

4/2/2019
Date

AGREEMENT OF INDEMNITY

CITY OF DETROIT:

For and in consideration of the granting of a permit by the City of Detroit to suspend a Banner or Banners, the undersigned does agree to indemnify and hold harmless the City of Detroit, its officers, agents and employees from any and all claims arising out of the placement of, maintenance of, use of, or removal of banners, including claims involving Banners (or the structure upon which they are hung) falling on people or property.

INDEMNITOR (S):

S. Hightower

Signature of Authorized Representative (Organization)

Sandra Hightower, The Highlander Group

Name

3080 Orchard Lake Rd, Ste J. Keego Harbor MI 48320

Address, City, State, Zip Code

248-681-7883

Phone Number

8/22/19

Date

B.A.

Signature of Authorized Representative (Banner Company)

FASTSIGNS DOWNTOWN DETROT DBA Detroit Signs LLC.

Name

2648 E. Jefferson Ave. Suite B Detroit, MI 48207

Address, City, State, Zip Code

313-345-5858

Phone Number

04/02/2019

Date

MAINTENANCE & REMOVAL AGREEMENT

It is understood and agreed that during the initial display, and subsequent renewal periods if applicable, the permittee shall be responsible for inspecting banners and poles; replacing and/or removing banners that are torn, defaced or in general disrepair, including rigging. Where any street banner is found to present an immediate threat of harm to the public health, welfare or safety, the City shall summarily cause its removal.

It is also understood and agreed that banners are to be removed within seventy-two (72) hours of the revocation date of the permit. Any street banner not removed within that time period shall be removed by the City without notice to the permittee.

If the City removes banners because they are in disrepair, present a threat of harm, or because the permit has expired, it is understood and agreed that a portion or all of the refundable deposit will be forfeited by the permittee in order to cover the City's expense. If the expense of removal exceeds the amount of deposit, it is understood and agreed that the excess amount shall be collected from the person/entity to which the permit was issued.

It is also understood and agreed that in such cases when the City removes banners there is no guarantee that the banners can be reclaimed by the permittee.

Sandra Hightower

Applicant: Print Name

Brent Walker

Commercial Banner Representative: Print Name
i.e., installer/remover

[Signature]

Applicant: Signature

[Signature]

Commercial Banner Representative: Signature

3/22/19

Date

04/02/2019

Date

Created Date: 8/30/2018

DESCRIPTION: Pole Banners

Bill To: Jefferson Village
780 Harding
Detroit, MI 48214
US

Pickup At: FASTSIGNS
2648 E Jefferson Ave
Ste B
Detroit, MI 48207
US

Requested By: Doreen Hunter
Email: doreenhunter@hotmail.com

Salesperson: Brent Walker
Email: brent.walker@fastsigns.com

NO.	Product Summary	QTY	UNIT PRICE	AMOUNT
1	Pole Banners	8	\$89.63	\$717.04
1.1	Banner - 18oz - Part Qty: 1 Width: 12.00" Height: 24.00" Sides: 1 Text: Double sided pole banners, client will supply artwork.			
2	Pole Banner Brackets	8	\$74.00	\$592.00
2.1	Pole Banner Mounts - Part Qty: 1			
3	Install	8	\$120.00	\$960.00
3.1	Installation -			
4	28 Scissor Lift	1	\$350.00	\$350.00
4.1	Installation -			

Please note that this estimate is valid for 60 days

Subtotal:	\$2,619.04
Taxes:	\$78.54
Grand Total:	\$2,697.58

Signature: _____ Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/03/2019

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Benjamin Calkman	CONTACT NAME: Sentry Customer Service	PHONE (A/C, No, Ext): 800-473-8979	FAX (A/C, No): 800-514-7191
	EMAIL ADDRESS: businessproducts_direct@sentry.com		
INSURED Detroit Signs, LLC Fast Signs 2848 E Jefferson Ave Ste B Detroit, MI 48207-4182	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Sentry Insurance a Mutual Company		24988
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 1644046 REVISION NUMBER:

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			A0095438003	03/05/2019	03/05/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A0095438001	03/05/2019	03/05/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			A0095438004	03/05/2019	03/05/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Brownstown Township
21913 Telegraph Rd
Brownstown Township, MI 48183-1314

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

John Highland



AGENCY CUSTOMER ID: XXXXXX6100

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Benjamin Cullman		NAMED INSURED Detroit Signe, LLC Fast Signs
POLICY NUMBER A0095438003		
CARRIER Sentry Insurance a Mutual Company	NAIC CODE 24888	EFFECTIVE DATE: 03/08/2010


ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance



MEMORANDUM

TO: Chief James Craig, Detroit Police Department
FROM: Hon. Scott Benson, City Council District 3 
CC: Stephanie Washington, Mayor's Office
VIA: Hon. Brenda Jones, City Council President
DATE: 11 July 2019
RE: RTCC CAMERA ACCESS AND VIRTUAL PATROL

I have several questions regarding the use of Real Time Crime Center cameras, the installation of new cameras, and the access of pre-existing cameras as follows:

1. Where will the cameras be located?
2. What determines why they will be located in a specific area?
3. Will the cameras be permanent or mobile?
4. What is the time frame for installation?
5. Will live feed/streaming access strictly be prompted for use during virtual patrol?
6. If still frames are used to establish probable cause, will they be restricted to capture during virtual patrol?

Please provide a detailed response by 15 July 2019. If you have any questions do not hesitate to contact my office at, 313-224-1198.

SRB

City of Detroit

CITY COUNCIL


121

RAQUEL CASTAÑEDA-LÓPEZ
COUNCIL MEMBER
DISTRICT 6

MEMORANDUM

TO: Chief Craig, Detroit Police Department

THRU: Council President Brenda Jones,

FROM: Council Member Raquel Castañeda-López 

DATE: July 11, 2019

RE: Contract 6002039 Real Time Crime Center Expansion

Please provide the following information related to the Green Light Program expansion:

- When will Council receive the report from the MSU research group conducting the comprehensive analysis of the Green Light program?
- The DPD policy related to traffic light mounted cameras provides that immigration uses are prohibited. Is there a similar prohibition for non-traffic light mounted cameras?
- DPD's standard operating procedure for facial recognition technology states that the Crime Investigation Unit is "authorized to submit requests for face recognition searches to be performed by external entities that own and maintain face image repositories." Have these requests been made? To which external entities?
- Has DPD connected its facial recognition systems to body-worn cameras or drone footage?
- DPD's standard operating procedure states that the facial recognition information will not be sold, published, exchanged, or disclosed to commercial or private entities or individuals except "to the extent authorized by DPD's agreement with the commercial vendor". Please provide a copy of the agreement and indicate the relevant language authorizing this sharing of information.
- To date, have there been any instances of outside agencies requesting face recognition searches or data from DPD?
- What law enforcement agencies currently maintain a MOU or interagency agreement with DPD in order to share these images or other data obtained? Provide copies of each existing MOU
- Provide any research studies that show that surveillance cameras reduce, prevent, or deter violent crime.
- In light of emerging research that suggests facial recognition software may misidentify certain groups more than others, in particular African American women, what is the Department's strategy to mitigate the potential disproportionate negative impact?

Please contact my office (313) 224-2450 if you have any questions.

Cc: Honorable Detroit City Council
City Clerk
Stephanie Washington, Mayor's Liaison

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City of Detroit
CITY COUNCIL

RAQUEL CASTAÑEDA-LÓPEZ
COUNCIL MEMBER
DISTRICT 6

MEMORANDUM

TO: Ron Brundidge, Director, DPW
Brad Dick, Director, GSD
Gary Brown, Director, DWSD
Beau Taylor, Director, PLA

THRU: Council Member Brenda Jones, Council President

FROM: Council Member Raquel Castañeda-López



DATE: July 12, 2019

RE: District 6 Viaduct status update

Please provide an updated report on the sixty-seven viaducts located in District 6.

Include the following information for each viaduct:

- For each of the following maintenance activities, provide information regarding how many times the activity is performed annually, and the most recent date that the maintenance occurred:
 - Debris removal
 - Cutting/removal of shrubbery and vegetation
 - Road sweeping
 - Surface clearing of catch basins
 - Vacuuming drains
 - Graffiti removal
- What is the average amount of time it took to respond to citizen viaduct complaints?
- Did the viaduct receive a mural?
- Has the viaduct been lit?
- Were other structural improvements completed?

CITY CLERK 2019 JUL 12 AM 9:24

Please do not hesitate to contact my office if you have any questions. Thank you.

Cc: Honorable Detroit City Council
Stephanie Washington, Mayor's Liaison
City Clerk