NEW BUSINESS 9-10-19.

NEIGHBORHOOD AND COMMUNITY SERVICES STANDING COMMITTEE



MAYOR'S OFFICE COORDINATORS REPORT

OVERAL	L STATUS (pl	ease c	ircle): 🕢 AP	PROVED	DENIED N/A CANCELED			
Petition #:	1012	Eve	ent Name: Detr	oit Chin	a Festival			
Event Date	Septembe	er 12,	2019					
Street Clos	_{sure:} None							
Organization Name: Detroit Chinatown Group								
Street Address: 1 Ajax Drive Suite 201 Madison Heights, MI 48071								
Receipt date of the COMPLETED Special Events Application:								
	y Clerk's Departr or City Departme			nunication:				
	or the Coordinato							
Event Elen	nents (check all t	hat app	ly):					
Walkath	non C	arnival/0	Circus	Concer	t/Performance Run/Marathon			
Bike Ra	nce R	eligious	Ceremony [Politica	l Ceremony Festival			
Filming	Pa	arade		Sports/	Recreation Rally/Demonstration			
Firewor	ks C	onventio	on/Conference	Other:				
24-Hou	r Liquor Licens	е						
11.								
0	- I Olein E 4		ition Communi		,			
2nd Annua	al Chinese Fest	ıvaı nei	d in Hart Piaza	with local	food vendors 11:00am - 5:00pm.			
VII.	** ALL perm	its and i	license requirem	ents must b	pe fulfilled for an approval status **			
Date	Department	N/A	APPROVED	DENIED	Additional Comments			
	DPD		V		DPD Assisted Event; Contracted with Camoflage Security to Provide Private Security Services			
	DFD/ EMS		✓		Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services			
	DPW		✓		No Permits Required			
	Health Dept.		V		Temporary Food License Required			

	1				
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		✓		Fencing Required
	Recreation		V		Application Received & Approved as Presented
	Bldg & Safety		V		Permits Required for Generators & Electrical
	Bus. License		✓		Vendors Licenses Required
	Mayor's Office		\checkmark		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	√			No Jurisdiction
	DDOT		\checkmark		No Impact on Buses
MAYOR'S	o 1				
Signature:	70. Aust	un			

Signature: B. Aushin	
Date: 9-6-19	

City of Detroit

Janice M. Winfrey City Clerk OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, August 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 PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Detroit Chinatown Group, request to hold "Detroit China Festival" at Hart Plaza on September 21, 2019 from 11:00 AM to 5:00 PM with set up and tear down to be completed on the event date, 9-21-19.

7/21/19

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 EVE	ENT INFORMATION
Event Name: Detroit China Festival		
Event Location: Hart Plaza		
Is this going to be an annual event?	⊠Yes □ No	
Section	on 2- ORGANIZATION/API	PLICANT INFORMATION
Organization Name: Detroit Chinato	wn Group	
Organization Mailing Address: 1 Aja	x dr, Suite 201. Madison Heights, MI. 4	8071
Business Phone: 734-205-7739	Bu	siness Website: detroitchinatownllc.com
Applicant Name: Joshua Chiatovich		
Business Phone: 734-205-7739	Cell Phone:	same Email: Joshua.c@detroitchinatownllc.com
Event On-Site Contact Person:		
Name: Paul Gaines		
Business Phone:	Cell Phone: 248-910-9066	Email: paul.gaines@detroitchinatownllc.com
Event Elements (check all that app	ly)	
[] Walkathon	[] Carnival/Circus	[v] Concert/Performance
[] Run/Marathon	[] Bike Race	[] Religious Ceremony
[] Political Event	[v] Festival	[] Filming
[] Parade	[] Sports/Recreation	[] Rally/Demonstration
[] Convention/Conference	[] Fireworks	[] Other:
Projected Number of Attendees Please provide a brief description		
Chinese food, cultural displays, n	nusic and acts.	

What are the projected set-up, eve	nt and tear down dates and t	imes (must be completed)?	
Begin Set-up Date: 9/21/19	Time:8am	Complete Set-up Date: 9/21/19	Time: 11a
Event Start Date: 9/21/19	Time:11am	Event End Date: 9/21/19	Time:5pm
Begin Tearing Down Date:9/21/19	Complete Tear	Down Date: 9/21/19	
Event Times (If more than one day, give	times for each day):		
S	ection 3- LOCATION/S	ITE INFORMATION	
Location of Event: Hart Plaza			
Facilities to be used (circle): Street Facility	Sidewalk	Park	City
Please attach a copy of Port-a-John, San anticipated layout of your event including		greements as well as a site plan which i	llustrates the
-Public entrance and exit -Location of merchandising booths -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of hand washing sinks -Location of portable restrooms		-Location of First Aid -Location of fire lane -Proposed route for walk/run -Location of tents and canopies -Sketch of street closure -Location of bleachers -Location of press area -Sketch of proposed light pole banners	
Describe the entertainment for this year	Section 4- ENTE	CRTAINMENT	
Musical performances on the main stage		ge	
		т ин	
Will a sound system be used?	Yes No		
Will a sound system be used?			
		NFORMATION	
If yes, what type of sound system? Unkn	own. TBD	NFORMATION	

Will there be vending or sales? If yes, check all that apply:	⊠ Yes [□ No	
v]Food [v]Merchand	ise [v]N	Non-Alcoholic Beverages	[] Alcoholic Beverages
Indicate type of items to be sold:			
Will there be food trucks? If yes, please list how many:	☐ Yes ⊠	No	
Will there be a charge for parking? If yes, please describe the amount:	☐ Yes ⊠	No	
How will you advise attendees of par	king options? We c	distribute maps of convenience	nt parking locations and are also working with Lyft.
Section	6- PUBLIC S	SAFETY & PARKI	ING INFORMATION
ame of Private Security Company: C	amouflage security		
Contact Person: Joel Grissom			
Address:			Phone: 313-717-2381
City/State/Zip: Detroit			
Number of Private Security Personnel	Hired Per Shift:		
Are the private security personnel (ch	eck all that apply):		
[v]Licensec		[] Armed	[v]Bonded
Section 7- CO	AMUNICAT	ION & COMMUNI	TY IMPACT INFORMATION
Section 7- Cor	IMONICAL	ion a comment	
How will your event impact the sur	ounding communi	ty (i.e. pedestrian traffic, so	ound carryover, safety)?
0			
7			
Have local neighborhood groups/bu	sinesses approved	vour event?	☐ Yes ☐ No
Indicate what steps you have or will	take to notify then	n of your event:	
	Se	ction 8- EVENT SE	T-UP
Complete the appropriate categories	that apply to the e	vent Structure	
Describe specific power needs for e	ntertainment and/c	or music. If generators will	be used, described how many and how they will be fueled:

-			 	

Address:		Phone:	
City/State/Zip			
	How Many?	Size/Height	
Booth			
Tents (enclosed on 3 sides)			
Canopy (open on all sides)			
Staging/Scaffolding			
Bleachers			

	Section 9- COMPL	ETE ALL THAT APPLY	
nergency medical services? Ha	art Medical		
ntact Person: Adam Gottieb			
ntact Person: Adam Gottieb		Phone: 248-789-3648	
ldress:		Phone: 248-789-3648	
ldress:		Phone: 248-789-3648	1
ldress: cy/State/Zip:		Phone: 248-789-3648	1
ldress:		Phone: 248-789-3648	
dress: y/State/Zip: me of company providing por		Phone: 248-789-3648	
ldress: cy/State/Zip:		Phone: 248-789-3648	
dress: cy/State/Zip: me of company providing pore ontact Person: dress:	rt-a-johns. Scotties Potties	Phone: 248-789-3648	
Idress: ry/State/Zip: nme of company providing pore ontact Person:	rt-a-johns. Scotties Potties	Phone: 248-789-3648	
Idress: Ty/State/Zip: Time of company providing portant Person: Idress: ty/State/Zip: Romulus,MI 48174	rt-a-johns. Scotties Potties	Phone: 248-789-3648	
Idress: cy/State/Zip: nme of company providing pore ontact Person: Idress:	rt-a-johns. Scotties Potties	Phone: 248-789-3648	
dress: cy/State/Zip: cme of company providing pore contact Person: dress: cty/State/Zip: Romulus,MI 48174	rt-a-johns. Scotties Potties	Phone: 248-789-3648	
Idress: Ty/State/Zip: Time of company providing portant Person: Idress: ty/State/Zip: Romulus,MI 48174	rt-a-johns. Scotties Potties	Phone: 248-789-3648	

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. ☐ Yes X No If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure. STREET NAME: TO: _____ FROM: _____ 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: _____ TO: ____ FROM: 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

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:	

1012 Petition of Detroit Chinatown Group, request to hold "Detroit China Festival" at Hart Plaza on September 21, 2019 from 11:00 AM to 5:00 PM with set up and tear down to be completed on the event date, 9-21-19.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE PLANNING AND DEVELOPMENT

DEPARTMENT

DPW - CITY ENGINEERING DIVISION POLICE

DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER

TRANSPORTATION DEPARTMENT MUNICIPAL

55

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED									
Petition #: 1028 Event Name: March for HOPE									
Event Date: October 13, 2019									
Street Closure: Oakman Blvd. & Fenkell Ave.									
Organization Name: Focus: HOPE									
Street Address: 1400 Oakman Boulevard Detroit, MI 48238									
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 Ele	ments (check all t	hat app	oly):						
√ Walkat	thon C	arnival/	Circus [Conce	t/Performance	Run/Marathon			
Bike R	ace R	eligious	Ceremony [Politica	I Ceremony	Festival			
Filming	g Pa	arade		Sports/	Recreation	Rally/Demonstration			
Firewo	orks Co	onventi	on/Conference [Other:					
24-Hour Liquor License									
24-Hou	ur Liquor Licens	е							
24-Hoi	ur Liquor Licens								
_		Pe	tition Communi ual walkathon a		,	adjacent park from 11:00am			
Focus: H0 4:00pm.	OPE will host the	<u>Pe</u> eir anno	ual walkathon a	at 1400 Oa	kman and the a	approval status **			
Focus: H0	OPE will host the	<u>Pe</u> eir ann	ual walkathon a	at 1400 Oa	kman and the a	approval status ** ditional Comments Event; Contracted with Security to Provide Private			
Focus: H0 4:00pm.	OPE will host the ** <u>ALL</u> perm. Department	<u>Pe</u> eir anno	ual walkathon a	at 1400 Oa	be fulfilled for an Add DPD Assisted Focus:HOPE Security Service Contracted with	approval status ** ditional Comments Event; Contracted with Security to Provide Private			
Focus: H0 4:00pm.	** ALL_perm Department DPD DFD/	<u>Pe</u> eir anno	ual walkathon a	at 1400 Oa	DPD Assisted Focus:HOPE S Security Service Contracted with	Event; Contracted with Security to Provide Private ces			

					· · · · · · · · · · · · · · · · · · ·
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		\checkmark		Type III Barricades & Road Closure Signage Required
	Recreation	✓			No Jurisdiction
	Bldg & Safety		\checkmark		Permits Required for Tents & Stages
	Bus. License		✓		No Permits Required
	Mayor's Office		✓		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking		\checkmark		No Purchase of Parking Meters Required
	DDOT		V		Low impact on Buses
	· · · · · · · · · · · · · · · · · · ·				
MAYOR'S	i i				
	B. Lus	hèr			
Date: <u>9</u>	-le-19				

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 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 PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Focus: HOPE, request to hold "March for HOPE" on October 13, 2019 from 11:00 AM to 4:00 PM with temporary street closures on Oakman Blvd. and Fenkell Ave.

10/13/19

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.

1						
	Section 1- GENERAL EVE	NT INFORMATION				
Event Name: Uarch for	Event Name: Uarch for HOPE					
Event Location: 1550 Oal	Kman Blva., Detroi	t, UI 48238				
Is this going to be an annual event?	Yes 🗆 No					
Section	on 2- ORGANIZATION/API	PLICANT INFORMATION				
Organization Name: Focus	s:Hope					
Organization Mailing Address:	100 parman Blod	. Detroit, MI 48238				
A		www.focushope.edu				
		100000				
Applicant Name: Tennife	r Presley					
Business Phone: (313)494-	437 (Cell Phone: 664) 744 24	47 Email: jennifer. prest-zefecushupe.ecc				
Event On-Site Contact Person:		, 8-				
Name: Jennifer Pre	sley					
	J	47Email: jenniler. prester focushape. ea				
Event Elements (check all that app						
[X] 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: 500 Please provide a brief description of your event:						
The March for HOPE brings together thousands of men and women						
	0					
diversity, approximate	and some little so	the case of petron in support of				
incl Children together to walk the streets of Detroit in support of liversity, opportunity and equality in southeastern Wichigan. The four-mile is a reminder of those whose footsteps we follow in and the distant-e						

Begin Set-up Date: 10-13-19	ime: 6 a. m. Complete Set-up	Date: 10-13-19	Time:
Event Start Date: T	Event End Date:	10-13-19	Time: 4 p.m.
Begin Tearing Down Date:	Complete Tear De	own Date: 10 - 13	- 19
event Times (If more than one day, give t	mes for each day):		
Sec	ction 3- LOCATION/SIT	E INFORMATION	
Location of Event: 1550 Oc	utmen Bluck.,	Dervit, Mi	48 238
Facilities to be used (circle): Street	Sidewalk	Park	City
Please attach a copy of Port-a-John, Sanitunticipated layout of your event including		eements as well as a site plan	which illustrates the
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	-I -P -I -S -L -I	ocation of First Aid cocation of fire lane roposed route for walk/run cocation of tents and canopies ketch of street closure cocation of bleachers cocation of press area ketch of proposed light pole be	
	Section 4- ENTER	TAINMENT	
Describe the entertainment for this year's	event: Lnels, Jazz Dr V	ock band.	
Vill a sound system be used?	es □ No		
yes, what type of sound system?	eplifical -augm	inted, surved	increased to
proaden. Amplified	Section 5- SALES INI	usecl.	
Vill there be advanced ticket sales? yes, please describe:	Yes No		
Vill there be on-site ticket sales? Yes, list price(s):	Yes No		
'ill there be vending or sales? yes, check all that apply:	Yes 🗆 No		

Indicate type of items to be sold: Basic Aift shop items - +-shirts, polis, cups hets, etc.
Will there be food trucks? If yes, please list how many: 1 - 2 No
Will there be a charge for parking?
How will you advise attendees of parking options? Security staff will direct vehicles.
Section 6- PUBLIC SAFETY & PARKING INFORMATION
Name of Private Security Company: Existing park contract Security will be used. Contact Person: Arnold Pirtle - Focus: Hore has its own in-noise security Address: 1200 Oakman Blvd. Phone: (813) 494 - 4366
Demot, M. 48236
Number of Private Security Personnel Hired Per Shift: 20-25 will be on site for the event.
Are the private security personnel (check all that apply):
[] Licensed [] Armed [] Bonded
Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION
How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Pecle Strice Truffic.
Have local neighborhood groups/businesses approved your event? Yes D No
Indicate what steps you have or will take to notify them of your event: The local neighbor hocel groups
are part of the planning commuter.
Section 8- EVENT SET-UP
Complete the appropriate categories that apply to the event Structure
Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:
No generators will be usedor needed.

Name of vendor providing generators: Contact Person:						
Address:		Phone:				
City/State/Zip						
City/State/Z.ip						
	How Many?	Size/Height				
Booth	19	16 (12x 12)				
Tents (enclosed on 3 sides)						
Canopy (open on all sides)	a	one 30 × 60 and one 10 × 20				
Staging/Scaffolding	1	stage is 8x4, 19ft. high				
Bleachers						
	Section 9- COMPLE	TE ALL THAT APPLY				
Emergency medical services?						
	nity ELLS					
Address: 254 OD M	Jest Eight Mi	la Rd.				
City/State/Zip: Southfield, UI 48034						
Name of company providing port-	a-johns. Langs Or	1 Site Services				
Contact Person:						
Address: 26490 W. Brill Pd Phone: (248) 213-7949						
City/State/Zip: South-field, NUL 48083						
		3				
Name of private catering company	7?					
Contact Person: Touch	of Class	3				
Address: LOGIA W	. Nine Mules	2d Phone: (248) 996-3659				
City/State/Zip:						
Dak Par	K, MI 4823	7				

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting Neighborhood Signatures must be submitted with appearing Will there be street closures? Yes If yes, please complete the street closure informat	plication for approval. Barricades a No	re not available from the City of	Detroit.
STREET NAME: Oatman Blva	, .		
FROM: Dexter Ave	TO: Fenk	ell Ave	→ ;
CLOSURE DATES: 10-13-19	BEG TIME: _6:00 a.	MEND TIME: 4:00	p.m.
REOPEN DATE: 10-13-19	_TIME: 4:00 p.r	n.	r
STREET NAME: FONKEU AVE	ol. TO: Decker	- Ave	_
CLOSURE DATES: 10 - 13 - 19	_ вед тіме: 6:00 а.	M.END TIME: 2:00	p.m.
REOPEN DATE: 10-13-19	_time: 2:00 pm		
STREET NAME:			-
CLOSURE DATES:	BEG TIME:	_ END TIME:	
REOPEN DATE:	TIME:		
STREET NAME:			
FROM:			40
CLOSURE DATES:	BEG TIME:	_ END TIME:	
REOPEN DATE:	_TIME:		
STREET NAME:FROM:			-
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	
	8.62

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.

granide Presla	5-21-19	
Signature of Applicant	Date	

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

HOLD HARMLESS AND INDEMNIFICATION

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

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

(Please Print)	
Event Name: March for HOPE Date: 10 - 13 - 19	Event
Event Organizer: Termifer Presley	
Applicant Signature:	

2019-08-05

1028

1028

Petition of Focus: HOPE, request to hold "March for HOPE" on October 13, 2019 from 11:00 AM to 4:00 PM with temporary street closures on Oakman Blvd. and Fenkell Ave.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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

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MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED							
Petition #: 1030 Event Name: 2019 Armed Forces Salute							
Event Date	Event Date: November 10, 2019						
Street Clos	_{sure:} Various	,					
Organizatio	on Name: Meti	ropoli	tan Detroit	Veteran	ns Coalition		
Street Add	ress: 500 Te	mple	Suite 4M D	etroit, N	VII 48201		
Date of Cit	te of the COMPL y Clerk's Departi or City Departme	mental F	Reference Comm				
	or the Coordinate						
Event Elen	nents (check all t	hat app	ly):				
Walkath	non C	arnival/(Circus	Concer	rt/Performance		
Bike Ra	ace R	eligious	Ceremony [Politica	al Ceremony Festival		
Filming	√ Pa	arade			/Recreation Rally/Demonstration		
Firewor	ks C	onventi	on/Conference	✓ Other:	Vets Fest		
√ 24-Hou	r Liquor Licens	е					
		Pot	tition Communi	nations (in	aluda data/tima)		
Petition Communications (include date/time) Celebration of Veterans in Detroit with the 14th annual Parade, Run and Vets Fest located at Dean Savage Park and surrounding streets from 10:30am - 3:30pm.							
** ALL permits and license requirements must be fulfilled for an approval status **							
Date	Department	N/A	APPROVED	DENIED			
	DPD		✓		DPD Assisted Event; Contracted with Camoflage Security to Provide Private Security Services		
	DFD/ EMS		✓		Pending Inspections; Contracted with DMCare Express to Provide Private EMS Services		
	DPW DPD Assisted Event; No Permit Required						
	Health Dept.		7		Temporary Food License Required		

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		✓		Type III Barricades & Road Closure Signage Required
	Recreation		✓		Application Received & Approved as Presented
	Bldg & Safety		V		Permits Required for Tents & Electrical
	Bus. License		√		Vendors License & Liquor License Required
	Mayor's Office		✓		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of even
	Municipal Parking		✓		No Purchase of Parking Meters Require
	DDOT		✓		Low Impact on Buses

Signature: 18	Lusher		
0 1	-19		

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 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 PLANNING AND DEVELOPMENT DEPARTMENT

MAYOR'S OFFICE POLICE DEPARTMENT

FIRE DEPARTMENT BUSINESS LICENSE CENTER

TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Metropolitan Detroit Veterans Coalition, request to hold "2019 Armed Forces Salute" on November 10, 2019 from 10:30 AM to 3:30 PM with temporary closures of Michigan Ave, Abbot St. and various side streets adjacent to the Parade Route.

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.

Sec.	HOD I- GENERAL EVENI	INTORMATION
Event Name: 2019 ARMED FOR	CES SALUTE	
Event Location: Detroit, Michigan		
Is this going to be an annual event? 🔽 🕽	es 🗆 No	
	ORGANIZATION/APPL	
Organization Name:	ITAN DETROIT VETERAL	
Organization Mailing Address: 500 Te	mple Suite 4M Detroit, MI	48201-2693
Business Phone: 313.936.0760	Business Website: V	www.detroitveteransdayparade.org
Applicant Name: DICK CHATMA	N	
Business Phone: 313.204.7227	Cell Phone: 313.204.7227	Email: dickc1948@ameritech.net
Event On-Site Contact Person:		
Name: Jack Riley		
Business Phone: 734.516.9689	Cell Phone: 734.516.9689	Email: jackcriley@hotmail.com
Event Elements (check all that apply)		
[] Walkathon	[] Carnival/Circus	[] Concert/Performance
[X Run/Marathon	[] Bike Race	[] Religious Ceremony
[] Political Event	[] Festival	[] Filming
[X Parade	[Sports/Recreation	[] Rally/Demonstration
[] Convention/Conference	[] Fireworks	[X] Other: VETS FEST
PATRIOTIC CELEBRATION DETROIT VETERANS DAY PARADE AND RACE WILL!	YOUR EVENT IS OF VETERANS IN DETE PARADE, 4STAR 4MILE BE ON ABBOTT AND PO	3 EVENTS ON ONE DAY OF CONTINUOUS ROIT. IT INCLUDES THE 14TH ANNUAL RACE AND VETS FEST. STAGING FOR RTER STREETS BETWEEN 6TH AND CELEBRATION WILL TAKE PLACE AT THE

IBEW LOCAL 58 UNION HALL, WHICH WILL ALSO SERVE AS OUR STAGING ANCHOR.

What are the projected set-up, event and tear down dates and times (must be completed)?
Begin Set-up Date: 11-10-19 Time: 7:30A Complete Set-up Date: 11-10-19 Time: 10:00A
Event Start Date: 11-10-19 Time: 10:30AEvent End Date: 11-10-19 Time: 3:30PM
Begin Tearing Down Date: 11-10-19 Complete Tear Down Date: 4:30PM
event Times (If more than one day, give times for each day):
Section 3- LOCATION/SITE INFORMATION
Location of Event: Detroit Michigan- Michigan Ave (Trumbull to 17th Street)
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: PLEASE SEE ATTACHMENTS
-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 proposed light pole banners
Section 4- ENTERTAINMENT
Describe the entertainment for this year's event: ENTERTAINMENT WILL BE LIVE MUSIC (TBD) IN THE PARKING LOT AT THE IBEW LOCAL 58 UNION HALL
Will a sound system be used?
The state of the s
Section 5- SALES INFORMATION
Will there be advanced ticket sales?
Will there be on-site ticket sales?
Will there be vending or sales?
[X] Food [] Merchandise [X] Alcoholic Beverages

idicate type of items to be sold:				
Vill there be food trucks? f yes, please list how many:	☑ Yes	□ No #OFTI	RUCKS TBD	
Will there be a charge for parking fyes, please describe the amount:		☑ No		
How will you advise attendees of	oarking options	? EMAIL-FA	ACEBOOK-WEB PO	OSTING
Section	on 6- PUBI	AC SAFETY & I	PARKING INFORM	IATION
ame of Private Security Company	CAMOU	IFLAGE SECUR	ITY & INVESTIGAT	ΓΙΟΝ
Contact Person: Jack Riley Address: 615 GRISWOLD	ST #925		Phone: 313.	338.8005
City/State/Zip: DETROIT 4	8226			
Number of Private Security Person	nel Hired Per S	hift: TBD		
Are the private security personnel	check all that a	pply):		
Are the private security personnel		pply): [] Armed	[X Bonded	
[X Licens	ed	[] Armed	[X] Bonded	INFORMATION
Section 7- C	OMMUNI	[] Armed	IMUNITY IMPACT	
Section 7- C	OMMUNIO Surrounding cor	[] Armed	IMUNITY IMPACT	fety)?
Section 7- C How will your event impact the SOME STREETS WILL HAVE	OMMUNIC surrounding cor TO BE BLOCKE CLOSURES.	[] Armed CATION & CON mmunity (i.e. pedestriar ED FOR STAGING OF E	IMUNITY IMPACT	fety)?
Section 7- C How will your event impact the SOME STREETS WILL HAVE THE IMPACT OF THE STREET	OMMUNIC surrounding cor TO BE BLOCKE CLOSURES.	[] Armed CATION & CON mmunity (i.e. pedestriar ED FOR STAGING OF E	IMUNITY IMPACT In traffic, sound carryover, safe VENT. EVENT WILL OCCUP Yes	iety)? R ON A SUNDAY WHICH SHOULD AFFE
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Address:	Phone:
City/State/Zip	
How Many?	Size/Height
Booth	
Tents (enclosed on 3 sides)	
Canopy (open on all sides)	
Staging/Scaffolding	
Bleachers	
Section 9- CO	MPLETE ALL THAT APPLY
Emergency medical services?	DMCare Express 1600 E. Grand Blvd. Suite 200
Contact Person: JENNIFER A CZUCHAJ - EVENT COORL	Detroit, Michigan 48221 DINATOR 313,259.5215
Address:	
City/State/Zip:	
Try orace zap.	
BRENDEL'	S SEPTIC TANK SERVICE LLC
Name of company providing port-a-johns.	
Contact Person: 248.698.5000	
Address	Phone: 248.698.5000
City/State/Zip:	
Name of private catering company?	
Contact Person:	
	Phone:
Address	

SPECIAL USE REQUESTS

	nation below and attach a map or	
REET NAME: ABBOTT ST	DOSA DAD	VC
OM: 6TH	TO: RUSA PAR	NS .
OSURE DATES: 11-10-19	BEG TIME: 8AM	END TIME: 2PM
OPEN DATE: 11-10-19		
REET NAME: MICHIGAN AVE		_
ROM: BROOKLYN	TO: JUST EAST	OF GRAND RIVER
.osure dates: 11-10-19	BEG TIME: 11AM	END TIME: 130PM
EOPEN DATE: 11-10-19		
OSURE DATES: 11-10-19	BEG TIME: 11AM	END TIME: 130PM
EOPEN DATE:		END TIME.
OPEN DATE:	TIME	
COPEN DATE:	TIME:	_
REET NAME:	TIME:TO:	_
	TIME:TO:BEG TIME:	_
COPEN DATE: CREET NAME: COSURE DATES: COPEN DATE: COPEN DATE:	TIME:TO:BEG TIME:TIME:	END TIME:
OPEN DATE: OM: OSURE DATES: OPEN DATE: REET NAME:	TIME:TO:BEG TIME:TIME:	END TIME:
OPEN DATE: COM: OSURE DATES: OPEN DATE:	TIME:TO:BEG TIME:TIME:TO:	END 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

UPON APPROVAL OF SPECIAL EVENTS COMMITTEE, ALL REQUIRED PAPERWORK

WILL BE SUBMITTED

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.

Richard Chatman	7-29-2019
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: 2019 ARMED FORCES SALUTE	Event
EVEIL NAME, 2010 ANNES OF 0000	
Date: SUNDAY NOVEMBER 10, 2019	
Event Organizer: METROPOLITAN DETROIT VETERANS COALITION	
Applicant Signature: Richard Chatman Date: 7-29-2019	









APPLICANT NAME:

RICHARD CHATMAN 313.204.7227

EM: dickc1948@ameritech.net

EVENT-ON-SITE CONTACT:

JACK RILEY 734.516.9689

EM: jackcriley@hotmail.com

ATTENTION: BETHANIE FISHER-CITY OF DETROIT SPECIAL EVENTS

COMMITTEE

RE: PETITION TO HOLD ARMED SERVICES SALUTE IN CITY OF DETROIT

ATTACHED TO THIS CORRESPONDENCE

City of Detroit Special Events Application
7 PAGES





2019-08-05

Veterans Coalition, request to hold "2019 Armed Forces Salute" on November 10, 2019 from 10:30 AM to 3:30 PM with temporary closures of Michigan Ave, Abbot St. and various side streets adjacent to the Parade Route.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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



MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED								
Petition #:	Petition #:/ S & Event Name: Metro Detroit Out of the Darkness Walk							
	Septemb							
Street Clos	sure: None							
		ericar	r Foundatio	n for Sເ	iicide Prevention			
-					irmingham, MI 48009			
	ite of the COMPI							
Date of Cit	y Clerk's Depart	mental l	Reference Comm					
	or City Departme or the Coordinate							
	nents (check all t		•					
r —		• •		_				
Walkath	non C	arnival/	Circus [Conce	t/Performance Run/Marathon			
Bike Ra	ace R	eligious	Ceremony [Politica	l Ceremony Festival			
Filming	P	arade	[Sports/	Recreation Rally/Demonstration			
Firewor	ks C	onventi	on/Conference [Other:				
24-Hou	r Liquor Licens	е						
	•							
		Pet	tition Communi	cations (in	clude date/time)			
Annual 5K	fundraiser and	outrea	ch to raise awa	reness on	Suicide at Hart Plaza from 9:00am -			
2:00pm.								
	** <u>ALL</u> _perm	its and i	license requirem	ents must t	pe fulfilled for an approval status **			
Date	Department	N/A	APPROVED	DENIED	Additional Comments			
	DPD		V		DPD Assisted Event; Contracted with Camoflage Security to Provide Private Security Services			
					Contracted with Hart EMS to Provide			
	DFD/ EMS	Ш	√		Private EMS Services			
	DPW		✓		No Permit Required			
	Health Dept.		\checkmark		Temporary Food License Required			

		r					
				li l			
Date	Department	N/A	APPROVED	DENIED	Additional Comments		
					Powigados Possinad		
	TED		\checkmark		Barricades Required		
	Recreation		\checkmark		Application Received & Approved as Presented		
	Bldg & Safety		\checkmark		No Permits Required		
	Bus. License		✓		Vendors License Required		
	Mayor's Office		✓		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.		
	Municipal Parking	✓			No Jurisdiction		
	DDOT		V		No Impact on Buses		
MAYOR'S		r					
Signature:	<u>48. Just</u> -6-19	ren					
Date: _q	-le-19						

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 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 PLANNING AND DEVELOPMENT DEPARTMENT DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT FIRE DEPARTMENT BUSINESS LICENSE CENTER RECREATION DEPARTMENT TRANSPORTATION DEPARTMENT

American Foundation for Suicide Prevention, request to hold "Metro Detroit Out of the Darkness Walk" at Hart Plaza on September 28, 2019 from 9:00 AM to 2:00 PM with set up to be completed on 9-27-19 and tear down to be complete on the event date, 9-28-19.

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 EVE	NT INFORMATION
Event Name: Metro Detroit Out of the	e Darkness Walk	
Event Location: HartPlaza		
Is this going to be an annual event?	X Yes	
Sectio	n 2- ORGANIZATION/API	PLICANTINFORMATION
Organization Name: American Foun	dation for SuicidePrevention	
Organization Mailing Address: 33717	Woodward Ave, #238, Birmingham, M	II 48009
Business Phone: 810 701-7790	Business Website	: afsp.org/Michigan
Applicant Name: Anne Perry		
Business Phone:	Cell Phone: 810 701-7790	Email: aperry@afsp.org
Event On-Site Contact Person:		
Name: Anne Perry		
Business Phone:	Cell Phone: 810 701-7790	Email: aperry@afsp.org
Event Elements (check all that appl	ly)	
[X] Walkathon	[] Carnival/Circus	[X] Concert/Performance
[] Run/Marathon	[] Bike Race	[] Religious Ceremony
[] Political Event	[X] FestivalX	[] Filming
[] Parade	[] Sports/Recreation	[] Rally/Demonstration
[] Convention/Conference	[] Fireworks	[] Other:
	n of your event: at for suicide loss survivors, those y g the riverfront. In the plaza we w	with lived experience and for anyone who has been affected ill have a stage and many tents with different resources and

Section 3- LOCATION/SITE INFORMATION Section 4- Location of Event: Hart Plaza actilities to beused (circle): Street Sidewalk Park X City actility lease attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the utilicipated layout of your event including the following: Public entrance and exit - Location of First Ald - Location of fire lane - Proposed route for walkfuran - Location of garbage receptacles - Location of garbage receptacles - Location of garbage receptacles - Location of parts are section of Sound stages - Location of Fores are - Location of Pores are - Location of Pores are - Sketch of proposed light pole banners Section 4- ENTERTAINMENT Section 4- ENTERTAINMENT Section 5- SALES INFORMATION Ill there be advanced ticket sales? Yes No yes, pleased sective. Ill there be on-siteticket sales? Yes No yes, list price(s): Ill there be on-siteticket sales? Yes No yes, list price(s): Ill there be vending or sales? Yes No yes, pleased sective. Ill there be vending or sales? Yes No yes, pleased section yes a list price(s): Ill there be vending or sales? Yes No yes, pleased sective. Ill there be vending or sales? Yes No yes, pleased sective.	Begin Set-up Date: 9/27/19	Time: 8am	Complete Set-up Date: 9/27/19	Time: 8:00pm	
Section 3- LOCATION/SITE INFORMATION	Event Start Date: 9/28/19		Event End Date: 9/28/19	Time: 2pm	
Facilities to beused (circle): Street Sidewalk Park X City Facility Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the inticipated layout of your event including the following: Public entrance and exit -Location of First Aid -Location of ford booths -Iocation of fire lane -Location of food booths -Iroposed route for walk/run -Location of garbage receptacles -Location of beverage booths -Iocation of beverage booths -Location of beverage booths -Location of beverage booths -Location of press area -Location of press area -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: Lude played form a set list prior to event start, and a band will perform after Vill a sound system be used? X Yes No Tyes, what type of sound system? Will be provided by the staging company (Pegasus Entertainment) Vill there be advanced ticket sales? Yes No Tyes, pleased escribe: Yes No Vill there be vending or sales? Yes Yes No	Begin Tearing Down Date: 9/28/19			28/19	
Facilities to beused (circle): Street Sidewalk Park X City and its to be seed (circle): Street Sidewalk Park X City and its to be seed (circle): Street Sidewalk Park X City and its to be seed (circle): Street Sidewalk Park X City and its to be seed to	vent Times (If more than one day	, give times for ea	ch day):		
Cocation of Event: Hart Plaza Facilities to beused (circle): Street					
Facilities to beused (circle): Street Sidewalk Park X City Facility Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the Inticipated layout of your event including the following: Public entranceand exit -Location of First Aid -Location of fire lane -Location of fire lane -Location of food booths -Proposed route for wall/run -Location of pod booths -Proposed route for wall/run -Location of beachers -Location of beachers -Location of beachers -Location of beachers -Location of Poleachers -Location of Poleachers -Location of Poleachers -Location of Poleachers -Location of Portable restrooms -Sketch of proposed light pole banners Section 4- ENTERTAINMENT		Section 3-	LOCATION/SITE INFO	RMATION	
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 entranceand exit Location of merchandising booths Location of food booths Location of food booths Location of garbage receptacles Location of garbage receptacles Location of streat closure Location of streat closure Location of streat closure Location of phand washing sinks Location of phand washing sinks Location of press area Location of portable restrooms Section 4- ENTERTAINMENT Describe the entertainment for this year's event: **tusic played form a set list prior to event start, and a band will perform after Vill a sound systembe used? X Yes No f yes, what type of sound system? Will be provided by the staging company (Pegasus Entertainment) **Section 5- SALES INFORMATION* Will there be advancedticket sales? Yes No f yes, pleasedescribe: Will there be on-siteticket sales? Yes No f yes, list price(s): Will there be vending or sales? **Yes No **Institute of the sale	Location of Event: Hart Plaza				
Public entranceand exit Location of merchandising booths Location of merchandising booths Location of food booths Location of food booths Location of garbage receptacles Location of beverage booths Location of sound stages Location of sound stages Location of pand washing sinks Location of pand washing sinks Location of portable restrooms Section 4- ENTERTAINMENT Describe the entertainment for this year's event: Section 4- ENTERTAINMENT		Street	Sidewalk	Park X 0	City
Location of merchandising booths Location of food booths Location of garbage receptacles Location of garbage receptacles Location of beverage booths Location of beverage booths Location of beverage booths Location of beverage souths and canopies Section 6 beverage souths Location of beverage souths and canopies Location of beverage souths Location of beverage souths Location of beverage souths Location of beverage souths Location of bleachers Loc				ll as a site plan which illustrates th	ne
-Proposed route for walk/run -Location of food booths -Location of garbage receptacles -Location of beverage booths -Location of sound stages -Location of sound stages -Location of hand washing sinks -Location of press area -Location of press area -Location of portable restrooms -Sketch of street closure -Location of press area -Location of press area -Sketch of proposed light pole banners -Sketch of proposed light pole banners -Sketch of press area -Sketch of proposed light pole banners -Sketch of proposed light pol	Public entranceand exit		-Location of Fi	rst Aid	
Location of garbage receptacles Location of beverage booths Location of sound stages Location of sound stages Location of hand washing sinks Location of press area Location of press area Location of portable restrooms Section 4- ENTERTAINMENT Describe the entertainment for this year's event: ### Section 4 - ENTERTAINMENT Describe the entertainment for this year's event: ### Section 4 - ENTERTAINMENT ### Describe the entertainment for this year's event: ### Section 5 - SALES INFORMATION ### Will a sound system be used? ### Will there be advancedticket sales? ### Yes ### No Yes Yes No Yes No Yes Sound system be used? Yes Yes No Yes No Yes Will there be on-siteticket sales? Yes Yes Will there be vendingor sales? Yes Will there be vendingor sales? Yes No No Will there be vendingor sales? Yes No No Will there be vendingor sales? Yes No No No Will there be vendingor sales? Yes No No No No No No No No		S			
-Sketch of street closure -Location of sound stages -Location of hand washing sinks -Location of protable restrooms -Sketch of proposed light pole banners -Sketch o					
Location of hand washing sinks Location of press area Sketch of proposed light pole banners Section 4- ENTERTAINMENT	Location of beverage booths		-Sketch of stree	et closure	
Section 4- ENTERTAINMENT Describe the entertainment for this year's event: ## Music played form a set list prior to event start, and a band will perform after Will a sound system be used? X Yes No					
Describe the entertainment for this year's event: Ausic played form a set list prior to event start, and a band will perform after Will a sound systembe used? X Yes No f yes, what type of sound system? Will be provided by the staging company (Pegasus Entertainment) Section 5- SALES INFORMATION Will there be advancedticket sales? Yes No f yes, pleasedescribe: Will there be on-siteticket sales? Yes No f yes, list price(s): Will there be vendingor sales? Yes No Will there be vendingor sales? Yes No					
Will a sound system be used? X Yes No f yes, what type of sound system? Will be provided by the staging company (Pegasus Entertainment) Section 5- SALES INFORMATION Will there be advancedticket sales? Yes No If yes, pleasedescribe: Will there be on-siteticket sales? Yes No If yes, listprice(s):			ection 4- ENTERTAINME	NT	
Will a sound system be used? X Yes No f yes, what type of sound system? Will be provided by the staging company (Pegasus Entertainment) Section 5- SALES INFORMATION Will there be advancedticket sales? Yes No f yes, pleasedescribe: Will there be on-siteticket sales? Yes No f yes, listprice(s): Will there be vendingor sales? Yes No	Describe the entertainment for thi	s year's event:			
Section 5- SALES INFORMATION Will there be advancedticket sales?	flusic played form a set list prior to event start, and	a band will perform after			
Section 5- SALES INFORMATION Will there be advancedticket sales?					
Section 5- SALES INFORMATION Will there be advancedticket sales?	Vill a sound systembe used?	x□ Yes □ N	0		
Section 5- SALES INFORMATION Will there be advanced ticket sales?	·			tt:	
Will there be advancedticket sales?	r yes, what type or sound system?	will be provided	by the staging company (Fegasus En	lertainment)	
f yes, pleasedescribe: Will there be on-siteticket sales? ☐ Yes ♣ No f yes, listprice(s): Will there be vendingor sales? ♣ Yes ☐ No				TION	
f yes, listprice(s): Will there be vendingor sales? ▼ Yes □ No	1 2 3 2 3	Sect	ion 5- SALES INFORMA		
	f yes, pleasedescribe: Vill there be on-siteticket sales?	?	¥ _{No}		

Indicate type of items to be sold:			
Will there be food trucks? If yes, please list howmany:	₩ Yes	□ No	
Will there be a chargefor parking? If yes, please describethe amount:	Yes	¥ No	
How will you advise attendees of pa	arkingoptions'	? We will in	nform them of nearby structures
Section	n 6- PURI	JC SAF	ETY & PARKING INFORMATION
Section		<i>ne</i> 57 11	
ame of Private Security Company: (Camouflage S	ecurity	
Contact Person: Joel Grissom			
Address: 615 Griswold, Ste. 925			Phone:
(313) 338-8005			
City/State/Zip:			
Detroit, MI 48226			
Number of Private Security Personne	l Hired Per Sl	nift:	
Are the private security personnel (ch	neck all that a	oply):	
[X] License		[]A	Armed []Bonded
			& COMMUNITY IMPACT INFORMATION
			ex pedestrian traffic, sound carryover, safety)? emain in plaza for the duration of the event except for the walk
Have local neighborhood groups/bu	ısinesses appr	oved your ev	event?
Indicate what steps you have or wil	l take to notif	y them of yo	ourevent:
		Section	1 8- EVENT SET-UP
Complete the appropriate categories	s that apply to	the event S	tructure
Describe specific power needs for e	entertainment :	and/or musi	ic. If generators will be used, described how many and how they will be fueled:
7			

Address: 28399 Dartmou	th St	Phone: (248) 545-4845					
City/State/Zip Madison Heights, MI 48071							
	How Many?	Size/Height					
Booth							
Tents (enclosed on 3 sides)							
19 total. 6- 10x10, 4 10x20,							
6 20x20, 3- 20x30Canopy							
(open on all sides)							
Staging/Scaffolding-							
20x20							
Bleachers							
100	Section 9- COMPL	ETE ALL THAT APPLY					
nergency medical services?							
entact Person: Hart EMS							
Idress: 1636 W. Fort Street							
ty/State/Zip: Detroit, MI 4821	0						
me of company providing po	rt-a-johns.		=======================================				
entact Person: Scotty's Potties							
Idress: P.O Box 530845		Phone: 734 421-1400					
ty/State/Zip: Livonia, MI 4815	3						
nme of private catering compa	any?						
entact Person							
ldress:		Phone:					
	=======================================						

SPECIAL USE REQUESTS

		ay, date, and time of requested closing and reopen ricades are not available from the City of Detro
	☐ Yes ☒ No ure information below and attach a ma	ap or sketch of the proposed area for closure.
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	ENDTIME:
REOPEN DATE:	TIME:	
STREET NAME:		
CLOSURE DATES:	BEG TIME:	EN D TI ME:
REOPEN DATE:	TIME:	
STREET NAME:		
CLOSURE DATES:	BEG TIME:	EN D TI M E:
REOPEN DATE:	TIME;	
STREETNAME:		
CLOSURE DATES:	BEG TIME:	EN D TI M E:
REOPEN DATE:	TIME:	
STREET NAME:		
CLOSURE DATES:	BEG TIME:	ENDTIME:
REOPEN DATE:	TIME:	

	ASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:
1) 2)	CERTIFICATE OF INSURANCE EMERGENCY MEDICAL AGREEMENT
3)	SANITATION AGREEMENT
4)	PORT-A-JOHN AGREEMENT
5)	COMMUNITY COMMUNICATION
_	

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

Anne Perry	7/26/19		
0			
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

(Please Print)

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: Metro Detroit Out of the Darkness Walk Date: 9/28/19 Event Organizer: Anne Perry Applicant Signature: Anne Perry Date: 7/25/19



2019-09-03

Suicide Prevention, request to hold "Metro Detroit Out of the Darkness Walk" at Hart Plaza on September 28, 2019 from 9:00 AM to 2:00 PM with set up to be completed on 9-27-19 and tear down to be complete on the event date, 9-28-19.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

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



MAYOR'S OFFICE COORDINATORS REPORT

OVERAL	L STATUS (ple	ease ci	rcle): 🕢 APF	PROVED	DENIED	N/A CANCELED
Petition #:	1070	_ Eve	nt Name:_Southw	vest Detroit	Business Assoc	ciation Annual Run of the Dead
	: Novembe					
Street Clos	_{ure:} Various					4 * <u>⊈</u> .
		hwes	t Detroit Bu	isiness .	Association	1
			ernor High			
Receipt dat	te of the COMPL	ETED S	Special Events A	pplication:		
			Reference Comm	unication:		1
	or City Departme or the Coordinato					
-	nents (check all th					
✓ Walkath		arnival/C	_	Concert	/Performance	Run/Marathon
			-		Ceremony	Festival
Bike Ra			Ceremony	=		\equiv
Filming		arade	L		Recreation	Rally/Demonstration
Fireworl	ks Co	onventio	on/Conference	Other: _		
24-Hou	r Liquor Licens	е				
į		Pot	ition Communic	cations (inc	clude date/time)	
Annual 5K	& 10K held at I					0am - 12:00pm.
					·	3
						approval status ** ditional Comments
Date	Department	N/A	APPROVED	DENIED		
	DPD	П			DPD Assisted	Event
			· ·			
	DED/					th DMCare Express to
	DFD/ EMS		_ ▼_		Provide Privat	te EMS Services
					DPD Assisted	Event; No Permit Required
	DPW		\checkmark			
	Health Dept.		7		No P	Permit Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments		
	TED		\checkmark		Type III Barricades & Road Closure Signage Required		
	Recreation		V		Application Received & Approved as Presented		
	Bldg & Safety		\checkmark		No Permits Required		
	Bus. License		✓		No Permits Required		
	Mayor's Office		\checkmark		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.		
	Municipal Parking	✓			No Purchase of Parking Meters Required		
	DDOT		✓		No Impact on Buses		
<u> </u>							
MAYOR'S							
	: <u>B. Lual</u>	rés					
Date:	1-6-19			=			

City of Detroit OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 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
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Southwest Detroit Business Association, request to hold Southwest Detroit Business Association annual Run of the Dead at Patton Recreation Center and on Woodmere St. on 11/2/19 from 8:00am to 12:00pm with set up to be completed 11/2/19 and tear down to be complete on the event date 11/2/19

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.

Se	ction 1- GENERAL EVEN	T INFORMATION				
Event Name: Southwest Detroit B	usiness Association Annua	Run of the Dead				
Event Location: Patton Recreation	Center					
Is this going to be an annual event?	Yes 🔲 No					
	- ORGANIZATION/APPL	ICANT INFORMATION				
Organization Name: Southwest Det	roit Business Association					
Organization Mailing Address: 7752 W	est Vernor Highway					
Business Phone: 313-842-0986	Business Website: W	ww.southwestdetroit.com				
Applicant Name: Robert Dewaelsch	e					
Business Phone: 313-842-0986	Cell Phone: 313-580-0632	robertd@southwestdetroit.com				
Event On-Site Contact Person:	9					
Name: Tonette Bryant-Carter						
Business Phone: 248-217-3026	Cell Phone: 248-217-3026	Email: tlbcarter@gmail.com				
Event Elements (check all that apply)						
[/] Walkathon	[] Carnival/Circus	[] Concert/Performance				
[] Run/Marathon	[] Bike Race	[] Religious Ceremony				
[] Political Event	[] Festival	[] Filming				
[] Parade	[] Sports/Recreation	[] Rally/Demonstration				
[] Convention/Conference	[] Fireworks	[] Other:				
Projected Number of Attendees: 700 Please provide a brief description of your event: 5k/10k Certified Run benefitting SDBA educational programming.						

What are the projected set-up	o, event and tear do	wn dates and times (must	be completed)	?
Begin Set-up Date 11/02/19	Time: 6:00am	Complete Set-up Date: 11/	02/19`	Time:8:00am
Event Start Date: 11/2/19	Time:9:00am	Event End Date: 11/2/19		Time:12:00pm
Begin Tearing Down Date:11/2/	19	Complete Tear Down Date:	11/2/19	
Event Times (If more than one day 11/2/19 - 6:00am - 12:00	, give times for each da pm	ay):		
A Company of the Comp				
	Section 3- LO	CATION/SITE INFO	DRMATION	
Location of Event: Patton Park	< Center			
Facilities to be use(Check) S Facility	treet 🗸	Sidewalk 🗸	Park 🗸	City 🗸
Please attach a copy of Port-a-John anticipated layout of your event inc		gency Medical Agreements as	well as a site plan	which illustrates the
-Public entrance and exit		-Location of		
 -Location of merchandising booths -Location of food booths 	•	-Location of -Proposed re	fire lane oute for walk/run	
-Location of garbage receptacles		-Location of	ftents and canopies	s
-Location of beverage booths -Location of sound stages		-Sketch of s -Location of		
-Location of hand washing sinks -Location of portable restrooms		-Location of		L
•	rompted to u	=	roposed light pole! hments upo	on submitting this form
		on 4- ENTERTAINN		on businessing this form
Describe the entertainment for this				
Describe the entertainment for this	s year s event.			
Zumba warm-up, DJ and	performances b	oy SDBA Compas stu	dents	
Will a sound system be used?	Yes 🗆 No			
If yes, what type of sound system?	Speaker, microp	hones. acoustic instr	uments and t	turntables
Describe specific power needs for e				
Outside outlets				
How many generators will be used?	, 1			
How will the generators be fueled?				

Name of vendor providing generators:
Contact Person: Home Depot
Address: 18700 Meyers Phone:313-341-7750
City/State/ZipDetroit, MI 48235
Section 5- SALES INFORMATION
Will there be advanced ticket sales? Yes No If yes, please describe:
Will there be on-site ticket sales? Yes \Box No If yes, list price(s):
Will there be vending or sales?
[] Food [] Merchandise [] Non-Alcoholic Beverages [] Alcoholic Beverages Indicate type of items to be sold:
N/A
Section 6- PUBLIC SAFETY & PARKING INFORMATION
Name of Private Security Company Detroit Police Department and Wayne County Sheriffs Department
Contact Person: Deputy Chief Reserve Division-Jim Edwards
Address:4747 Woodward Avenue Phone(734) 260-0253
<u>City/State/Zip:</u> Detroit, MI 48201
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? SDBA will have volunteers posted to advise runners and participants where to park at Patton recreation parking lot.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? There will be some temporary street closures, and bus route delays, DPD and Wayne County Sheriff Reserves will be on duty from 6:00am-12:00pm.

Have local	neighborhood	groups/businesses	approved	your event?

□ No

Indicate what steps you have or will take to notify them of your event: Soocial media, community meetings, Woodier Block Club and the BID (Business Improvement District). There will be proposed street closures and possible bus re-routing.

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)

Staging/Scaffolding

1

City of Detroit Bandwagon

Bleachers

Section 9- COMPLETE ALL	THAT APPLY
Emergency medical services?	
Contact Person: Jennifer A. Czuchaj	* 14.4 A A
Address:1600 E. Grand Blvd., Suite 200	
City/State/Zip: Detroit, MI 48221	
Name of company providing port-a-johns. Scotty's Potties	
Contact Person: Drew Webber	
Address: 27940 Wick Rd	Phone: 734-421-1400
City/State/Zip: Romulus, MI 48174	
Name of private catering company? N/A	
Contact Person:	
Address:	Phone:
City/State/Zip:	

SPECIAL USE REQUESTS

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

Attach a map or sketch of the prop		
STREET NAME:		Commis
FROM:	TO:	
CLOSURE DATES;	BEG TIME:	END TIME:
REOPEN DATE:		
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
CTDEET NAME.		
FROM:	TO:	
CLOSURE DATES:	BEG TIME;	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
: :		
FROW;	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TTME:	

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

There may be a need for re-routing of bus routes..

AUTHORIZATION & AFFADAVIT OF APPLICANT

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

the City of Detroit.	8/20/19
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: Southwest Detroit Business Association Annual Run of the	_Event	
Date:11/2/19	_	
Event Name: Southwest Detroit Business Association Annual Run of the Date: 11/2/19 Event Organizer: SDBA Project Consultant - Tonette Bryant-Carter Applicant Signature: Applicant Signature: Date: 8/20/17		
Applicant Signature: Rolling Moural Selec	_	



DATE (MM/DD/YYYY) 08/12/2019

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(les) 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).

_	DUCER				CONTACT NAME:	Annette W	lest, CISR			
	h C. Wilson Agency, Inc				PHONE (A/C, No, Ext): (248) 355-1414 (A/C, No): (248) 304-0877					
1 101	AT C. THISSHY INC				E-MAIL	annettew([(A/G, NO):	No.	
Pov	5069				AUDRESS					
				MI 48086-5069		DEIL J.L.	burer(s) affor hia insurance	Company		NAIC # 23850
_	inneid			1011 40000-5009	INSURER A:	. A ==1=1==4				
INSU					INSURER B:	<u> </u>		Insurance Company		12304
	Southwest Detroit Business Ass	oclati	on		INSURER C:	: Great Am	nerican Insurar	nce Company		16691
	Compass				INSURER D :	<u> </u>				
	7752 West Vernor				INSURER E:					
	Detroit			MI 48209	INSURER F:					
				NUMBER: 19/20 Master				REVISION NUMBER:		
TH	IIS IS TO CERTIFY THAT THE POLICIES OF I	NSUF	ANCE	LISTED BELOW HAVE BEEN	ISSUED TO	THE INSUR	RED NAMED A	BOVE FOR THE POLICY PER	IOD	
IN	DICATED. NOTWITHSTANDING ANY REQUIRER TIFICATE MAY BE ISSUED OR MAY PERTA	REME	NT, TE	ERM OR CONDITION OF ANY	CONTRACT	OR OTHER	DOCUMENT \	VITH RESPECT TO WHICH T	HIS	
E	CLUSIONS AND CONDITIONS OF SUCH PO	LICIE	S. LIM	ITS SHOWN MAY HAVE BEEN	REDUCED	BY PAID CL	AIMS.	OBJECT TO ALL THE TERMS	,	
INSR LTR	TYPE OF INSURANCE		SUBR		PO	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	INSU	VVVD	TOZIOT HOMOLIK			quitabbit 1 11	EACH OCCURRENCE		0,000
								DAMAGE TO RENTED	s 100,	
	CLAIMS-MADE OCCUR					-		PREMISES (Ea occurrence)	5.00	
_				PHPK1950563	03/	/01/2019	03/01/2020	MED EXP (Any one person)		0,000
Α	<u></u>			11111111900000	00/	10112010	00/01/2020	PERSONAL & ADV INJURY	2.00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	2.00	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG		0,000
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 1,00	0,000
	ANYAUTO						BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS ONLY			PHPK1950563	03/	03/01/2019	9 03/01/2020		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	ASTOC SILE!								\$	
	➤ UMBRELLA LIAB ➤ OCCUR							EACH OCCURRENCE	s 1,000	0,000
Α	EXCESS LIAB CLAIMS-MADE			PHUB666990	03/	/01/2019	03/01/2020	AGGREGATE	s 1,00	0,000
	10,000								\$	
	WORKERS COMPENSATION \$ 10,000	_	-					➤ PER STATUTE OTH-	Φ	
	AND EMPLOYERS' LIABILITY Y/N								s 500,0	000
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WCV6053671	03/	/01/2019	03/01/2020		500,000	
	(Mandatory In NH) If yes, describe under								F00.4	
-	DÉSCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT	\$ 500,0	300
	Directors & Officers			EDD0406444	02/	/27/2019	03/27/2020	Limit	¢1 0/	20,000
С				EPP9426441	03/	12112019	03/2/12020			00,000
				L				Deductible	\$5,00	00
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE			01, Additional Remarks Schedule,	may be attache	ed If more spa	ace is required)			
RE:	Run of the Dead - November 2, 2019 - Patt ificate holder is hereby listed as additional in	оп Ра	ark	ancets to above event and ev	erelaht of Da	atton Park				
Cert	ricate holder is hereby listed as additional in	surec) III 16:	spects to above event and ov	Graight or r a	attorrain				
CEE	RTIFICATE HOLDER				CANCELL	ATION				
OLI	THIOMIC HOLDER									
								SCRIBED POLICIES BE CAN		BEFORE
								, NOTICE WILL BE DELIVERI	ED IN	1
	City of Detrolt Parks & Recreatlo	n		I	ACCORD	ANGE WITH	n ine Policy	PROVISIONS.		
	18100 Meyers			1	AUTHORIZED) DEDDE GEN	TATIVE			
				I	NOTHORIZED	- ALI ALGEN				
	Detroit			MI 48235				(11)		



DATE (MM/DD/YYYY) 05/02/2019

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.

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tr	us ceruncate does not confer rights to	trie c	ei (III)	cate noider in neu of such							
PRO	DUCER				CONTA NAME:	CT Annette V	Vest, CISR				
Ralph C. Wilson Agency, Inc					PHONE (A/C, N	(248) 3	55-1414	FAX (A/C, No):	(248)	304-0877	
					E-MAIL ADDRE	ee. annettew(@rcwa.net	1 (7:10, 110);			
Box	¢ 5069				ADDRE			TOWN COVERAGE			
	uthfleld			MI 48086-5069		DLU-4-1-		Company		NAIC # 23850	
				1411 -40000-3003		ISURER A: Philadelphia Insurance Company Accident Fund General Insurance Company					
INSL	JRED				INSURE	-K D .				12304	
	Southwest Detroit Business Ass	sociati	ion		INSURE	RC: Great An	nerican Insurar	ice Company		16691	
	Compass				INSURE	RD:					
	7752 West Vernor				INSURE	RE:					
	Detroit MI 48209 INSURER F:										
CO	VERAGES CER	TIFIC	ATE	NUMBER: 19/20 Master				REVISION NUMBER:			
Т	HIS IS TO CERTIFY THAT THE POLICIES OF I				ISSUE	TO THE INSU			IOD		
- 10	IDICATED. NOTWITHSTANDING ANY REQUI	REME	NT, TE	ERM OR CONDITION OF ANY	CONTR	ACT OR OTHER	R DOCUMENT V	WITH RESPECT TO WHICH T	HIS		
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							JBJECT TO ALL THE TERMS	i,		
	XCLUSIONS AND CONDITIONS OF SUCH PO		S. LIM		REDUC						
INSR		INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	,000	
	-3 -30							MED EXP (Any one person)	\$ 5,00	00	
Α				PHPK1950563		03/01/2019	03/01/2020	PERSONAL & ADV INJURY	s 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	X POLICY PRO- JECT LOC					1		PRODUCTS - COMP/OP AGG	0.00	\$ 2,000,000	
		1		15		1 1		PRODUCTS - COMPTOP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		00,000	
								(Ea accident)		0,000	
	ANY AUTO OWNED SCHEDULED		DUDICAGEGG		١,	00/04/0040	00/04/0000	BODILY INJURY (Per person)	\$		
Α	AUTOS ONLY AUTOS			PHPK1950563		03/01/2019	03/01/2020	BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	2						PROPERTY DAMAGE (Per accident)	\$		
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	➤ UMBRELLA LIAB ➤ OCCUR							EACH OCCURRENCE	s 1,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			PHUB666990		03/01/2019	03/01/2020	AGGREGATE	s 1,00	00,000	
	DED RETENTION \$ 10,000							7.000,000,000	\$		
	WORKERS COMPENSATION							➤ PER STATUTE OTH-	9		
	AND EMPLOYERS' LIABILITY				e.			The contract of the contract o	_e 500,	000	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WCV6053671		03/01/2019	03/01/2020	E.L. EACH ACCIDENT	500		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	500		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,	000	
	Directors & Officers										
С				EPP9426441		03/27/2019	03/27/2020	Limit	\$1,0	00,000	
								Deductible	\$5,00	00	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	01, Additional Remarks Schedule,	may be a	ttached If more sp	ace is required)				
Em	ployee Dishonesty Limit - \$200,000 Limit										
DE.	Donatha Danid Marrahan 0, 2040										
KE:	Run of the Dead - November 2, 2019.										
Cer	tificate holder is added as Additional Insured	(Gen	eral Li	lability) with respect to Run of	f the De	ad at Patton Pa	ark.				
		`		,							
CE	RTIFICATE HOLDER				CANC	ELLATION					
								SCRIBED POLICIES BE CAN) BEFORE	
	City of Dotroit					ORDANCE WIT		, NOTICE WILL BE DELIVER PROVISIONS.	ED IN		

City of Detroit 2 Woodward Avenue

Detroit

MI 48226

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 08/12/2019

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(les) 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).

REQUISIONS AND CONTRICTIONS OF SUCCEPTIONS OF PROPERTY THAT THE POLICIES SUBJECT NUMBER 1 (240) 30-11210 (240)		no continuate depo not como nignio te		001111	reate meraer in nea er each	Tonac	1001110111(0)1				
Box.0698 Malure Mil 4908-5098	PRO	DUCER				NAME:	Ametic v				
Box.0698 Malure Mil 4908-5098	Ral	ph C. Wilson Agency, Inc				PHONE (248) 355-1414 FAX (248) 304-0877					
Box.0698 Malure Mil 4908-5098						E-MAIL ADDRESS: annettew@rcwa.net					
MSURED Southwest Debtoit Business Association Company 12304	Вох	: 5069								NAIC#	
Southwest Defroit Business Association Compass T752 West Ventor Defroit MI 48209 MSURER E: MSURER EXH EXCHANGE FOR THE POLICY PERIOD NOICATED. NOTWITHSTANDION ANY PECRULER MSURE IN THE MSURE NAME AND EXCHANGE FOR THE POLICY PERIOD NOICATED. NOTWITHSTANDION ANY PECRULER MSURE IN THE MSURE NAME AND EXCHANGE FOR THE POLICY PERIOD NOICATED. NOTWITHSTANDION ANY PECRULER MSURE SHOWN AND THE MSURE NAME AND EXCHANGE FOR THE POLICY PERIOD NOICATED. NOTWITHSTANDION ANY PECRULER MSURE SHOWN AND THE POLICY SERVICE HERE IN SUBJECT TO ALL THE TERMS. **COLUMBERCALE AND THE TERMS SHOWN AND THE BEST AND THE POLICY SERVICE HERE IN SUBJECT TO ALL THE TERMS. **COLUMBERCALE AND THE TERMS SHOWN AND THE BEST AND	Sou	thfleid			MI 48086-5069	INSURI	ERA: Philadel	phla Insurance	Company		23850
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Defroit Defroit S. CERTIFICATE NUMBER: 1209 Master S. CERTIFICATE NUMBER: 1709 Master S. CERTIFICATE NUMBER: 1709 Master S. CERTIFICATE NUMBER: 1709 Master S. CERTIFICATE NUMBER: 1700 Master		7752 West Vernor				-					
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B ANY POPRIET ORPPARTNER/EXECUTIVE (Mandatory in NH) (Mandatory in		DED NETENTION 5							PER OTH-	\$	
Directors & Officers								1	- 1000-000-000-000-000-000-000-000-000-0	- 500 (200
Proposition of Operations below E.I., DISEASE - POLICY LIMIT \$ 500,000	В	OFFICER/MEMBER EXCLUDED?	N/A		WCV6053671		03/01/2019	03/01/2020		500.0	
C Directors & Officers EPP9426441 03/27/2019 03/27/2020 Limit \$1,000,000 \$5,000 Deductible \$5,000 Dedu		If yes, describe under								TOO. 0	
EPP9426441 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Run of the Dead - November 2, 2019 - Patton Park Certificate holder is hereby listed as additional insured in respects to event listed above providing staff for the event. CERTIFICATE HOLDER 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		DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 000,0	700
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Detroit Police Department 1301 Third Avenue THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	CER	TIFICATE HOLDER				CANC	ELLATION				
AUTHORIZED REPRESENTATIVE		·				THE	EXPIRATION DA	ATE THEREOF,	NOTICE WILL BE DELIVER!		BEFORE
Detroit MI 48226		1301 Inira Avenue			Ī	AUTHOR	RIZED REPRESEN	TATIVE			
		Detroit			MI 48226				J		



DATE (MM/DD/YYYY) 05/02/2019

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(les) 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).

PROI	DUCE	R				Annette West, CISR					
Ralp	oh C.	. Wilson Agency, Inc				PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877					
						E-MAIL ADDRESS: annettew@rcwa.net					
Box	5069	9				7.3.2.35.153.25	INSURER(S) AFFORDING COVERAGE NAIC #				NAIC #
Sou	thflel	ld			MI 48086-5069	INSURER A: Philadelphia Insurance Company				23850	
INSU	RED		_	_		INSURE	Applidant	Fund General	Insurance Company		12304
		Southwest Detroit Business Ass	ociati	oπ		INSURE	O 1 A	nerican Insurar		_	16691
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Α	_				PHPK1950563		03/01/2019	03/01/2020	PERSONAL & ADV INJURY	\$ 1,000	
										\$ 2,00	
		POLICY PRO- LOC							GENERAL AGGREGATE	2.00	
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	15/05	DED RETENTION \$ 10,000							DER LOTH	\$	
	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE OTH-	500.4	200
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE CICER/MEMBER EXCLUDED?	N/A		WCV6053671		03/01/2019	03/01/2020	E.L. EACH ACCIDENT	\$ 500,000	
	(Mar	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 500,0	
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,0	000
С	Dir	rectors & Officers			EPP9426441		03/27/2019	03/27/2020	Limit Deductible	\$1,00 \$5,00	00,000
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached If more sp	pace is required)			
Cer	tlfica	n of the Dead - November 2, 2019 - Patto te holder is added as Additional Insured contract/agreement.			lability) with respect to work/s	services	performed/prod	ducts supplied	by Named Insured as per		
CEF	RTIF	ICATE HOLDER				CANC	ELLATION				
		Holy Cross Cemetary 8850 Dix Avenue				THE ACC	EXPIRATION D ORDANCE WIT	ATE THEREOF TH THE POLICY	SCRIBED POLICIES BE CAN 7, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
						AUTHOR	RIZED REPRESEN	ITATIVE			
		Detroit I			MI 48209	Sellandi					



DATE (MM/DD/YYYY) 08/12/2019

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(les) 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 Ileu of such endorsement(s).

Reigh C. Willook Agency, Inc Box 1009 Southfield Mil 4808-8089 Southfield Mil 4808-8089 Southfield Southwest Deroit Business Association Compass Compass T722 West Vernor Deroit Hills ET COCKER, Control of Company T725 West Vernor Deroit COVERAGES COVE	PROD	DUCER				CONTA NAME:	Annette V	Vest, CISR			
Box 50696 Southfield Mil 48086-5089 Mil 48086-50	Ralp	h C. Wilson Agency, Inc				PHONE	(248) 3	55-1414	FAX (A/C No	. (248)	304-0877
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DATE (MM/DD/YYYY) 08/12/2019

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PROD	PRODUCER							CONTACT Annette West, CISR				
Ralp	h C. Wilsor	n Agency, Inc					PHONE (248) 355-1414 FAX (A/C, No): (248) 304-0877					
							E-MAIL ADDRESS: annettew@rcwa.net					
Вох	5069						INSURER(S) AFFORDING COVERAGE					NAIC#
Sou	thfield					MI 48086-5069	INSURER A: Philadelphia Insurance Company					23850
INSURED							INSURE	RB: Accident	Fund General	Insurance Company		12304
Southwest Detroit Business Association							INSURE	RC: Great An	nerican Insurar	nce Company		16691
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		Woodmere C	-									
		9400 West F	on Street				AUTHORIZED REPRESENTATIVE					
		Detroit				MI 49200						
Detrolt MI 48209						Sellande						

Theresa Zajac

From:

Czuchaj, Jennifer

Sent:

Tuesday, August 20, 2019 4:27 PM

To:

Theresa Zajac; Tonette Bryant-Carter; Robert L. Dewaelsche

Cc:

Jennifer Garnica; Olga Rodriguez

Subject:

RE: SDBA contract for Annual 5k/10k Certified Run_2019

Ms. Zajac,

In the past the City of Detroit has accepted my confirmation of services via email as proof of secured services for an event. That, along with the contract I sent over, should be sufficient to satisfy their requirements during the approval process.

DMCare Express will provide (1) ALS ambulance on November 2, 2019 for the Run of the Dead 5k/10k from 0800-1200 at Patton Park. I will be the point of contact for any questions or concerns regarding our medical services for this event. Please feel free to distribute my contact information to DPD and your staff as needed.

Thank you,

Jennifer A. Czuchaj
Event Coordinator/Operations Supervisor



Cellphone: (248) 388-9073 Office: (313) 259-5215 Fax: (313) 259-5978

1600 East Grand Boulevard, Suite 200

Detroit, MI 48211

From: Theresa Zajac [mailto:Theresaz@southwestdetroit.com]

Sent: Tuesday, August 20, 2019 4:01 PM

To: Czuchaj, Jennifer; Tonette Bryant-Carter; Robert L. Dewaelsche

Cc: Jennifer Garnica; Olga Rodriguez

Subject: RE: SDBA contract for Annual 5k/10k Certified Run_2019

Importance: High

WARNING: This email originated from outside of Beaumont Health.

Do not click on any links or open any attachments unless you recognize the sender and are expecting the message.

Jennifer C.: We need it for the City of Detroit Special Events Review Meeting tomorrow morning. Can you send TODAY? tHERESA

AGREEMENT BETWEEN

Southwest Detroit Business Association and DMCare Express, Inc.

This Agreement is made the 20th day of August 2019, between **Southwest Detroit Business Association** (referred to hereafter as "Corporation") and **DMCare Express**, Inc (referred to hereafter as "DMCare").

WHEREAS, Corporation desires to secure an independent contractor to provide ambulance services as needed, and,

WHEREAS, DMCare is willing to act as an independent contractor and provide said to Corporation.

NOW, therefore, Corporation and DMCare for the consideration hereinafter set forth, agree as follows:

SECTION I - SERVICES PROVIDED

DMCare shall provide dedicated stand-by coverage to include One (1) licensed Advanced Life Support ambulance, during the dates and hours stated on Attachment "A".

SECTION II - PATIENT BILLING

Corporation will not be responsible for patient billing or payment to DMCare for services rendered to its patrons. DMCare will bill patients for services rendered.

SECTION III - LICENSURE, TRAINING AND QUALIFICATIONS

DMCare agrees to provide trained and licensed staff and equipment which complies with State law.

SECTION IV - COMPENSATION

In consideration of DMCare's Advanced Life Support ambulance stand-by services, Corporation will compensate DMCare at a rate listed in Attachment "A".

SECTION V - NOTICE

Any and all notices, designations or other communications provided for herein shall be given to either party in writing, either by receipted personal delivery or certified mail return receipt requested, addressed to the addressee shown below, unless notice of a change of address is furnished to all parties in the manner provided in this section:

Billing/Contract Contacts:

DMCare Express, Inc Greg Beauchemin, President, CEO 1600 East Grand Boulevard, Suite 200A Detroit, MI 48211 (313) 259-5125

Southwest Detroit Business Association Attention: Robert Dewaelsche, President 7752 West Verner Highway Detroit, MI 48209

SECTION VI - GOVERNING LAW

Laws of the State of Michigan as to interpretation, construction and performance shall govern this agreement.

SECTION VII - COVENANTS AND CONDITIONS

This agreement shall be binding upon and inure to the benefit of the parties hereto, and their respective successors and shall be binding upon the assigns of Corporation.

SECTION VIII - ASSIGNMENT

Neither party shall have the right to assign this agreement without the prior written consent of either party.

SECTION IX -- AMENDMENT

This agreement may be amended, revoked, changed or modified at any time, but only with a written agreement executed by Corporation and DMCare.

SECTION X - TERM

Corporation agrees to contract with DMCare for the "Run of the Dead" event on "November 2, 2019" at Patton Park, 2301 Woodmere St, Detroit, MI 48209.

In witness whereof, both parties hereto have executed this agreement as of the date of the listed above.

ss Assiciation"	
- Presiden	t 8/20/1
Title	Date
	T (W)
Title	Date
	l Insiden

Attachment "A"

Rates and Schedule for Medical Services

"Southwest Detroit Business Association"

Run of the Dead (5k/10k)

Patton Park

2301 Woodmere St, Detroit, MI 48209

Requested Schedule for 2014

1 Advanced Life Support Ambulance @ \$155.00/Hour for the following dates and times:

November 2, 2019 (0800-1200)

Requested Medical Services Estimate



Contact Person:

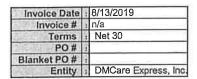
Supervisor (per hour)

TOTAL

MISCELLANEOUS ITEMS

"Quick Request" Charge (see note below) Holiday

E-oxygen tanks with regulators and oxygen masks





Please Remit Payment To: DMCare Express P.O. Box 713745, Cincinnati, OH 45271-3745

Tonette Bryant-Carter - SDBA Project Consultant

Contact Person Phone:	248-217-3026										
Location of Event:	SDBA										
Venue:	City of Detroit	- Southwest Detroit									
Name of Event:	SDBA's Run of the Dead is a 5K/10K USATF-certified run										
Type of event:	Concert Conference/Show										
	X	Other (please descri	be_5k/1	UK							
Estimated Attendance:	700+										
Demographic:	mixed										
Date of Event:	2-Nov-19					_					
Event Times:	800					_					
Coverage Times:	0800-1200										
Special Instructions:	N/A										
		Persons/Teams Needed		Rate	# of Hours Needed		Price	Location(s) Needed			
Staffed BLS unit (per hour)			\$	140.00		\$					
Staffed ALS unit (per hour)		\$	155.00	4.00	\$	620.00					
Roving Teams (Basic Life Support Te		\$	70.00		\$	-					
Roving Teams (Advanced Life Suppo	rt Team/ALS) (per l	our)	\$	90.00		\$	A LIGHT SHIP	在			
Basic EMT Services (per hour)	and more recognitive and the		\$	40.00		\$	-				
Paramedic Services (per hour)			\$	50.00	ACID MILLI	\$	100115				
THE REAL PROPERTY AND ADDRESS OF THE PARTY O			d*	60.00		0					

50.00 60.00

100.00

500.00

Rate Each/day Requested

150.00

N/A

of tanks

N/A \$

\$! Date Received:

\$0.00

\$ 620.00

\$

\$

THIS AREA TO BE COMPLETED BY DMCARE EXPRESS OPERATIONS SUPERVISOR/MANAGER FOR SPECIAL BILLING INSTRUCTIONS OR
Quick request charge applied when request for services is received less than 5 business days prior to date of event.

of days

tanks are

requested

August 8, 2019

Lividini Landscaping, inc. 3905 Stanley Allen Park, MI 48101

RE: Bid for cleaning services on Nov. 1 and 2, 2019

Lividini Landscaping, Inc. proposes to do the following for the Southwest Detroit Business Association (SDBA) in preparation for its Annual Run of the Dead 5K/10K starting at Patton Park and running through Woodmere Cemetery and Holy Cross Cemetery on Friday, November 1 and Saturday, November 2, 2019.

Friday, November 1, 2019

Perform a Woodmere Street clean-up from West Fort Street, moving north past West Veernor, up to the end of the street at the curve (street name).

All trash shall be disposed of in the SDBA/BID dumpsters located at 7752 West Vernor.

Saturday, November 2, 2019

At Dawn, perform a clean-up of Patton Park parking lot and the adjacent section of Woodmere. Trash will be disposed of at the Patton Park dumpsters at location.

At Noon, perform a clean-up of Patton Park lot and the adjacent section of Woodmere. Trash will be disposed on at the Patton Park dumpsters at location.

For these services, Lividini Landscaping, Inc. will charge \$ 250 % if payable by October 25, 2019.

Balance will be paid on day of event, after work is completed.

Vito Lividini, Owner

Lividini Landscaping, Inc.

Robert Dewaelsche, President

Southwest Detroit Business Association

Date

Date

August 8, 2019

Mr. Todd Weems Solomon's Labor Solutions, LLC 1515 Pingree Lincoln Park, MI 48146

RE: Bid for services related to Run of the Dead Nov. 2, 2019

Solomon's Labor Solutions, **LC** proposes to do the following for the Southwest Detroit Business Association (SDBA) in preparation for its Annual Run of the Dead 5K/10K starting at Patton Park and running through Woodmere Cemetery and Holy Cross Cemetery prior to and on Saturday, November 2, 2019.

No sooner than Monday, Oc	ctober 28,	2019
---------------------------	------------	------

- Paint/cover graffiti at _____ Woodmere (empty house right by Patton Park driveway entrance)
- Paint/cover graffiti at _____ Woodmere (apartment building just before curve/Weiss Park)

Saturday, November 2, 2019

Beginning of Day/Dawn

- Put BID trash can liners in all City receptacles closest to roads and the running path.
- Set up a minimum of three water tables at designated locations on the Run route, including dropping off water and cups, and extra trash bags for volunteers to collect used cups.
- Assist in general table set-up for SDBA staff/volunteers at or in Patton Park Recreation Center or in the parking lot.

Noon/End of Run

- Collect tables, leftover water and leftover unused cups. Return these to vehicle that will take them back to SDBA office.
- Collect trash bags from water tables and Park trash containers.
- Trash will be placed in Patton Park dumpsters.
- Assist in breaking down tables either in Patton Park Recreation Center or in the parking lot. If need be, transport these tables back to SDBA office.

For these services, Solomon Labor Solutions, LLC will charge \$350,00 % is payable by October 25, 2019.

Balance will be paid on day of event, after work is completed.

Todd Weems, Owner

Solomon's Labor Solutions, LLC

Robert Dewaelsche, President

Southwest Detroit Business Association

Date

8/12/19 Date BOBS SANITATION SERVICE, INC

SCOTTY'S POTTIES P.O. BOX 530845 LIVONIA, MI 48153



Ph: (734) 421-1400

Fax: (734) 946-7382

Service Address	
SW DETROIT BUSINESS ASSOCIATION	
PATTON PARK REC CENTER	
2301 WOODMERE	
DETROIT, MI 48209	

Billing Address
SW DETROIT BUSINESS ASSOCIATION
7752 W VERNOR HWY
DETROIT, MI 48209

Phone: (734) 674-8740

Contact: ALAN HERNANDEZ

Phone: 0

Contact:

Order #: 60609 - 01

Site#	Cust#	Schod Date	Day	Timo	Clerk	Req Date	Route	P.O.#	Terms	Sales Source/Cred	Mrkt/Tier
10789	SWDETROITB	Nov 03, 18	Sat		JC	Jul 13, 18			NET10	1	S11/

DELIVERY TICKET - Ord# 60609

Driver Route Stop=0 Truck Trailer

Page1 / 1

SN#=

Rate	Rate Description		Quantity	Rate	Cost	Tax
DELV	FOUR SPECIAL EVENT UNITS WITH HAND SANITIZER		4.0	115.00	460.00	0.00
DDD.	Grand Total:	460.00			460.00	0.00

SEE BACK OF TICKET FOR TERMS AND CONDITIONS; PLEASE

Existing Units:

Serial#

SIGN AND RETURN YELLOW COPY TO US! THANK YOU!

Map: Lat = 42.3094289 Long = -83.1379187

Directions: EASTSIDE OF WOODMERE ST

NORTH OFF VERNOR HWY

EAST OF DIX AVE

Driver Notes:

Message

SOMEONE WILL BE ON SITE AS EARLY AS 5 AM - REGISTRATION IS AT 7 AM

PICKUP SUNDAY NOV 4

FACILITY REQUEST FORM

This request must be submitted <u>fourteen (14) days</u> prior to the requested rental date.

All fees must be paid within 3 days of approval, failure to do so may result in cancellation of event.

Name of Organization: Southwest	<u>t Detroit Business Associati</u>	on
Name and Title of Contact Person: Ro	obert Dewaelsche	
Address: 7752 West Vernor	Highway	Zip <u>48209</u> Phone: <u>313-842-0986</u>
Email address robertd@southy	vestdetroit.com	Website www.southwestdetroit.com
Primary Dates Saturday, Novel	mber 2, 2019	Alternate Dates
Open to the Public? X Yes No	Admission Fee? No X Yes o	ost \$35£ No. of People Expected: 700
Organization Type Nonprofit (Documentation required) Block Club/Community/Church Sorority/Fraternity Corporation/Foundation Event Type Public/Town Hall Meeting Baby Shower Bridal Shower Wedding Rehearsal/Reception Family Reunion Birthday Party Fundraiser (proof of insurance may be required) Meeting Center (Select all that apply) Adams/Butzel Complex Butzel Family Center Brennan Event Space Clemente Clemente Crowell Farwell Heilmann Kemeny Patton Williams	Day(s) (Select all that apply) Monday Tuesday Wednesday Thursday Saturday (additional fee(s) may appl Sunday (additional fees) Hour(s) (Select all that apply)** 8 am - 9 am	Banquet/Auditorium (up to 200 persons) \$125hr/\$135hr Meeting – Small (up to 30 persons) \$40hr/\$50hr Qty Meeting – Medium (up to 50 people) \$40hr/\$50hr Qty Meeting – Large (up to 120 people) \$75hr/\$85hr Qty Ice Arena \$130(50 min)/\$140(50 min) (skate rental not incl) Racquetball Court \$10hr/\$20hr Qty Amenities** (Select all that apply) Banquet Table(s) Qty Round Table(s) Qty Card Table(s) Qty Chairs Qty 16 Projector \$60 Projector \$creen \$75
Has the organization previously rented a I	OPRD Facility before? No XYes, Wr	at facility? Patton Recreation C When (Year)? 2018
Provide organization purpose/mission (att	ach additional sheets if needed):	
		sociation (SDBA) fosters innovation, drive, and entrepreneurs, customers, and neighbors to

capitalize on Southwest Detroit's competitive advantage. We support our community's vision for a healthy, vibrant neighborhood. The Association is a coalition of businesses and community interests

Detail Description/purpose of event (attach additional sheets if needed):

Each year the 5K/10K USATF-certified SDBA's Run of the Dead connects the observation of those who have passed away through the celebration of a long-standing Mexican holiday with an interactive and health-conscious event. There are so many examples of inspiration that make this event so rewarding which supports SDBA educational programming.

RELEASE OF LIABILITY

I the undersign certifies that I/We: 1) do not discriminate against any individuals regardless of race, sex, creed, or national origin; 2) will present documentation of liability insurance, where required, in an amount determined by the Detroit Parks & Recreation Department; 3) acknowledge approval does not give or confer exclusive use of facility, 4) will use the facility only for the purpose stated above; and, agree to reimburse the City of Detroit (Detroit Parks & Recreation Department) for the cost of any damage(s) to the building or equipment during the use of the facility, 5) pay added cleaning costs, if incurred; 6) agree to abide by all rules and policies of the City of Detroit and Detroit Parks & Recreation Department. I/We also agree that all information submitted in this Facility Request Form is true and accurate to the best of my/our knowledge. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us by reason of or resulting from my/our use of Recreation Property as described herein; Cancellation: If event is cancelled organization is subject to the refund policy. I further hereby authorize and consent to the Detroit Parks & Recreation Department, City of Detroit and/or its contractor the absolute and unconditional right and permission to collect, copyright and/or publish, or use at its discretion, interviews, quotes, photographic portraits, or pictures of me, or in which I may be included in whole or in part, or in my own or a fictitious name, including reproductions thereof in color or otherwise, made through any media, for art, advertising, trade, visual documentary, promotional, television, radio or film coverage or any other lawful purpose whatsoever, without compensation to me. I hereby waive any and all rights to inspect and/or approve the finished product or the copy that may be used in connections therewith, or the use to which it may be applied. I hereby release, discharge and agree to hold Released Parties harmless from and against any all liability whatsoever, including but not limited to blurring, distortion, alteration, optical illusion resulting from its use in composite form, whether the same shall be intentional or otherwise, that may result or which may be produce in the taking of said pictures or in any processing tending towards or resulting in the completion of the finished product.

Alcoholic beverages are prohibited. Fund Raising events are prohibited unless approved in advance by the Detroit City Council. Any person or organization violating these prohibitions will be prosecuted to the fullest extent of the law.

I have read and understand all the terms of this agreement and will conform to all the regulations expressed in this document.

I havei Department's Refund Po	licy and agree to its terms. RD	
Organization Representative Signature 8/12/19 Date		
Approved □ No □ Yes, Rental Fee \$	Insurance Required □ No □ Yes, Amount \$	
7. Tropic vod 2 100 2 100, Roman 100 \$	mount of the mount of the mount of	· ———
	DPRD Representative Signature	Date
- FOR DETROIT PARKS & RECR	EATION DEPARTMENT USE ONLY	
Comments: (If denial or if fee waiver provide reason and obtain M	anager signature)	
Check / MO # Receipt # Depos	Deposit Date Accounting	g Initial
Manager Approval (required if fee waiver/multiple use) Approved □ No, Why?	☐ Yes, Fee \$	
Manager Signature	Date	
If recommending the denial of this request or wavier of fee, indicate		
Director Approval (required if event is political in nature) Approved □ No, Why?	☐ Yes, Fee \$	er han is ex-
Director Signature	Date	



Detroit Parks & Recreation Department Refund/Cancellation/Privacy/Security Policy

Use of Detroit Parks & Recreation Department Recreation Centers is available for City of Detroit residents and non-residents.

A. Membership

City of Detroit residents may receive the resident membership rate by presenting two forms of identification to establish Detroit residency. Annual membership is valid for one year (January – December). Please present your membership card at the front desk each time you visit the facility. A \$5 daily drop-in fee will be assessed when a membership card is not presented. Replacement cards may be purchased for \$5. All guests must complete and sign a membership application. Participants 17 years and younger must have membership application signed by a parent or legal guardian before being issued a membership card.

The Detroit Parks & Recreation Department is committed to keeping its membership fees lower than the industry standard. We will offer a full refund if requested the same day of paid membership otherwise no refund will be granted.

B. Classes

The Detroit Parks & Recreation Department will offer a full refund if requested within three (3) days of signing up for a class(es) otherwise a 20% processing fee will apply. However, if class has begun no refund will be given but a full credit in the amount of the class will be given towards any other program or class within the same calendar year.

C. Facility/Field Reservations

- Reservations are accepted on a first-come, first-served basis and must be submitted 14 days prior to the start of event.
- To guarantee room(s) reservation full payment is due at time of approval.
- Organizations/Individuals may cancel event up to 3 days after payment and but prior to the date of the event to ensure a full refund. Cancellation after 3 days will be refunded according to the below refund scale:

# of days after payment	Processing Fee
<=3	0%
> 3 or <= 7	25%
> 7 or <= 14	50%
> 14	No refund issued

Refund may take up to 60 days and will be issued to the organization/individual name on the receipt.

D. Privacy Policy

The City of Detroit Parks & Recreation Department does not collect personally-identifying information about a user except for information that is voluntarily provided to us so that we can serve the user's needs and for legitimate registration purposes. For example, when the user completes an online registration, we need to retain certain personally-identifying information on the Site in order to respond to the registration. A user's personally-identifying information (voluntarily submitted in connection with an online registration) will be treated confidentially and will not be shared with third parties.

E. Security Policy

Your payment and personal information is always safe. Our Secure Sockets Layer (SSL) software is the industry standard and among the best software available today for secure commerce transactions. It encrypts all of your personal information, including credit card number, name, and address, so that it cannot be read over the internet.



West Vernor & Springwells Business Improvement District

August 15, 2018

Clean, Safe and Working for You!

Ms. Bethanie Fisher City of Detroit Media Services Department Special Events 2 Woodward Ave., Room 333 Detroit, Michigan 48226

RE: Support for SDBA Run of the Dead 2018

Dear Ms. Fisher:

On behalf of the West Vernor & Springwells Business Improvement District Board (BID) I am offering the support to the Southwest Detroit Business Association (SDBA) in its application for a permit to host the 2018 Run of the Dead 5K/10K at Patton Park. The BID has been established for 10 years, and its property owner members just renewed the BID in September 2017 for another 10 years. The BID takes responsibility for 3.1 miles of the West Vernor and Springwells business corridors to do sidewalk sweeping, maintain 88 litterbaskets, graffiti removal, and additional DPD patrols.

The BID has worked cooperatively with the SDBA to enact improvements to the business corridors and market our business community to a wider audience. We are pleased to support the SDBA in hosting the 2018 Run of the Dead on November 3, 2018 as a means to bring current and new visitors to our neighborhood.

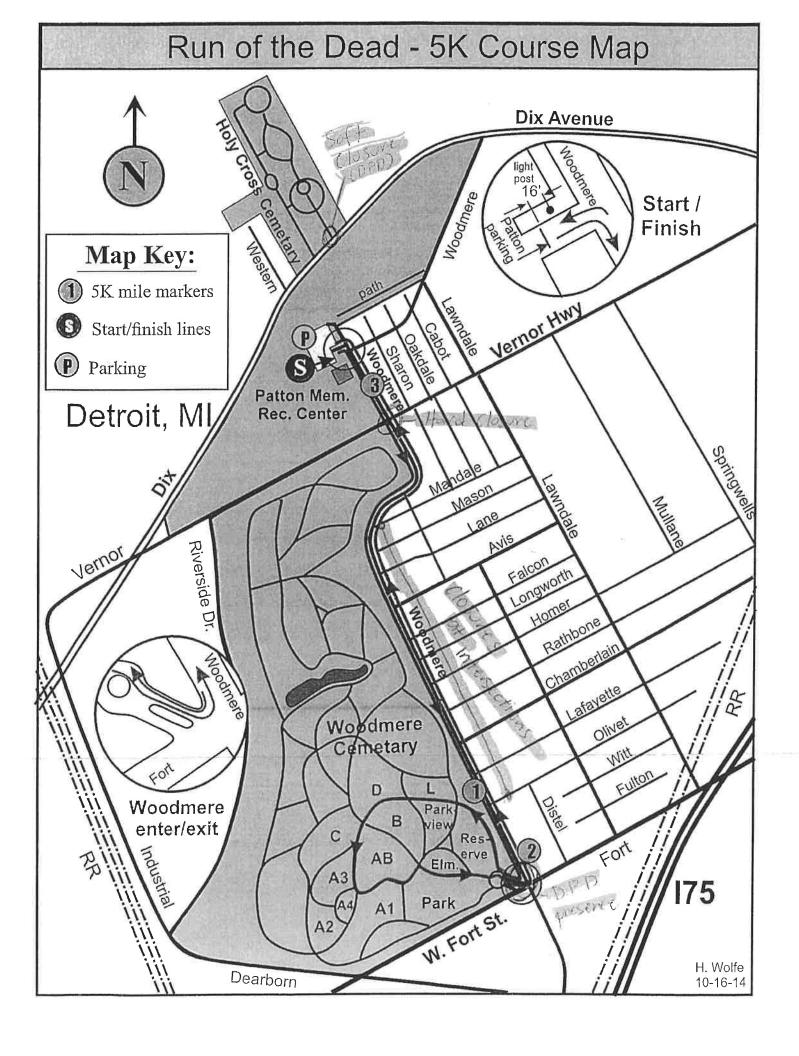
8115118

Sincerely,

Jason Ghannam

Chair, West Vernor & Springwells Business Improvement District and

Owner, Paul's Pizza





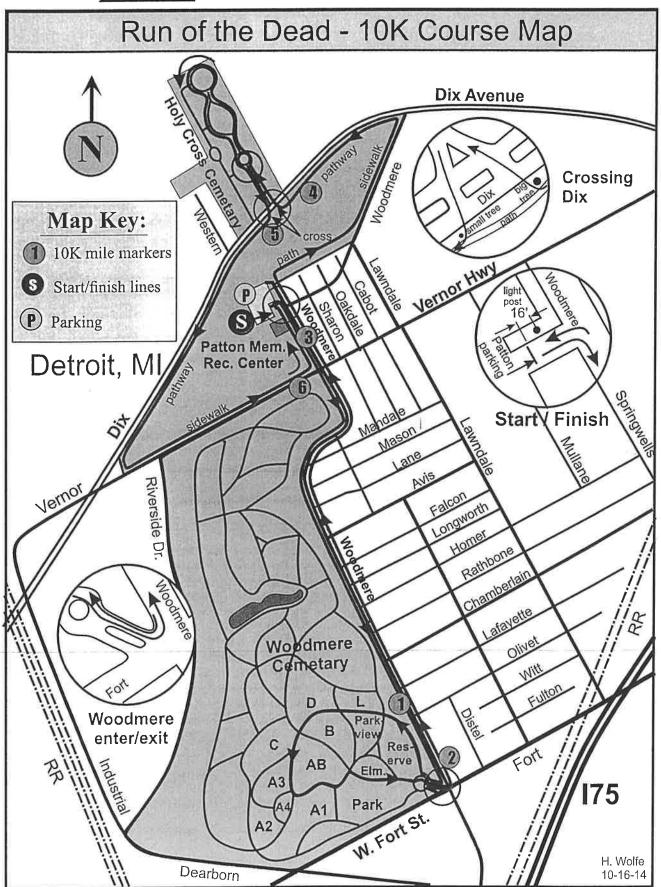
SDBA - ROTD Proposed Street Closures/Timeline

Main Streets

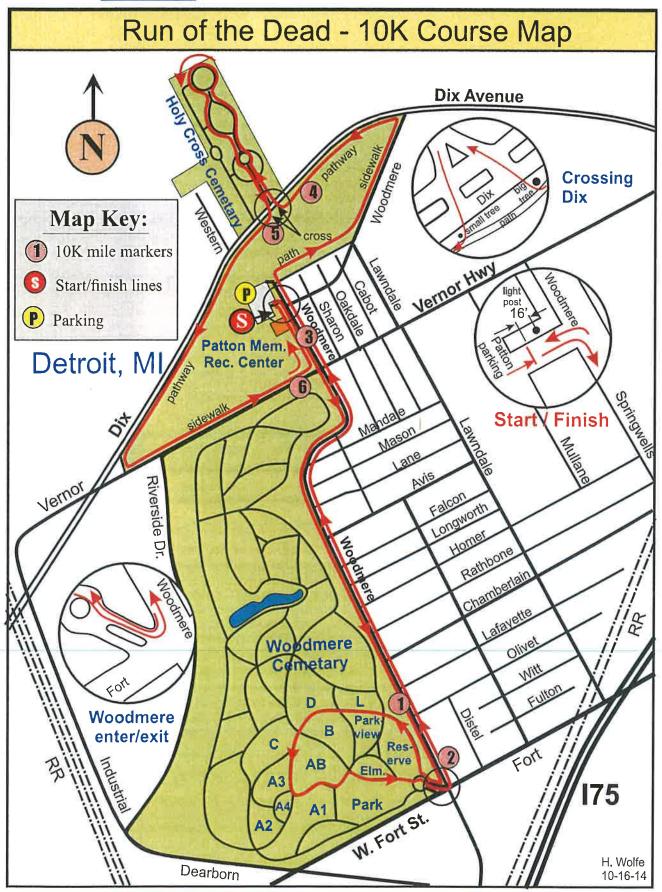
- A. Vernor Highyway/Dix 8:45a 11:45a
- B. Fort Street -TBD

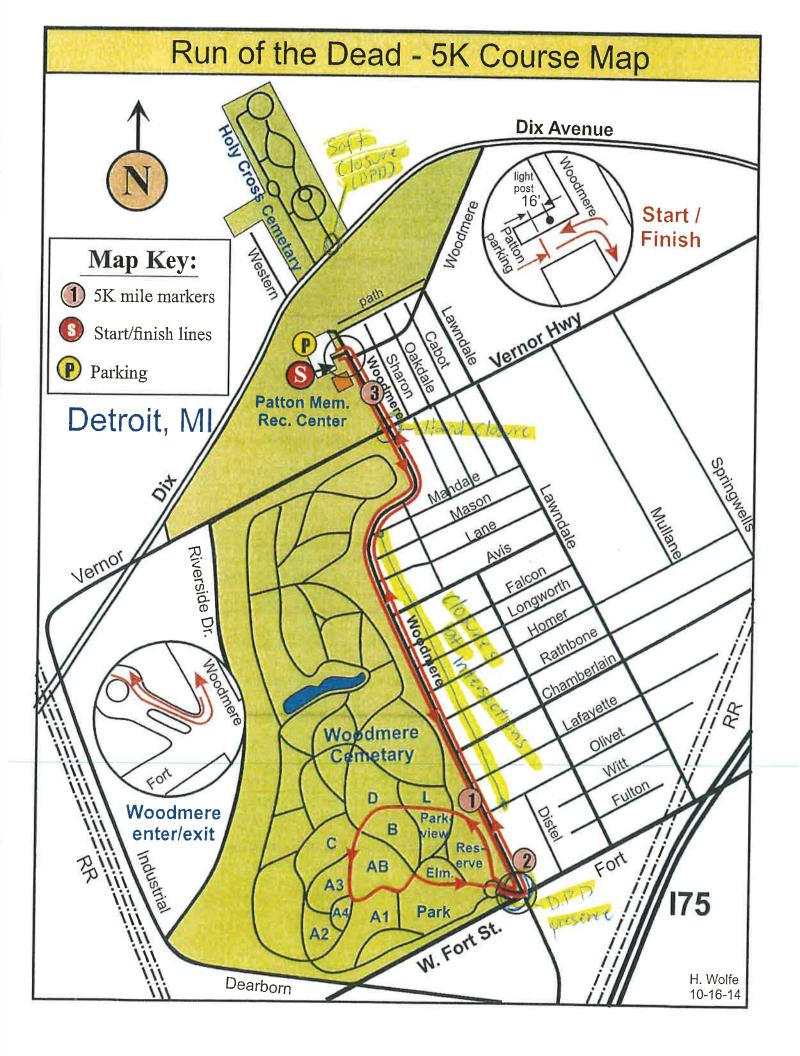
Race Routes #1	Close	Reopen
1. Woodmere Vernor	8:45a	11:45a
2. Woodmere Mandale	8:45a	11:45a
3. Woodmere Mason	8:45a	11:45a
4. Woodmere Lane	8:45a	11:45a
5. Woodmere Avis	8:45a	11:45 a
6. Woodmere Falcon	8:45a	11:45a
7. Woodmere Longworth	8:45a	11:45a
8. Woodmere Homer	8:45a	11:45a
9. Woodmere Rathbone	8:45a	11:45a
10. Woodmere Chamberlain	8:45a	11:45a
11. Woodmere Lafayette	8:45a	11:45 a
12. Woodmere Olivet	8:45a	11:45a
13. Woodmere Olivet North Alley	8:45a	11:45a
14. Woodmere Fort Street Alley	8:45a	11:45a
15. Woodmere Elsmere	8:45a	11:45a
16. Woodmere Weiss Park Alley	8:45a	11:45a











2019-09-06

1070

Association of Southwest Detroit Business
Association, request to hold Southwest
Detroit Business Association annual
Run of the Dead at Patton Recreation
Center and on Woodmere St. on
11/2/19 from 8:00am to 12:00pm with
set up to be completed 11/2/19 and
tear down to be complete on the event
date 11/2/19

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT

FIRE DEPARTMENT BUSINESS LICENSE CENTER TRANSPORTATION DEPARTMENT MUNICIPAL



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

August 15, 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 FY 2019 Emerging City Champions Grant

The 8 80 Cities has awarded the City of Detroit Planning and Development Department with the FY 2019 Emerging City Champions Grant for a total of \$5,000.00. The total project cost is \$5,000.00. The grant period is July 29, 2019 through July 31, 2020.

The objective of the grant is to support Dexter Corridor vacant lot community revitalization activities. The funding allotted to the department will be utilized to pay for community engagement, programming activities, and an art installation project along Dexter Avenue and Tyler Street.

If approval is granted to accept and appropriate this funding, the appropriation number is 20676.

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

Council Member



RESOLUTION

WHEREAS, the Planning and Development Department is requesting authorization to accept a grant from 8 80 Cities, in the amount of \$5,000.00 to support Dexter Corridor vacant lot community revitalization activities; 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 20676, in the amount of \$5,000.00 for the FY 2019 Emerging City Champions Grant.



8 80 Cities 372-401 Richmond St W Toronto, Ontario Canada M5V 3AB

(416) 591 7404 880cities org @880cities org



EMERGING CITY CHAMPIONS PARTICIPANT AND EMPLOYER AGREEMENT

This agreement is BETWEEN: "THE RECIPIENT" Recipient's Legal Name: AND "THE EMPLOYER" **Employing Organization's Legal Name**: L Development Dept. AND 8 80 Cities 401 Richmond Street West, Studio 372 **MSV 3A8** Canada As a participant in the 2019 Emerging City Champions Fellowship, the Recipient will receive a \$5,000.00 USD grant from 8 80 Cities to be used towards the implementation of the approved community project ("the Project"). This agreement certifies that the \$5,000.00 in funds given to the Recipient by 8 80 Cities will be used entirely for Project related expenses. The Project being led by the Recipient will be directly related to work being done by the Employer. Any changes to the Project require prior approval from 8 80 Cities. The Recipient has opted for the grant to be deposited directly into a bank account belonging to the Employer. The funds will be held in trust for the Recipient so that she or he can cover the costs of implementing the Project. If the Recipient's status of employment changes before the Project is completed, 8 80 Cities must be notified immediately, and an agreement will be made regarding the use of any remaining funds. THE RECIPIENT: fully understand and agree to the above terms. THE EMPLOYER: as a representative of the employing organization, and as a direct supervisor of the Recip ht, agree to the above terms Signature Creating cities for all t



8 80 Cities 372 401 Richmond St W Toronto, Ontario Canada M5V 3A8

(416) 591 7404 880cities org @880citiesorg



EMERGING CITY CHAMPIONS PARTICIPANT FUNDING AGREEMENT

"THE RECIPIENT"
Rec:pient's Legal Name

This agreement is BETWEEN:

Briana A. Mason

Recipient Address:
5455 E. Owree Detue

DETROIT, MI 48234

AND 8 80 Cities 401 Richmond Street West, Studio 372 Toronto, Ontario MSV 3AB Canada

As a participant in the 2019 Emerging City Fellowship, the Recipient will receive \$5,000.00 USD:n funding from 8 80 Cities to be used towards the implementation of their approved community project ("the Project") This agreement certifies that the funds given to the Recipient by 8 80 Cities will be used entirely for Project related expenses and will not be considered income of the Recipient. Any excess funds will be returned to 8 80 Cities.

The Recipient will:

- use the funds only for the purposes of carrying out the Project and In the manner described in the Recipient's project plan (to be developed during the Emerging City Champions Studio, July 26-31, 2019);
- b) promptly pay all persons employed or engaged in the carrying out the Project or supplying materials, in accordance with the terms of their engagement or employment,
- ensure that all health and safety standards are met, and get permission from landowners where needed to enter any land for the purpose of carrying out the Project;
- e) provide an update on Project plans and activities, either in writing or verbally when requested to do so by 8 80 Cities, within two weeks of such a request;
- provide a signed agreement between themselves and a third party in the event that the funds are deposited in a third-party account (i.e. Recipient's employer). The Recipient is responsible for managing the funds and ensuring the third party understands that the funds are held in trust for the Recipient and their Project.

)	2	A.mas	Ton's processed and agree to the above felbig
Signature	Opn	iana	Marco
Date	180	14	2019

Neighborhood Plan: Russell Woods + Nardin Park Neighborhood Framework Plan

Project: Reviving Dexter Art/Programming

Award Amount: \$5,000.00

Grantor: 8 80 Cities/Knight Foundation

Grantee: Briana Mason

Grant Period: July 2019 to July 2020

Description	Amount
Community Engagement	\$650.00
Art installation & Programming	\$4,000.00
Advertisement & Community Outreach	\$350.00
7.06-1	00 000 15
Drai	nn nnn ce

Contact Information

walkerdav@detroitmi.gov burrowss@detroitmi.gov masonb@detroitmi.gov Region: West Region 313-224-2399 313-224-1563 313-224-2034 City Department: Planning and Development Administrative Staff: Susan Burrows Project Manager: Briana Mason Supervisor: Dave Walker

*Note: The money is being gifted to the City for the advancement of a neighborhood planning effort by a neighborhood project manager