

PARK BOARD AGENDA



MEETING SCHEDULE

Tuesday, March 16, 2021 at 3:30 pm
Council Chambers
229 S. 2nd Street, Elkhart, IN 46516

CALL TO ORDER

1. ROLL CALL

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES

- February 16, 2021

4. APPROVAL OF FINANCIALS

- Claims - \$28,213.82
- Donations - \$0
- Grants - \$0

5. NEW BUSINESS MATTERS

- a. 2021 Umpire Contract
- b. 2021 Griller Contract

6. OLD BUSINESS

- a. None

7. USE AND EVENT PERMIT

- a. EPD 5K-9 Run & 1 Mile Walk – May 22, 2021 - American Park & Riverwalk
- b. Compassion Walk – May 1, 2021 – Island Park
- c. Michiana Battle of the Gridiron – April 18, 2021 – Walker Park
- d. Elkhart Family Fish Fest – June 5 & 6, 2021 – NIBCO Water & Ice Park & Kardzhali Park

8. DEPARTMENT REPORT

9. CORRESPONDENCE

- a. None

10. PUBLIC INPUT/PRIVILEGE OF THE FLOOR

ADJOURNMENT

NEXT PARK BOARD MEETING APRIL 20, 2021, COUNCIL CHAMBERS.

City of Elkhart Parks & Recreation

Park Board Minutes



DATE: Tuesday, February 16, 2021

TIME: 3:30 PM

LOCATION: City of Elkhart Parks & Recreation
Council Chambers,
229 S. 2nd Street. Elkhart. IN 46516

Call to Order at 3:30 PM.

1. Roll Call- Quorum Present BOARD MEMBERS PRESENT

Kim Henke, President	Mike Sweet, Vice President	Sarah Santerre Secretary	Nekeisha Alayna Alexis Treasurer
		Via Webex	Via Webex

2. Approval of Agenda

Motion to Approve Agenda

Motion: KH

Second: NAA

Roll Call Vote: NAA – yes, KH – yes, SS – yes, MS - yes

Motion Passes

3. Election of Park Board Officers

- a. Mike Sweet opens the floor for nominations of Park Board Officers
- b. Sarah Santerre nominates herself for President
- c. Mike Sweet nominates himself for President
 - i. A roll call vote is called for the election of Mr. Sweet for President
 1. NAA – no, KH – yes, SS – no, MS - yes
 - ii. A roll call vote is called for the election of Mrs. Santerre for President
 1. NAA – yes, KH – yes, SS – yes, MS – No
 - iii. Mrs. Santerre is elected President
- d. Kim Henke nominates Mike Sweet for Vice President
- e. Nekeisha Alayna Alexis nominates herself for Vice President
 - i. A roll call vote is called for the election of Mr. Sweet for Vice President
 1. NAA – no, KH – yes, SS – no, MS – yes
 - ii. A roll call vote is called for the election of Ms. Alexis for Vice President
 1. NAA – yes, KH – yes, SS – yes, MS – yes
- f. Kim Henke nominated herself for Secretary
 - i. A roll call vote was called for the election of Mrs. Henke for Secretary
 1. NAA – yes, KH – yes, SS – yes, MS – yes
- g. Kim Henke nominated Mike Sweet for Treasurer
 - i. A roll call vote was called for the election of Mr. Sweet for Treasurer
 1. NAA – yes, KH – yes, SS – yes, MS - yes

4. Approval of Minutes

Motion to Approve January 19, 2021 Minutes

Motion: KH

Second: NAA

Roll Call Vote: NAA – yes, KH – yes, MS – yes, SS - yes

Motion Passes

City of Elkhart Parks & Recreation

Park Board Minutes



5. Approval of Financials

Claims: \$50,030.53

Donations: None

Grants: None

Motion to discuss, approve and place on file

Motion: SS

Second: KH

Roll Call Vote: NAA – yes, KH – yes, MS – yes, SS – yes

Motion passes

Ms. Wingard states in addition to the usual utility and operating expenses, there are purchases of new partitions for the Pierre Moran Pool restrooms, radios for the Park Rangers, and a storage container for future playground equipment.

6. New Business

a. **Lundquist-Bicentennial Park Conceptual Site Plan**

Mr. Czarnecki provides an update on the plans for Lundquist-Bicentennial Park. Currently it is a only concept and not finalized plans.

b. **Dr. Frank Booth Bark Park Hours**

Mr. Czarnecki updates the Board on the hours for the Dr. Frank Booth Bark Park. The Department is considering and seeking public comment on the hours of the park. The current plan is to change the hours from dawn to dusk to 8 am to 8 pm or 9 pm.

7. Old Business - NONE

8. Use and Event Permit Requests

a. **Stemm Lawson Peterson Memorial Walk – May 22, 2021 – Walker Park**

Ms. Sally Nielsen from Stemm Lawson Peterson presents the permit for a memorial walk at Walker Park. They expect about 40 people and will have staggered arrival times and Covid precautions. The Elkhart County Health Department has approved their event.

Motion to Approve

Motion: KH

Second: SS

Roll Call Vote: NAA – yes, KH – yes, MS – yes, SS - yes

Motion Passes

b. **Spring Fabulous Pop Up Market – March 20, 2021 – McNaughton Pavilion**

Ms. Krask presents the permit for the Pop Up Market to be held at McNaughton Pavilion. This will be similar to the Fall Pop Up Market that was held in November. There will be capacity limits, masks required, social distancing, and sanitizer will be available.

Motion to Approve

Motion: SS

Second: KH

Roll Call Vote: NAA – yes, KH – yes, MS – yes, SS – yes

Motion Passes

9. Approval of Department Report

Mr. Czarnecki informs the Board that the Department is working with the Elkhart County Health Department on plans for events, pavilion rentals, and facilities. The Department is offering new programming such as LEGO League, Yoga, Pickleball, Volleyball and Jiu Jitsu.

Mr. Clayton Brown informs the Board that he is open to new ideas from the Board and would welcome any volunteers they may know.

City of Elkhart Parks & Recreation

Park Board Minutes



10. Approval for Correspondence - None

11. Public Input/Privilege of the Floor

Mrs. Santerre opens privilege of the floor

Mr. Dwight Fish comments on Facebook that he likes progressive ideas. Meeting the needs of the taxpayers makes for a great city.

Mr. Sweet comments that Indiana is a Sunshine State. All meetings must be conducted in public. When 3 or more Park Board Members are together, they cannot discuss park issues.

Mrs. Santerre closes privilege of the floor.

12. Approval for Adjournment

Motion to adjourn

Motion: MS

Second: KH

Roll Call Vote: NAA – yes, KH – yes, MS – yes, SS - yes

Motion passes

Adjourn 4:55 pm

PARKS & RECREATION STAFF MEMBERS IN ATTENDANCE

Jamison Czarnecki, Superintendent	Leslie Wingard, Accounting Specialist, via Webex
Clayton Brown, Program Coordinator, via Webex	Wendy Terrazas, Recreation Manager, via Webex
Sherry Krask, Event Coordinator, via Webex	

ADDITIONAL CITY EMPLOYEES AND GUESTS IN ATTENDANCE

Mayor Rod Roberson, via Webex	Mr. Arvis Dawson, via Webex	Mr. Victor Limon, IT Department
Ms. Rose Rivera, City Legal via Webex	Ms. Mary Olson, via Webex	Mr. Dwight Fish, via Facebook Live
	Ms. Sally Nielsen, Stemm Lawson Peterson Funeral Home	

Minutes Certification:

Respectfully Submitted,

Recording Secretary Jennifer Kobie

Date

Park Board President Sarah Santerre

Date

Park Board Secretary Kim Henke

Date

PARKS BOARD
CLAIM AND ALLOWANCE DOCKET

I HEREBY CERTIFY THAT EACH OF THE ABOVE LISTED VOUCHERS AND INVOICES OR BILLS ATTACHED THERETO ARE TRUE AND CORRECT AND I HAVE AUDITED SAME IN ACCORDANCE WITH IC 5-11-10-1.6. I ALSO HEREBY CERTIFY THAT THESE VOUCHERS AND INVOICES REPRESENT GOODS AND/OR SERVICES THAT ARE FOR THE BENEFIT OF THE CITY OF ELKHART AND THAT APPROPRIATIONS FOR THESE EXPENDITURES HAVE BEEN DULY MADE OR OTHERWISE AUTHORIZED BY THE CITY COUNCIL AND OTHER APPROPRIATE AUTHORITY.

March 15th, 2021 _____
JAMIE ARCE - CITY CONTROLLER

IN RELIANCE ON THE ABOVE CERTIFICATION, CLAIMS IN THE TOTAL AMOUNT OF \$28,213.82, AS LISTED ON THE REGISTER ATTACHED HERETO CONSISTING OF 21 PAGES, ARE HEREBY APPROVED EXCLUDING ANY CLAIMS WITHHELD AS SHOWN ON THE SEPARATE SUMMARY OF PENDING CLAIMS.

EXECUTED THIS 16TH DAY OF MARCH 2021 BY:

PRESIDENT

SARAH SANTERRE

VICE PRESIDENT

NEKEISHA ALAYNA ALEXIS

SECRETARY

KIM HENKE

TREASURER

MIKE SWEET

ORIGINAL COPY MUST BE RETAINED IN THE CONTROLLER'S OFFICE

A C C O U N T S P A Y A B L E
O P E N I T E M R E P O R T
D E T A I L

VENDOR	TYPE	---ID---	ITEM DT/	DUE DT/	PAY DT/	1099	-----	DESCRIPTION	-----	GROSS/	-DISTRIBUTION-
		BANK	POST DT	DISC DT	CHECK#					BALANCE	
01-024096 AMAZON CAPITAL SERVICES IN											
	INV	1GXD-D9DY-19FC	3/10/21	3/16/21		N		POP UP MARKET SOCIAL DIST TAPE		26.97	
		PK	3/16/21					PO:		26.97	
								286-5-630-422.0100	POP UP MARKET SOCIAL DIST TAPE		26.97
	INV	1KDW-J7L3-KV6P	3/10/21	3/16/21		N		AMAZON OPERATING SUPPLIES		25.87	
		PK	3/16/21					PO:		25.87	
								204-5-501-421.0500	OFFICE HOLIDAY DECOR		25.87
	INV	1KDWJ7L3GT37A	3/12/21	3/16/21		N		FITNESS MATS		1,151.28	
		PK	3/16/21					PO: 21-00086		1,151.28	
								286-5-508-422.0100	AMAZON		1,151.28
	INV	1MTR-3X11-91LK	3/10/21	3/16/21		N		AMAZON TENNIS SUPPLIES ORDER		99.89	
		PK	3/16/21					PO:		99.89	
								286-5-508-422.0100	TENNIS LESSON SUPPLIES		99.89
	INV	1N4C-Y3TJ-4N7R	3/10/21	3/16/21		N		AMAZON OPERATING SUPPLIES		51.48	
		PK	3/16/21					PO:		51.48	
								204-5-501-421.0500	SUGGESTION BOX, ADAPTER, CLOCK		51.48
	INV	1P1N-6YF1-W17Q	3/10/21	3/16/21		N		RUBBER OFFICE MAT		129.14	
		PK	3/16/21					PO:		129.14	
								204-5-501-421.0500	RUBBER OFFICE MAT		74.99
								204-5-501-422.0310	RANGER UNIFORM PANTS		54.15
	INV	1VRR-3YY9-4JDJ	3/10/21	3/16/21		N		FLOOR MATS, STAPLER, NOTEBOOK		98.49	
		PK	3/16/21					PO:		98.49	
								204-5-501-421.0500	FLOOR MATS, STAPLER, NOTEBOOK		98.49
===== TOTALS:			GROSS:	1,583.12	PAYMENTS:	0.00	DISCS:	0.00	ADJS:	0.00	BAL: 1,583.12 =====
01-001154 B E S INC											
	INV	176926	3/10/21	3/16/21		N		NIBCO CONCESSIONS		191.47	
		PK	3/16/21					PO:		191.47	
								286-5-580-422.0100	NIBCO CONCESSIONS		191.47
===== TOTALS:			GROSS:	191.47	PAYMENTS:	0.00	DISCS:	0.00	ADJS:	0.00	BAL: 191.47 =====
01-022360 BIG AND TALL MEDIA LLC											
	INV	573	3/10/21	3/16/21		N		MOVIE SCREEN		900.00	
		PK	3/16/21					PO:		900.00	
								286-5-630-439.0900	ARTIC DOGS MOVIE		900.00
===== TOTALS:			GROSS:	900.00	PAYMENTS:	0.00	DISCS:	0.00	ADJS:	0.00	BAL: 900.00 =====

A C C O U N T S P A Y A B L E
O P E N I T E M R E P O R T
D E T A I L

VENDOR	TYPE	---ID---	ITEM DT/	DUE DT/	PAY DT/	1099	DESCRIPTION	GROSS/	-DISTRIBUTION-
		BANK	POST DT	DISC DT	CHECK#			BALANCE	

01-000212 BUGSY'S ELKHART EXTERMINA									
	INV	20466	3/10/21	3/16/21		N	BUGSY'S EXTERMINATION	180.00	
		PK	3/16/21				PO:	180.00	
							204-5-501-439.0912 JANUARY PEST CONTROL		180.00
	INV	20653	3/10/21	3/16/21		N	BUGSY'S EXTERMINATION	180.00	
		PK	3/16/21				PO:	180.00	
							204-5-501-439.0912 FEBRUARY PEST CONTROL		180.00
===== TOTALS: GROSS: 360.00 PAYMENTS: 0.00 DISCS: 0.00 ADJS: 0.00 BAL: 360.00 =====									
01-006109 GORDON FOOD SERVICE INC									
	INV	779255945	3/10/21	3/16/21		N	NIBCO CONCESSIONS	27.80	
		PK	3/16/21				PO:	27.80	
							286-5-580-422.0100 NIBCO CONCESSIONS		27.80
	INV	779256025	3/10/21	3/16/21		N	NIBCO CONCESSIONS	37.29	
		PK	3/16/21				PO:	37.29	
							286-5-580-422.0100 NIBCO CONCESSIONS		37.29
	INV	779256183	3/10/21	3/16/21		N	NIBCO CONCESSIONS	19.96	
		PK	3/16/21				PO:	19.96	
							286-5-580-422.0100 NIBCO CONCESSIONS		19.96
===== TOTALS: GROSS: 85.05 PAYMENTS: 0.00 DISCS: 0.00 ADJS: 0.00 BAL: 85.05 =====									
01-024514 HANKINS COMMERCIAL CLEANIN									
	INV	649	3/10/21	3/16/21		N	HANKINS COMMERCIAL CLEANING LL	562.50	
		PK	3/16/21				PO:	562.50	
							204-5-501-439.0912 FEB OFFICE CLEANING SVCS		562.50
===== TOTALS: GROSS: 562.50 PAYMENTS: 0.00 DISCS: 0.00 ADJS: 0.00 BAL: 562.50 =====									
01-022200 ADOLPH KIEFER AND ASSOCIAT									
	INV	DEBIT007717	3/10/21	3/16/21		Y	LIFEGARD SUPPLIES	73.00	
		PK	3/16/21				PO:	73.00	
							204-5-501-422.0150 IDEAL BEACH BUOY		73.00
===== TOTALS: GROSS: 73.00 PAYMENTS: 0.00 DISCS: 0.00 ADJS: 0.00 BAL: 73.00 =====									
01-010961 MENARD, INC									
	INV	78901	3/10/21	3/16/21		N	MENARDS OPERATING SUPPLIES	21.83	
		PK	3/16/21				PO:	21.83	

A C C O U N T S P A Y A B L E
O P E N I T E M R E P O R T
D E T A I L

VENDOR	TYPE	---ID---	ITEM DT/	DUE DT/	PAY DT/	1099	DESCRIPTION	GROSS/	-DISTRIBUTION-
		BANK	POST DT	DISC DT	CHECK#			BALANCE	
01-010961	MENARD, INC		** CONTINUED **						
							204-5-501-421.0500 WALL HANGING HOOKS/STRIPS		21.83
	INV	79058	3/10/21	3/16/21		N	MENARDS OPERTAING SUPPLIES	9.94	
		PK	3/16/21				PO:	9.94	
							204-5-501-422.0150 OFFICE CLEANING SUPPLIES		9.94
===== TOTALS: GROSS:			31.77	PAYMENTS:		0.00	DISCS: 0.00 ADJS: 0.00	BAL:	31.77 =====
01-024105	PAC-VAN INC								
	INV	18485879/18790205	3/02/21	3/16/21		N	STORAGE CONTAINER RENTAL	1,492.13	
		PK	3/16/21				PO: 20-00546	1,492.13	
							204-5-501-439.0900 PAC-VAN INC		1,492.13
===== TOTALS: GROSS:			1,492.13	PAYMENTS:		0.00	DISCS: 0.00 ADJS: 0.00	BAL:	1,492.13 =====
01-004771	PAULA TURK dba STONE SOUP								
	INV	2-29-21	3/10/21	3/16/21		Y	PAULA TURK dba STONE SOUP PROM	3,017.24	
		PK	3/16/21				PO:	3,017.24	
							286-5-630-439.0900 FROSTY SK SERVICES		3,017.24
===== TOTALS: GROSS:			3,017.24	PAYMENTS:		0.00	DISCS: 0.00 ADJS: 0.00	BAL:	3,017.24 =====
01-019032	PETTY CASH / JAMISON CZARN								
	INV	172541-0192-3921	3/10/21	3/16/21		N	POSTAGE FOR POSTCARDS	36.00	
		PK	3/16/21				PO:	36.00	
							204-5-501-439.0200 POSTCARD POSTAGE - PARKS ADV		36.00
	INV	17388-22421	3/10/21	3/16/21		N	PETTY CASH	14.98	
		PK	3/16/21				PO:	14.98	
							204-5-501-422.0150 OVEN DIP PAN REPLACEMENTS		14.98
	INV	C1840546-22421	3/10/21	3/16/21		N	PETTY CASH	4.28	
		PK	3/16/21				PO:	4.28	
							204-5-501-422.0150 CLEANING SUPPLIES		4.28
	INV	RIVERVIEW - 201	3/10/21	3/16/21		N	RIVERVIEW START UP	1,000.00	
		PK	3/16/21				PO:	1,000.00	
							286-150.0000 RIVERVIEW START UP		1,000.00
===== TOTALS: GROSS:			1,055.26	PAYMENTS:		0.00	DISCS: 0.00 ADJS: 0.00	BAL:	1,055.26 =====
01-1	REFUNDS/MANUAL PAYROLL								
	INV	254101	3/10/21	3/16/21		N	THE PRETZEL WAGON:	200.00	
		PK	3/16/21				PO:	200.00	

A C C O U N T S P A Y A B L E
O P E N I T E M R E P O R T
D E T A I L

VENDOR	TYPE	---ID---	ITEM DT/	DUE DT/	PAY DT/	1099	-----	DESCRIPTION	-----	GROSS/	-DISTRIBUTION-
		BANK	POST DT	DISC DT	CHECK#					BALANCE	
01-1	REFUNDS/MANUAL PAYROLL		** CONTINUED **								
								286-5-630-458.0000	RHAPSODY PRICE ADJ REFUND		200.00
	INV	266627	3/10/21	3/16/21		N		NORMA PEREZ:		355.00	
		PK	3/16/21					PO:		355.00	
								204-5-501-458.0000	PAVILION RENTAL REFUND		331.76
								725-4-000-312.0708	SALES TAX REFUND		23.24
	INV	266675	3/10/21	3/16/21		N		F & F CONCESSIONS:		225.00	
		PK	3/16/21					PO:		225.00	
								286-5-630-458.0000	RHAPSODY PRICE ADJ - REFUND		225.00
===== TOTALS:			GROSS:	780.00	PAYMENTS:	0.00	DISCS:	0.00	ADJS:	0.00	BAL: 780.00 =====
01-000068 RICOH USA, INC											
	INV	5061306359	3/10/21	3/16/21		N		COPIER READ		95.22	
		PK	3/16/21					PO:		95.22	
								204-5-501-433.0100	COPIER READ		95.22
===== TOTALS:			GROSS:	95.22	PAYMENTS:	0.00	DISCS:	0.00	ADJS:	0.00	BAL: 95.22 =====
01-001424 RICOH, USA											
	INV	104687730	3/10/21	3/16/21		N		COPIER RENT		108.18	
		PK	3/16/21					PO:		108.18	
								204-5-501-437.0200	MAR/APRIL COPIER RENT		108.18
===== TOTALS:			GROSS:	108.18	PAYMENTS:	0.00	DISCS:	0.00	ADJS:	0.00	BAL: 108.18 =====
01-001007 S & S WORLDWIDE INC											
	INV	IN100710582	3/10/21	3/16/21		N		SUMMER DAYCAMP SUPPLIES		8.99	
		PK	3/16/21					PO:		8.99	
								204-5-501-422.0150	SUMMER DAYCAMP SUPPLIES		8.99
===== TOTALS:			GROSS:	8.99	PAYMENTS:	0.00	DISCS:	0.00	ADJS:	0.00	BAL: 8.99 =====
01-000162 SANI-KAN RENTAL SERVICE											
	INV	8138	3/10/21	3/16/21		N		SANI-KAN PORTABLE RESTROOMS		250.00	
		PK	3/16/21					PO:		250.00	
								204-5-501-437.0200	MCNAUGHTON PORTABLE RSTRMS		250.00
	INV	8139	3/10/21	3/16/21		N		SANI-KAN PORTABLE RESTROOMS		110.00	
		PK	3/16/21					PO:		110.00	
								204-5-501-437.0200	WALKER PK PORTABLE RSTRMS		110.00
===== TOTALS:			GROSS:	360.00	PAYMENTS:	0.00	DISCS:	0.00	ADJS:	0.00	BAL: 360.00 =====

ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL

TOTALS

	GROSS	PAYMENTS	BALANCE
PAID ITEMS	0.00	0.00	0.00
PARTIALLY PAID	0.00	0.00	0.00
UNPAID ITEMS	11,142.71	0.00	11,142.71
** TOTALS **	11,142.71	0.00	11,142.71

ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL

** PRE-PAID INVOICES **

PREPAID TOTALS

	GROSS	PAYMENTS	BALANCE
PAID ITEMS	0.00	0.00	0.00
PARTIALLY PAID	0.00	0.00	0.00
UNPAID ITEMS	0.00	0.00	0.00
** TOTALS **	0.00	0.00	0.00

ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL

REPORT TOTALS

	GROSS	PAYMENTS	BALANCE
PAID ITEMS	0.00	0.00	0.00
PARTIALLY PAID	0.00	0.00	0.00
UNPAID ITEMS	11,142.71	0.00	11,142.71
VOIDED ITEMS	0.00	0.00	0.00
** TOTALS **	11,142.71	0.00	11,142.71

UNPAID RECAP

NUMBER OF HELD INVOICES	0
UNPAID INVOICE TOTALS	11,220.99
UNPAID DEBIT MEMO TOTALS	0.00
UNAPPLIED CREDIT MEMO TOTALS	78.28-
** UNPAID TOTALS **	11,142.71

G/L EXPENSE DISTRIBUTION

ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
204 5-501-421.0500	OFFICE SUPPLIES	395.05
204 5-501-422.0150	OPERATING SUPPLIES	166.99
204 5-501-422.0310	HOUSEHOLD, LAUNDRY, CLEAN	54.15
204 5-501-433.0100	PRINT OTHER THAN OFFICE SUP	95.22
204 5-501-437.0200	EQUIPMENT LEASES	468.18
204 5-501-439.0200	POSTAGE	36.00
204 5-501-439.0900	OTHER SERVICES & CHARGES	1,552.13
204 5-501-439.0912	CONTRACT SERVICES	922.50
204 5-501-458.0000	UNAPPROPRIATED	331.76
	** FUND TOTAL **	4,021.98
286 150.0000	Petty Cash	1,000.00
286 5-508-422.0100	OPERATING SUPPLIES - GENERAL	1,251.17
286 5-580-422.0100	OPERATING SUPPLIES	276.52
286 5-630-422.0100	OPERATING SUPPLIES	26.97
286 5-630-439.0900	OTHER SERVICES & CHARGES	4,117.83
286 5-630-458.0000	UNAPPROPRIATED	425.00
	** FUND TOTAL **	7,097.49

ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL

G/L EXPENSE DISTRIBUTION

ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
725 4-000-312.0708	PAVILION SALES TAX	23.24
	** FUND TOTAL **	23.24

	** TOTAL **	11,142.71

ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL

DEPARTMENT TOTALS

DEPARTMENT	DEPARTMENT NAME	AMOUNT
204 501	PARKS & RECREATION	4,021.98
	** FUND TOTAL **	4,021.98
286	NON-DEPARTMENTAL	1,000.00
286 508	PARK PROGRAMS	1,251.17
286 580	CONCESSIONS	276.52
286 630	EVENTS	4,569.80
	** FUND TOTAL **	7,097.49
725 000	NON DEPARTMENTAL	23.24
	** FUND TOTAL **	23.24

	** TOTAL **	11,142.71

0 ERRORS
0 WARNINGS

A C C O U N T S P A Y A B L E
O P E N I T E M R E P O R T
D E T A I L

VENDOR	TYPE	---ID---	ITEM DT/	DUE DT/	PAY DT/	1099	-----	DESCRIPTION	-----	GROSS/	-DISTRIBUTION-
		BANK	POST DT	DISC DT	CHECK#					BALANCE	

01-023468 COMCAST BUSINESS											
	INV	116581517PK	2/01/21	2/19/21	2/19/21	N		PK-PHONE SVC JAN 2021		710.70	
		MPK	2/19/21		278115			PO:		0.00	
								204-5-501-432.0400	PK-PHONE SVC JAN 2021		710.70
	INV	116616089-2121	2/01/21	2/19/21	2/19/21	N		PK-PHONE SVVC FEB 2021		104.80	
		MPK	2/19/21		278116			PO:		0.00	
								204-5-501-432.0400	PK-PHONE SVVC FEB 2021		104.80
===== TOTALS: GROSS: 815.50 PAYMENTS: 815.50- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====											
01-002707 COMCAST CABLE											
	INV	0116669-21921	2/19/21	3/05/21	3/05/21	N		PK-INTERNET SVC MAR 2021		109.64	
		MPK	3/05/21		278474			PO:		0.00	
								204-5-501-432.0400	PK-INTERNET SVC MAR 2021		109.64
	INV	0907664-21221	2/18/21	2/26/21	3/01/21	N		PK-CABLE SVC FEB/MAR 2021		104.85	
		MPK	2/26/21		278169			PO:		0.00	
								204-5-501-432.0400	PK-CABLE SVC FEB/MAR 2021		104.85
	INV	0909983-21821	2/18/21	2/26/21	3/01/21	N		PK-CABLE SVC FEB/MAR 2021		109.64	
		MPK	2/26/21		278169			PO:		0.00	
								204-5-501-432.0400	PK-CABLE SVC FEB/MAR 2021		109.64
	INV	0910809-21821	2/18/21	2/26/21	3/01/21	N		PK-CABLE SVC FEB/MAR 2021		108.35	
		MPK	2/26/21		278169			PO:		0.00	
								204-5-501-432.0400	PK-CABLE SVC FEB/MAR 2021		108.35
	INV	941317-22121	2/21/21	3/05/21	3/05/21	N		PK-INTERNET SVC MAR 2021		109.64	
		MPK	3/05/21		278474			PO:		0.00	
								204-5-501-432.0400	PK-INTERNET SVC MAR 2021		109.64
===== TOTALS: GROSS: 542.12 PAYMENTS: 542.12- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====											
01-003053 ELKHART COUNTY REGIONAL SE											
	INV	9000016900-2821	2/08/21	2/19/21	2/19/21	N		52256 IDEAL BEACH-PK		307.42	
		MPK	2/19/21		278117			PO:		0.00	
								286-5-509-435.0400	52256 IDEAL BEACH-PK		307.42
===== TOTALS: GROSS: 307.42 PAYMENTS: 307.42- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====											
01-001691 ELKHART CO HEALTH DEPT.											
	INV	0023-IDEAL	3/04/21	3/05/21	3/05/21	N		PK-2021 FOOD LICENSE		112.50	
		MPK	3/05/21		278475			PO:		0.00	

A C C O U N T S P A Y A B L E
O P E N I T E M R E P O R T
D E T A I L

VENDOR	TYPE	---ID---	ITEM DT/	DUE DT/	PAY DT/	1099	-----	DESCRIPTION	-----	GROSS/	-DISTRIBUTION-
		BANK	POST DT	DISC DT	CHECK#					BALANCE	
01-001691	ELKHART CO HEALTH DEPT.		** CONTINUED **								
								204-5-501-439.0900	PK-2021 FOOD LICENSE		112.50
INV	0294-TOLSON		3/04/21	3/05/21	3/05/21	N		PK-2021 FOOD LICENSE		112.50	
	MPK		3/05/21		278475			PO:		0.00	
								204-5-501-439.0900	PK-2021 FOOD LICENSE		112.50
INV	0398-PM POOL		3/04/21	3/05/21	3/05/21	N		PK-2021 FOOD LICENSE		112.50	
	MPK		3/05/21		278475			PO:		0.00	
								204-5-501-439.0900	PK-2021 FOOD LICENSE		112.50
INV	0415-RIVERVIEW		3/04/21	3/05/21	3/05/21	N		PK-2021 FOOD LICESNSE		112.50	
	MPK		3/05/21		278475			PO:		0.00	
								204-5-501-439.0900	PK-2021 FOOD LICESNSE		112.50
INV	0533-SPRAYPK		3/04/21	3/05/21	3/05/21	N		PK-2021 FOOD LICENSE		112.50	
	MPK		3/05/21		278475			PO:		0.00	
								204-5-501-439.0900	PK-2021 FOOD LICENSE		112.50
===== TOTALS: GROSS:			562.50	PAYMENTS:	562.50	DISCS:	0.00	ADJS:	0.00	BAL:	0.00
=====											

01-000248 ELKHART PUBLIC UTILITIES

INV	1105360205-2521		2/05/21	2/19/21	2/19/21	N		701 ARCADE WTR PK-PK		304.65	
	MPK		2/19/21		278118			PO:		0.00	
								204-5-501-435.0400	701 ARCADE WTR PK-PK		304.65
INV	3100200104-21921		2/19/21	2/19/21	2/19/21	N		ELKHART/BICENTENNIAL-PK		50.01	
	MPK		2/19/21		278118			PO:		0.00	
								204-5-501-435.0400	ELKHART/BICENTENNIAL-PK		50.01
INV	3100223400-21921		2/19/21	2/19/21	2/19/21	N		301 NIBCO-PK		30.66	
	MPK		2/19/21		278118			PO:		0.00	
								204-5-501-435.0400	301 NIBCO-PK		30.66
INV	3100223500-21921		2/19/21	2/19/21	2/19/21	N		301 NIBCO-PK		90.60	
	MPK		2/19/21		278118			PO:		0.00	
								204-5-501-435.0400	301 NIBCO-PK		90.60
INV	3106620001-21921		2/19/21	2/19/21	2/19/21	N		1320 BENHAM-PK		90.60	
	MPK		2/19/21		278118			PO:		0.00	
								204-5-501-435.0400	1320 BENHAM-PK		90.60
INV	3106620401-21921		2/19/21	2/19/21	2/19/21	N		1330 BENHAM-PK		103.41	
	MPK		2/19/21		278118			PO:		0.00	
								204-5-501-435.0400	1330 BENHAM-PK		103.41
INV	3306531000-21921		2/19/21	2/19/21	2/19/21	N		119 W WOLF PAV-PK		90.60	
	MPK		2/19/21		278118			PO:		0.00	

A C C O U N T S P A Y A B L E
O P E N I T E M R E P O R T
D E T A I L

VENDOR	TYPE	---ID---	ITEM DT/	DUE DT/	PAY DT/	1099	-----	DESCRIPTION	-----	GROSS/ BALANCE	-DISTRIBUTION-
		BANK	POST DT	DISC DT	CHECK#						
J1-000248 ELKHART PUBLIC UTILITIES ** CONTINUED **											
								204-5-501-435.0400	119 W WOLF PAV-PK		90.60
INV	4100410104-22621	MPK	2/26/21	3/05/21	3/05/21	N		SUPERIOR&RIVERVIEW-PK		90.60	
			3/05/21		278476			PO:		0.00	
								204-5-501-435.0400	SUPERIOR&RIVERVIEW-PK		90.60
INV	4208320000-22621	MPK	2/26/21	3/05/21	3/05/21	N		1020 MCDONALD-PK		50.01	
			3/05/21		278476			PO:		0.00	
								204-5-501-435.0400	1020 MCDONALD-PK		50.01
===== TOTALS: GROSS: 901.14 PAYMENTS: 901.14- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====											
J1-000383 FRONTIER NORTH INC.											
INV	5741010015-21921	MPK	2/19/21	2/26/21	3/01/21	N		PK-PHONE SVC FEB/MAR 2021		75.32	
			2/26/21		278170			PO:		0.00	
								204-5-501-432.0400	PK-PHONE SVC FEB/MAR 2021		75.32
===== TOTALS: GROSS: 75.32 PAYMENTS: 75.32- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====											
J1-002176 IN DEPT OF HOMELAND SECURI											
INV	69	MPK	3/05/21	3/05/21	3/05/21	N		PK-FIRE MARSHALL INSPECT 2021		134.00	
			3/05/21		278477			PO:		0.00	
								204-5-501-439.0900	PK-FIRE MARSHALL INSPECT 2021		134.00
===== TOTALS: GROSS: 134.00 PAYMENTS: 134.00- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====											
J1-000209 INDIANA MICHIGAN POWER											
INV	04028164509-22221	MPK	2/22/21	3/05/21	3/05/21	N		110 E GARFIELD-PK		207.74	
			3/05/21		278478			PO:		0.00	
								204-5-501-435.0100	110 E GARFIELD-PK		207.74
INV	04058946304-12921	MPK	1/29/21	2/19/21	2/19/21	N		401 RIVERVIEW-PK		19.00	
			2/19/21		278119			PO:		0.00	
								204-5-501-435.0100	401 RIVERVIEW-PK		19.00
INV	04067197543-22221	MPK	2/22/21	3/05/21	3/05/21	N		1524 FRANCES-PK		15.91	
			3/05/21		278478			PO:		0.00	
								204-5-501-435.0100	1524 FRANCES-PK		15.91
INV	04104252426-22421	MPK	2/24/21	3/05/21	3/05/21	N		CONSOLIDATED-PK		43.85	
			3/05/21		278478			PO:		0.00	
								204-5-501-435.0100	CONSOLIDATED-PK		43.85
INV	04132865231-21621	MPK	2/16/21	3/05/21	3/05/21	N		205 E JACKSON-PK		391.19	
			3/05/21		278478			PO:		0.00	

A C C O U N T S P A Y A B L E
O P E N I T E M R E P O R T
D E T A I L

VENDOR	TYPE	---ID---	ITEM DT/	DUE DT/	PAY DT/	1099	-----	DESCRIPTION	-----	GROSS/	-DISTRIBUTION-
		BANK	POST DT	DISC DT	CHECK#					BALANCE	
01-000209	INDIANA MICHIGAN POWER		** CONTINUED **								
								204-5-501-435.0100	205 E JACKSON-PK		391.19
INV	04138884905-21721	MPK	2/17/21	3/05/21	3/05/21	N	353 S ELKHART-PK			96.94	
			3/05/21		278478		PO:			0.00	
							204-5-501-435.0100	353 S ELKHART-PK			96.94
INV	04210875706-21921	MPK	2/19/21	3/05/21	3/05/21	N	CONSOLIDATED-PK			1,210.94	
			3/05/21		278478		PO:			0.00	
							204-5-501-435.0100	CONSOLIDATED-PK			1,210.94
INV	04220223400-21621	MPK	2/16/21	3/05/21	3/05/21	N	135 N ELKHART-PK			171.64	
			3/05/21		278478		PO:			0.00	
							204-5-501-435.0100	135 N ELKHART-PK			171.64
INV	04253609608-21621	MPK	2/16/21	3/05/21	3/05/21	N	147 N ELKHART-PK			37.24	
			3/05/21		278478		PO:			0.00	
							204-5-501-435.0100	147 N ELKHART-PK			37.24
INV	04267434407-2821	MPK	2/08/21	2/19/21	2/19/21	N	1324 MARGUERITE-PK			368.30	
			2/19/21		278119		PO:			0.00	
							204-5-501-435.0100	1324 MARGUERITE-PK			368.30
INV	04271939508-2921	MPK	2/09/21	2/26/21	3/01/21	N	500 E BEARDSLEY-PK			26.82	
			2/26/21		278171		PO:			0.00	
							204-5-501-435.0100	500 E BEARDSLEY-PK			26.82
INV	04415357104-21621	MPK	2/16/21	3/05/21	3/05/21	N	361 S ELKHART-PK			287.48	
			3/05/21		278478		PO:			0.00	
							204-5-501-435.0100	361 S ELKHART-PK			287.48
INV	04492922507-21921	MPK	2/19/21	3/05/21	3/05/21	N	133 N ELKHART-PK			389.05	
			3/05/21		278478		PO:			0.00	
							204-5-501-435.0100	133 N ELKHART-PK			389.05
INV	04520875701-2121	MPK	2/01/21	2/19/21	2/19/21	N	CONSOLIDATED-PK			227.89	
			2/19/21		278119		PO:			0.00	
							204-5-501-435.0100	CONSOLIDATED-PK			227.89
INV	04527790804-21621	MPK	2/16/21	3/05/21	3/05/21	N	330 NIBCO-PK			22.16	
			3/05/21		278478		PO:			0.00	
							204-5-501-435.0100	330 NIBCO-PK			22.16
INV	04642505400-21621	MPK	2/16/21	3/05/21	3/05/21	N	301 NIBCO-PK			6,550.38	
			3/05/21		278478		PO:			0.00	
							204-5-501-435.0100	301 NIBCO-PK			6,550.38
INV	04776128300-21121	MPK	2/11/21	2/26/21	3/01/21	N	701 ARCADE SPLASH-PK			71.42	
			2/26/21		278171		PO:			0.00	

A C C O U N T S P A Y A B L E
O P E N I T E M R E P O R T
D E T A I L

VENDOR	TYPE	---ID---	ITEM DT/ POST DT	DUE DT/ DISC DT	PAY DT/ CHECK#	1099	-----	DESCRIPTION	-----	GROSS/ BALANCE	-DISTRIBUTION-
		BANK									
01-000209	INDIANA MICHIGAN POWER		** CONTINUED **								
								204-5-501-435.0100	701 ARCADE SPLASH-PK		71.42
INV	04792516603-22221	MPK	2/22/21	3/05/21	3/05/21	N	215 E INDIANA-PK			47.28	
			3/05/21		278478		PO:			0.00	
								204-5-501-435.0100	215 E INDIANA-PK		47.28
INV	04818894901-21521	MPK	2/15/21	3/05/21	3/05/21	N	816 W FRANKLIN-PK			17.99	
			3/05/21		278478		PO:			0.00	
								204-5-501-435.0100	816 W FRANKLIN-PK		17.99
INV	04824817417-21721	MPK	2/17/21	3/05/21	3/05/21	N	1420 BENHAM-PK			19.56	
			3/05/21		278478		PO:			0.00	
								204-5-501-435.0100	1420 BENHAM-PK		19.56
INV	04844997017-2321	MPK	2/03/21	2/19/21	2/19/21	N	52256 IDEAL BEACH-PK			107.96	
			2/19/21		278119		PO:			0.00	
								204-5-501-435.0100	52256 IDEAL BEACH-PK		107.96
INV	0492594750121021	MPK	2/10/21	2/26/21	3/01/21	N	1320 OLIVE-PK			50.91	
			2/26/21		278171		PO:			0.00	
								204-5-501-435.0100	1320 OLIVE-PK		50.91
INV	04999775705-21021	MPK	2/10/21	2/26/21	3/01/21	N	CONSOLIDATED-PK			398.10	
			2/26/21		278171		PO:			0.00	
								204-5-501-435.0100	CONSOLIDATED-PK		398.10
===== TOTALS: GROSS:			10,779.75	PAYMENTS:	10,779.75-	DISCS:	0.00	ADJS:	0.00	BAL:	0.00
											=====
01-023385	j2 CLOUD SERVICES, LLC										
INV	3144546PK	MPK	1/31/21	2/19/21	2/19/21	N	PK-FAX SVC JAN 2021			3.90	
			2/19/21		278120		PO:			0.00	
								204-5-501-432.0400	PK-FAX SVC JAN 2021		3.90
===== TOTALS: GROSS:			3.90	PAYMENTS:	3.90-	DISCS:	0.00	ADJS:	0.00	BAL:	0.00
											=====
01-000210	NORTHERN INDIANA PUBLIC SE										
INV	0239660096-2821	MPK	2/08/21	2/19/21	2/19/21	N	200 LUSHER-PK			53.00	
			2/19/21		278121		PO:			0.00	
								204-5-501-435.0200	200 LUSHER-PK		53.00
INV	0441000024-21921	MPK	2/19/21	2/26/21	3/01/21	N	701 ARCADE-PK			366.11	
			2/26/21		278172		PO:			0.00	
								204-5-501-435.0200	701 ARCADE-PK		366.11
INV	0764660057-2821	MPK	2/08/21	2/19/21	2/19/21	N	200 W LUSHER-PK			53.00	
			2/19/21		278121		PO:			0.00	

A C C O U N T S P A Y A B L E
O P E N I T E M R E P O R T
D E T A I L

VENDOR	TYPE	---ID---	ITEM DT/	DUE DT/	PAY DT/	1099	-----	DESCRIPTION	-----	GROSS/	-DISTRIBUTION-
		BANK	POST DT	DISC DT	CHECK#					BALANCE	
01-000210 NORTHERN INDIANA PUBLIC SE** CONTINUED **											
								204-5-501-435.0200	200 W LUSHER-PK		53.00
INV	1409800013-2821		2/08/21	2/19/21	2/19/21	N	1524	FRANCES-PK		28.00	
	MPK		2/19/21		278121			PO:		0.00	
								204-5-501-435.0200	1524 FRANCES-PK		28.00
INV	1429470092-2421		2/24/21	3/05/21	3/05/21	N	52256	IDEAL BEACH-PK		52.99	
	MPK		3/05/21		278480			PO:		0.00	
								204-5-501-435.0200	52256 IDEAL BEACH-PK		52.99
INV	1735700094-21921		2/19/21	2/26/21	3/01/21	N	500 E	BEARDSLEY-PK		216.90	
	MPK		2/26/21		278172			PO:		0.00	
								204-5-501-435.0200	500 E BEARDSLEY-PK		216.90
INV	2157000015-22621		2/26/21	3/05/21	3/05/21	N	1020	MCDONALD-PK		380.06	
	MPK		3/05/21		278480			PO:		0.00	
								204-5-501-435.0200	1020 MCDONALD-PK		380.06
INV	2157360055-22621		2/26/21	3/05/21	3/05/21	N	310	NIBCO-PK		310.70	
	MPK		3/05/21		278480			PO:		0.00	
								204-5-501-435.0200	310 NIBCO-PK		310.70
INV	5206110014-22421		2/24/21	3/05/21	3/05/21	N	52256	IDEAL BEACH-PK		53.00	
	MPK		3/05/21		278480			PO:		0.00	
								204-5-501-435.0200	52256 IDEAL BEACH-PK		53.00
INV	5390210006-2821		2/08/21	2/19/21	2/19/21	N	1330	BENHAM-PK		587.80	
	MPK		2/19/21		278121			PO:		0.00	
								204-5-501-435.0200	1330 BENHAM-PK		587.80
INV	5989100026-2821		2/08/21	2/19/21	2/19/21	N	1330	BENHAM-PK		306.81	
	MPK		2/19/21		278121			PO:		0.00	
								204-5-501-435.0200	1330 BENHAM-PK		306.81
INV	7549100062-21921		2/19/21	2/26/21	3/01/21	N	1320	OLIVE-PK		156.46	
	MPK		2/26/21		278172			PO:		0.00	
								204-5-501-435.0200	1320 OLIVE-PK		156.46
INV	8793150019-2821		2/08/21	2/19/21	2/19/21	N	119 W	WOLF-PK		134.85	
	MPK		2/19/21		278121			PO:		0.00	
								204-5-501-435.0200	119 W WOLF-PK		134.85
===== TOTALS: GROSS: 2,699.68 PAYMENTS: 2,699.68- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====											
01-024553 VERIZON COMMUNICATIONS INC											
INV	9871976814PK		1/23/21	2/10/21	2/10/21	N	CELL	PHONE SVC FEB 2021		249.78	
	MPK		2/10/21		277748			PO:		0.00	

ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL

ENDOR	TYPE	---ID---	ITEM DT/	DUE DT/	PAY DT/	1099	-----	DESCRIPTION	-----	GROSS/	-DISTRIBUTION-
		BANK	POST DT	DISC DT	CHECK#					BALANCE	

01-024553 VERIZON COMMUNICATIONS INC** CONTINUED **											
								204-5-501-432.0400	CELL PHONE SVC FEB 2021		249.78
=====											
TOTALS: GROSS: 249.78 PAYMENTS: 249.78- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====											

ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL

TOTALS

	GROSS	PAYMENTS	BALANCE
PAID ITEMS	17,071.11	17,071.11CR	0.00
PARTIALLY PAID	0.00	0.00	0.00
UNPAID ITEMS	0.00	0.00	0.00
** TOTALS **	17,071.11	17,071.11CR	0.00

ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL
** PRE-PAID INVOICES **

PREPAID TOTALS

	GROSS	PAYMENTS	BALANCE
PAID ITEMS	0.00	0.00	0.00
PARTIALLY PAID	0.00	0.00	0.00
UNPAID ITEMS	0.00	0.00	0.00
** TOTALS **	0.00	0.00	0.00

A C C O U N T S P A Y A B L E
O P E N I T E M R E P O R T
D E T A I L

R E P O R T T O T A L S

	GROSS	PAYMENTS	BALANCE
PAID ITEMS	17,071.11	17,071.11CR	0.00
PARTIALLY PAID	0.00	0.00	0.00
UNPAID ITEMS	0.00	0.00	0.00
VOIDED ITEMS	0.00	0.00	0.00
** TOTALS **	17,071.11	17,071.11CR	0.00

U N P A I D R E C A P

NUMBER OF HELD INVOICES	0
UNPAID INVOICE TOTALS	0.00
UNPAID DEBIT MEMO TOTALS	0.00
UNAPPLIED CREDIT MEMO TOTALS	0.00
** UNPAID TOTALS **	0.00

G/L EXPENSE DISTRIBUTION

ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
204 5-501-432.0400	TELEPHONE/COMMUNICATION	1,686.62
204 5-501-435.0100	ELECTRICITY	10,779.75
204 5-501-435.0200	NATURAL GAS	2,699.68
204 5-501-435.0400	WATER & SEWER	901.14
204 5-501-439.0900	OTHER SERVICES & CHARGES	696.50
	** FUND TOTAL **	16,763.69
286 5-509-435.0400	WATER & SEWER	307.42
	** FUND TOTAL **	307.42
** TOTAL **		17,071.11

ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL

DEPARTMENT TOTALS

DEPARTMENT	DEPARTMENT NAME	AMOUNT
204 501	PARKS & RECREATION	16,763.69
	** FUND TOTAL **	16,763.69
286 509	IDEAL BEACH	307.42
	** FUND TOTAL **	307.42

	** TOTAL **	17,071.11

0 ERRORS
0 WARNINGS



Softball Umpire Contractor Agreement

This Agreement is made this _____ day of _____, _____ by and between the CITY OF ELKHART, PARKS AND RECREATION DEPARTMENT, acting by and through its PARKS AND RECREATION BOARD ("EPRD") and _____ ("Service Provider").

WHEREAS, the Service Provider possesses specialized skills and expertise; and

WHEREAS, the EPRD desires to retain Service Provider to assist EPRD in conducting certain recreational activities, and Service Provider desires to perform such services for the EPRD; and

NOW, THEREFORE, in consideration of the covenants and terms contained in this Agreement and the mutual benefits accruing to EPRD and to Service Provider from the relationship between the parties created by the terms of this Agreement, EPRD, and Service Provider agree as follows:

1. Engagement

EPRD hereby retains and engages Service Provider and Service Provider hereby agrees to hold itself available to EPRD to provide the services described in Section 4 of this Agreement ("Services"), upon the terms and conditions hereinafter set forth.

2. Term

This Agreement shall commence on the _____ day of _____, _____ and continue through the **1st day of November, 2021** unless sooner terminated pursuant to the terms of this Agreement.

3. Relationship – Independent Contractor Status

The parties expressly agree and acknowledge that the relationship between the EPRD and Service Provider shall be that of an independent contractor. Service Provider understands, acknowledges, and agrees that Service Provider is not an employee of EPRD or the City of Elkhart ("City"), and nothing in this Agreement, or its implementation, shall be construed to the contrary.

4. Services

Service Provider agrees to provide the following services to EPRD ("Services"): acting as an umpire for softball games. Locations of Service: Pierre Moran Park and Riverview Softball Complex. The Service Provider shall perform the services in a reasonable, prudent, and workman-like manner.

5. Compensation

In consideration of Service Provider's performance of the Services, EPRD agrees to pay Service Provider a fee per game ("Fee") as set forth in the approved Rate Scale throughout the Term as long as the expectations for the pay criteria are met. (See attached approved Rate Scale) The Fee shall be paid by the EPRD to Service Provider, as outlined by the current calendar year Park Board Schedule.

a. Taxes

EPRD shall prepare and file an IRS Form 1099 with the Internal Revenue Service, which shall report all compensation paid by EPRD to the Service Provider. EPRD shall not withhold any taxes from payments made to the Service Provider. Service Provider will be responsible for reporting and accounting for all state, federal, social security, and local taxes.

6. Expenses

Service Provider shall be solely responsible for all expenses incurring in performing the obligations under the Agreement.

7. Documents

Service Provider shall provide proof of registration with ASA softball by providing a copy of the certification to EPRD.

8. Facilities

Service Provider shall perform all Services at the locations specified above. In connection with Services performed on EPRD properties, Service Provider agrees to maintain all facilities and equipment used in connection with the Services in clean, sanitary, and safe condition and free from defects of any kind. Service Provider agrees that it will periodically inspect all these facilities and equipment for this purpose. Service Provider warrants that it is not now, nor shall it be during the term of this Agreement, in violation of any health, building, fire, zoning code, or regulation.

In connection with Services performed on or with properties owned or controlled by EPRD, Service Provider agrees to use all facilities and equipment with due care, and to report all defects in or damage to any facilities or equipment and the cause, if known, immediately to EPRD.

9. Liability

EPRD assumes no liability for actions of the Service Provider under this Agreement. Service Provider agrees to fully indemnify and hold harmless EPRD against any and all liability, loss, damage, claim, or expense which EPRD may sustain or be required to pay as a result of any wrongful or negligent acts of Service Provider in the performance of its services and obligations under this contract.

Service Provider shall, as soon as practicable, notify EPRD of any action, suit, proceeding, or claim resulting from any alleged wrongful or negligent act of Service Provider.

10. Assignment

Service Provider's obligations under this Agreement may not be assigned or transferred to any other person or entity without the prior written consent of the City.

11. Complete Agreement; Amendment

This Agreement constitutes the entire agreement between the parties and supersedes all prior or contemporaneous agreements and understandings of the parties in connection with this subject matter. No modification of this Agreement shall be effective unless made in writing and signed by both parties.

12. Choice of Law; Venue

This agreement shall be governed by the law of the State of Indiana. Proper venue for any claim arising under this Agreement shall be the state courts of Elkhart County, Indiana.

13. Severability

Whenever possible, each provision hereof shall be construed so as to be interpreted in such manner as to be effective and valid under applicable law. If any provision of this Agreement shall be prohibited by or invalid under applicable law, such provision shall be ineffective to the extent of such prohibition without invalidating the remainder of such provision or any other provision of the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

SERVICE PROVIDER

CITY OF ELKHART, by and through its
BOARD OF PARKS AND RECREATION

Print

President

Signature

Member

Member

Member



Independent Contractor Agreement

AGREEMENT made this _____ day of _____, 20_____, between
CITY OF ELKHART PARKS AND RECREATION DEPARTMENT. Hereinafter referred to as "EPRD," and
_____ hereinafter referred to as "CONTRACTOR."

Address: _____

Phone: _____ **E-Mail:** _____

IT IS MUTUALLY AGREED BETWEEN THE PARTIES THAT:

1. **Scope of Services.** The Contractor will furnish, and the EPRD will accept, the services described herein:
 - a. **Set-up and tear-down of the gas grill and grilling area.**
 - b. **Supervise the grill and cook during tournaments or other events hosted by EPRD.**
2. **Compensation.** The compensation to be paid to the Contractor for the services to be provided shall be \$_____ per hour. As a precondition to receiving any payment under this Agreement, an EPRD Manager, Director or Principal Officer shall submit a claim for all duties performed. The Contractor shall not be entitled to any advance or draw on such compensation.

THE EPRD SHALL PREPARE AND FILE A FORM 1099 WITH THE INTERNAL REVENUE SERVICE (IRS) REPORTING THE COMPENSATION PAID TO THE CONTRACTOR. THE CONTRACTOR SHALL PREPARE AND FILE WITH THE EPRD "IRS FORM W-9" AND SHALL PREPARE AND FILE WITH THE IRS AND RELEVANT STATE AND LOCAL REVENUE AUTHORITIES APPROPRIATE TAX FORMS AND SCHEDULES TO REPORT THE COMPENSATION PAID TO THE CONTRACTOR.

SERVICE PROVIDER

CITY OF ELKHART, by and through its
BOARD OF PARKS AND RECREATION

Print

Member

Signature

Member

Member

Member



ELKHART BOARD OF WORKS 2021 USE & EVENT PERMIT APPLICATION

229 South 2nd Street
Elkhart, IN 46516
Phone: (574) 294-5471

Date Received: 2/17/21

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application.
Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME EPD 5K-9 Run / 1-Mile Walk DATE(S) REQUESTED 05-22-2021

LOCATION/VENUE REQUESTED Elkhart Central High School / American Park / Riverwalk

LOCATION/VENUE 2ND CHOICE REQUESTED _____

OFFICE USE: DATE/VENUE AVAILABLE

☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT

Jared Davies

NAME OF EVENT ORGANIZER/PRODUCER _____

PRODUCTION COMPANY/ORGANIZATION

Elkhart Police Department

STREET ADDRESS

175 Waterfall Drive

APT/UNIT/SUITE

CITY

Elkhart

STATE

IN

ZIP CODE

46516

E-MAIL ADDRESS

jared.davies@elkhartpolice.org

DAYTIME PHONE

FAX

CELL PHONE

219-928-6269

EVENT DAY ON-SITE CONTACT

Jared Davies

DAYTIME PHONE

CELL PHONE

219-928-6269

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?

(Please check No or Yes Below)



No



Yes



Name of Organization: _____

NAME OF SPONSORING ORGANIZATION CONTACT

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION

CITY

ZIP CODE

Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization a 501(c) (3)?

(Please check No or Yes below.)



No



Yes



Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105, General Sales Tax Exemption Status?

(Please check No or Yes below.)



No



Yes



Please attach current verification of ST-105 status

FEDERAL TAX ID #

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 10:00am

Finish Time: 1:00pm

Additional Information Required: If your event includes multiple days and/or varying times, please attach a schedule.

SET-UP TIME(S)

From: 07:00am

To: 10:00am

TEAR-DOWN

From: 1:00pm

To: 4:00pm

EXPECTED NUMBER OF PARTICIPANTS:

If event is reoccurring, please submit past number of participants below.

2020 NUMBER OF PARTICIPANTS:

2019 NUMBER OF PARTICIPANTS:

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?
(Please check No or Yes below.)



No



Yes



Event Name: _____

Location: _____

Date: _____

EVENT DESCRIPTION

Please check what type of event this is (Check all that apply) and write a brief description of your event.



Walk/Run

☐ Cultural Event



Other event, please describe:



Art Fair/Festival

☐ Public Rally/March



Concert/Performance

☐ Bike Ride



Service

Brief Description of Event: 1st Annual Elkhart Police K-9 Unit's 5K-9 Fun Run. The event features a 5K run and 1-mile walk.

The event is based at Elkhart Central High School. The race takes a scenic route along the river and riverwalk.

This is a family fun event and is dog friendly (must be leashed). A K9 agility course and Police K9 demo will be offered.

** COVID-19 Make up date, September 18, 2021 **

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB". Additionally, certain event features such as street closures and the separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or email Nancy.Wilson@coei.org

FOOD AND NON-ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☒ No☐ Yes, to the participants only☐ Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable → Name of Caterer/Vendor: _____

IF YES, please describe:

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.
Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you are planning to erect tents or canopies, describe and give the quantity of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☒ No☐ Yes

→ Number of Tents/Canopies: _____

→ Tent/Canopy Size(s): _____

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South 2nd Street, Elkhart-574-294-5471 ext. 3005

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size.
Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies or catering/vending?

☒ No☐ Yes

→ Number of Vehicles: _____

→ Vehicle Description(s): _____

Are you requesting permission to retain vehicles on-site for the duration of the event?

☒ No☐ Yes



→ Number of Vehicles: _____

→ Vehicle Description(s): _____

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The location of the stages/platforms must be approved by the "BOW".
(Please check No or Yes below.) **NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.**

***May require additional insurance.**

☒ No ☐ Yes  Number of Stage(s): _____
 Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property on within 48 hours of event (if event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB".

ADA compliant toilets are required for Public Gatherings.

☒ No ☐ Yes  Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____
 Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB".
(Please check No or Yes below.)

☒ No ☐ Yes  Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES- Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☐ No ☒ Yes  Traffic Control and Safety Plan

Number of Emergency Management Staff Requested

- ☒ \$50.00 Minimum of two Event Personnel 2
☐ \$25.00 Event Personnel each per event _____

Total Cost \$ N/ A

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☐ No ☒ Yes →

Medic personnel on standby from 10am (start of race) until last participant finishes.

Time(s) Requested: _____

☐ Ambulance(s)

Number Requested _____

☒ Medic Kubota

☐ Fire Truck

☐ First Aid Station

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

1st aid

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

☐ Event Fencing Number of Sections Requested _____

Other _____

☐ Snow Fencing Number of Feet Requested _____

Other _____

Other _____

Additional fees may apply.

WASTE RECEPTICLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB".

(Please check No or Yes below.) Additional fees may apply.

☒ No ☐ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.

(Please check No or Yes below.)

☒ No ☐ Yes →

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

☐ Golf Cars

ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)

☐ Risers

ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)

☐ Stage

ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)

☐ Trailer (tables/chairs)

ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please indicate what services you are requesting. Mark all that are requested:

☐ No ☒ Yes →

Please indicate why you feel Police presence may be needed at your Event.

Traffic control. Saftey Plan (EPD and ESS)

Additional Information May Be Required.

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☐ No ☒ Yes →

Praire Street

Please mark all that may apply:

Street Closed From: North side of Intersection at Waterfall To: South of York Wood Apartments

Street Closed From: _____ To: _____

Street Closed From: _____ To: _____

Street Closed From: _____ To: _____

Street Closed From: _____ To: _____

Street Closed From: _____ To: _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB".
(Please check No or Yes below.)

☒ No ☐ Yes → Number of Structures: _____

→ Description(s): _____

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

- ☐ Yes
☒ No

Electric:

- ☐ Yes
☒ No

Plaza Sign:

- ☐ Yes
☒ No

Sign Information: _____

Bridge Banner:

- ☐ Yes
☒ No

Please indicate location:

- ☐ Bridge Banner- North Main Street
☐ Bridge Banner – Johnson Street
☐ Benham Street Spanning Banner

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☐ No ☒ Yes → Reason: _____

Parade and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Public Assembly and Special Exception to Noise Ordinance:

- ☒ Yes
☐ No

Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Persons or entities affected by this special exception:

N/A

What measures will be taken to mitigate the impact on surrounding persons:

N/A

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
-

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as primary contact:

Contact full name (first/last name): Jared Davies

Contact cell number (area code plus number): 219-928-6269

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and direction of sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB".

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk, or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to the "EPRB" approval. The use of any outside the Parkways or parks such as City streets must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps or Google maps

ELKHART COUNTY COVID REVIEW PLAN

Event Plans must be accompanied by an Elkhart County Health Department Gathering or Meeting or Special or Seasonal Event Covid-19 Safety Plan.

Please contact the Elkhart County Health Department at 574-523-2283.

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder with exclusive rights to park property including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

WITNESSED: Clerk of the Board
Nancy Wilson

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



ELKHART BOARD OF WORKS 2021 USE & EVENT PERMIT APPLICATION

229 South 2nd Street
Elkhart, IN 46516
Phone: (574) 294-5471

Date Received: 3/11/21

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application.
Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME: Compassion Walk DATE(S) REQUESTED 5/1/2021

LOCATION/VENUE REQUESTED Island Park

LOCATION/VENUE 2ND CHOICE REQUESTED High Dive Pavilion

OFFICE USE: DATE/VENUE AVAILABLE

☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT

Cancer Resources for Elkhart County

NAME OF EVENT ORGANIZER/PRODUCER

PRODUCTION COMPANY/ORGANIZATION

N/A

STREET ADDRESS

23971 US Highway 33

APT/UNIT/SUITE

CITY

Elkhart

STATE

IN

ZIP CODE

46517

E-MAIL ADDRESS

Pnorton@elkhartcancer.org

DAYTIME PHONE

(574) 875-5158

FAX

(574) 875-6962

CELL PHONE

(574) 849-7510

EVENT DAY ON-SITE CONTACT

Peter Norton

DAYTIME PHONE

CELL PHONE

(574) 849-7510

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?

(Please check No or Yes Below)

☐

No

☐

Yes



Name of Organization: _____

NAME OF SPONSORING ORGANIZATION CONTACT

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION

CITY

ZIP CODE

Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization a 501(c) (3)?

(Please check No or Yes below.)

☐

No

☐

Yes



Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105, General Sales Tax Exemption Status?

(Please check No or Yes below.)

☐

No

☐

Yes



Please attach current verification of ST-105 status

FEDERAL TAX ID #

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 9 am

Finish Time: Noon

Additional Information Required: If your event includes multiple days and/or varying times, please attach a schedule.

SET-UP TIME(S)

From: 8 am To: 9 am

TEAR-DOWN

From: Noon To: 1 pm

EXPECTED NUMBER OF PARTICIPANTS:

If event is reoccurring, please submit past number of participants below.

2020 NUMBER OF PARTICIPANTS: 75

2019 NUMBER OF PARTICIPANTS: 200

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?

(Please check No or Yes below.)

☐ No☒ Yes

Event Name: Compassion Walk

Location: Island Park

Date: 12/5/2020

EVENT DESCRIPTION

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☒ Walk/Run

☐ Cultural Event

☐ Other event, please describe:

☐ Art Fair/Festival

☐ Public Rally/March

☐ Concert/Performance

☐ Bike Ride

☐ Service

Brief Description of Event: This is a one mile walk crossing no streets and bringing people in groups of 25 in 15
minute intervals. The plan requires that people mask, distance, and stay home if diagnosed,
symptomatic, or recently exposed to Covid. Walkers will not gather in a large group. Rather, they will
receive a map and walk the route with their immediate family or arriving group.

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB". Additionally, certain event features such as street closures and the separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or email Nancy.Wilson@coei.org

FOOD AND NON-ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☒

No

☐

Yes, to the participants only

☐

Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable → Name of Caterer/Vendor: _____

IF YES, please describe:

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.

Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you are planning to erect tents or canopies, describe and give the quantity of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☒

No

☐

Yes

→ Number of Tents/Canopies: _____

→ Tent/Canopy Size(s): _____

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South 2nd Street, Elkhart-574-294-5471 ext. 3005

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size.

Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies or catering/vending?

☒

No

☐

Yes

→ Number of Vehicles: _____

→ Vehicle Description(s): _____

Are you requesting permission to retain vehicles on-site for the duration of the event?

☒

No

☐

Yes

→ Number of Vehicles: _____



→ Vehicle Description(s): _____

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The location of the stages/platforms must be approved by the "BOW".

(Please check No or Yes below.) **NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.**

***May require additional insurance.**

☒ No ☐ Yes  Number of Stage(s): _____
 Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property on within 48 hours of event (if event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB".

ADA compliant toilets are required for Public Gatherings.

☒ No ☐ Yes  Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____
 Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB".
(Please check No or Yes below.)

☒ No ☐ Yes  Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES- Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☒ No ☐ Yes  _____

Number of Emergency Management Staff Requested

- ☐ \$50.00 Minimum of two Event Personnel _____
☐ \$25.00 Event Personnel each per event _____

Total Cost \$ _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

Time(s) Requested: _____

- ☐ Ambulance(s) Number Requested _____
- ☐ Medic Kubota
- ☐ Fire Truck
- ☐ First Aid Station

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

- ☐ Event Fencing Number of Sections Requested _____ Other _____
- ☐ Snow Fencing Number of Feet Requested _____ Other _____
- Additional fees may apply. Other _____

WASTE RECEPTICLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB".

(Please check No or Yes below.) Additional fees may apply.

☒ No ☐ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.

(Please check No or Yes below.)

☒ No ☐ Yes →

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

- ☐ Golf Cars ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Risers ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Stage ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Trailer (tables/chairs) ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please indicate what services you are requesting. Mark all that are requested:

☐ No ☐ Yes 

Please indicate why you feel Police presence may be needed at your Event.

Additional Information May Be Required.

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☐ No ☐ Yes 



Please mark all that may apply:

Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB".
(Please check No or Yes below.)

☐ No ☐ Yes  Number of Structures: _____
 Description(s): _____

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

- ☐ Yes
☒ No

Electric:

- ☐ Yes
☒ No

Plaza Sign:

- ☐ Yes
☒ No

Sign Information: _____

Bridge Banner:

- ☐ Yes
☒ No


Please indicate location:

- ☐ Bridge Banner- North Main Street
☐ Bridge Banner – Johnson Street
☐ Benham Street Spanning Banner

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☒ No ☐ Yes  Reason: _____

Parade and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Public Assembly and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Persons or entities affected by this special exception:

What measures will be taken to mitigate the impact on surrounding persons:

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
-

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as primary contact:

Contact full name (first/last name):

Peter Norton

Contact cell number (area code plus number):

(574) 849-7510

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and direction of sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB".

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk, or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to the "EPRB" approval. The use of any outside the Parkways or parks such as City streets must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps or Google maps

ELKHART COUNTY COVID REVIEW PLAN

Event Plans must be accompanied by an Elkhart County Health Department Gathering or Meeting or Special or Seasonal Event Covid-19 Safety Plan.

Please contact the Elkhart County Health Department at 574-523-2283.

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder with exclusive rights to park property including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Peter T. Norton Ex. Director

PRINTED NAME OF APPLICANT

Peter T. Norton

SIGNATURE OF APPLICANT

Peter T. Norton

Digitally signed by Peter T. Norton
DN: cn=US, ou=City of Elkhart, cn=Peter T. Norton, email=peter.t.norton@cityofelkhart.org
Reason: I am the author of this document
Location: your signing location here
Date: 2021.03.11 12:43:50-0500
First Reader Version: 10.1.1

DATE

WITNESSED: Clerk of the Board
Nancy Wilson

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



2021 Compassion Walk Emergency Action Plan



As the Compassion Walk is not competitive, rather it is a symbolic walk for those who have raised funds for local cancer patients, we don't anticipate problems with injuries. We will have a first aid kit, and any other injury will be dealt with by family and friends or possibly calling an ambulance.

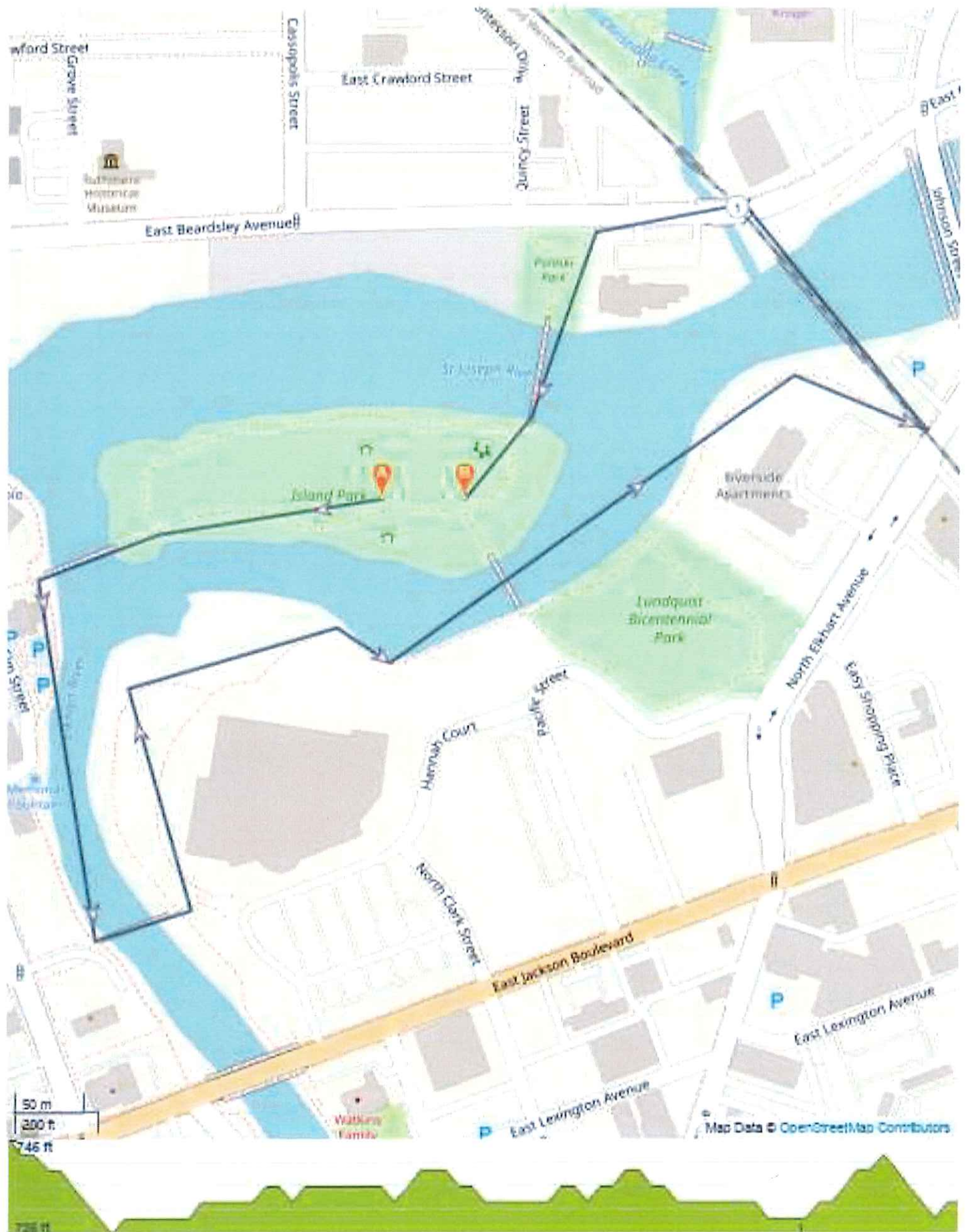
Should inclement weather or other emergencies arise, we will publish on social media and our website information about postponement.

For Covid-19 safety, we will bring participants in groups of no more than 25 in 15 minute increments. Walkers will be allowed to embark on their own. We will not have a program. We will publish information informing participants to wear masks and maintain social distancing.

Contact: Peter Norton

Mobile Phone: (574) 849-7510

1 Mile - Island Park Johnson





2021 Compassion Walk Covid-19 Plan



Section 1: Capacity Limits

Our plan is to bring participants in groups of 25 over 15 minute intervals. We will not have a program, we will simply accept whatever donations that might be brought that morning, hand them a map, and send them on their way. We will not hold them to go in groups of 25 people, rather we will immediately send them on their way with their family or small group of friends. When participants pre-register, we will inform them of their start time. Our event is not designed to encourage walk-in participation, rather to encourage pre-registration. Our literature, staff, and volunteers will encourage participants waiting to check in to maintain a 6 foot distance. Participants will not be required to touch anything, and staff and volunteers will simply check them in on a checklist. They will not be gathered in a crowd, because there is no program, and they will depart immediately. There will be no program when they finish their walk, they can simply go on with their day.

Section 2: Guest Information

Attached is a letter asking for fundraisers/participants, and a copy of the donation envelope that we provide to fundraisers. All including Covid 19 guidelines information.

Section 3: Social Distancing Measures

Since the event will be held outside, entry is not an issue. We will gather people in groups of no more than 25 people and send them along the walk route individually or within the group of people that they arrived with. Participants will be asked to arrive on time and not gather together ahead of time or afterword. We will not have a program to avoid people gathering.

Section 4: Staff & Volunteer Screening

As the walk will be organized in smaller groups, we will only need a handful of staff and volunteers. Organizers will ask participants to verify that they 1) have not



2021 Compassion Walk Covit-19 Plan

CANCER
RESOURCES
for Elkhart County

had a recent positive diagnosis, 2) do not have symptoms, 3) have not been exposed to someone with symptoms or diagnosed with the virus within the last 14 days, 4) are not in a high risk category. Staff and volunteers will monitor participants waiting to check in to remain socially distant.

Section 5 Increased Sanitation

CR will provide hand sanitizer for staff, volunteers, and participants. Staff and volunteers will be encouraged to wear gloves and use sanitizer frequently. Because we of the time of year we are holding the event, it is very likely that the cold weather will require staff and volunteers to wear gloves.

Section 6: Face Coverings

Staff and volunteers will be required to wear face coverings at all times. Participants will be asked to go back to their car for a face covering, and we will have masks available for those who don't have them. However once again, the participants may need to wear face coverings because of the cold weather.

Section 7: Compliance

We will only need two staff members and maybe two volunteers receiving participants and ensuring compliance.

Section 8: Other Mitigating Efforts

Holding the event outside and eliminating any sort of program, which would require people to gather closely enough to hear will help mitigate any potential spread. Participants will drop off their donation, receive a map, and begin their individual walk.

Map/Diagram: Designated Public Areas



ELKHART BOARD OF WORKS 2021 USE & EVENT PERMIT APPLICATION

229 South 2nd Street
Elkhart, IN 46516
Phone: (574) 294-5471

Date Received: 3/11/2021

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application.
Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME: Michiana Battle of the Gridiron DATE(S) REQUESTED 4/18/2021

LOCATION/VENUE REQUESTED Walker Park

LOCATION/VENUE 2ND CHOICE REQUESTED Ox Bow Park

OFFICE USE: DATE/VENUE AVAILABLE ☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT

Stephanie Elam

NAME OF EVENT ORGANIZER/PRODUCER

PRODUCTION COMPANY/ORGANIZATION

Not a company or organization

STREET ADDRESS

54296 Blair Court

APT/UNIT/SUITE

CITY

Elkhart

STATE

IN

ZIP CODE

46514

E-MAIL ADDRESS

stelam903@icloud.com

DAYTIME PHONE

574-361-8660

FAX

CELL PHONE

574-361-8660

EVENT DAY ON-SITE CONTACT

Stephanie Elam

DAYTIME PHONE

574-361-8660

CELL PHONE

574-361-8660

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?

(Please check No or Yes Below)

☒ No ☐ Yes → Name of Organization: _____

NAME OF SPONSORING ORGANIZATION CONTACT

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION

CITY

ZIP CODE

Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization a 501(c) (3)?

(Please check No or Yes below.)

☒ No ☐ Yes → Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105, General Sales Tax Exemption Status?

(Please check No or Yes below.)

☒ No ☐ Yes → Please attach current verification of ST-105 status

FEDERAL TAX ID #

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 9AM

Finish Time: 7PM

Additional Information Required: If your event includes multiple days and/or varying times, please attach a schedule.

SET-UP TIME(S)

From: 8AM To: 9AM

TEAR-DOWN

From: 7PM To: 8PM

EXPECTED NUMBER OF PARTICIPANTS:

If event is reoccurring, please submit past number of participants below.

2020 NUMBER OF PARTICIPANTS:

2019 NUMBER OF PARTICIPANTS:

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?

(Please check No or Yes below.)



No



Yes

Event Name: _____

Location: _____

Date: _____

EVENT DESCRIPTION

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☐ Walk/Run

☐ Cultural Event

☒ Other event, please describe:

☐ Art Fair/Festival

☐ Public Rally/March

Youth Flag Football tournament

☐ Concert/Performance

☐ Bike Ride

☐ Service

Brief Description of Event: Four age divisions will compete on their designated field. There will be four fields. 6 kids max per team and only 2 coaches are to be on sideline. Teams will start showing up at 9AM to warm up and start time is at 10AM. Each team gets three 25 minute flag football games. Since age groups will stay on their same field all day, this will help keep parents and kids in same areas with less moving around. The tournament should get done well before 7PM, but would like to keep it at that time incase games are not on schedule. Teams pay \$60 registration fee that will go to Osolo Little League (not affiliated with event) & Cowboys travel team.

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB". Additionally, certain event features such as street closures and the separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or email Nancy.Wilson@coei.org

FOOD AND NON-ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☒ No☐ Yes, to the participants only☐ Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable → Name of Caterer/Vendor: _____

IF YES, please describe:

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.

Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you are planning to erect tents or canopies, describe and give the quantity of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☒ No☐ Yes

→ Number of Tents/Canopies: _____

→ Tent/Canopy Size(s): _____

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South 2nd Street, Elkhart-574-294-5471 ext. 3005

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size.

Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies or catering/vending?

☒ No☐ Yes

→ Number of Vehicles: _____

→ Vehicle Description(s): _____

Are you requesting permission to retain vehicles on-site for the duration of the event?

☒ No☐ Yes

→ Number of Vehicles: _____



→ Vehicle Description(s): _____

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The location of the stages/platforms must be approved by the "BOW".

(Please check No or Yes below.) **NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.**

***May require additional insurance.**

☒ No ☐ Yes  Number of Stage(s): _____
 Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property on within 48 hours of event (if event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB".

ADA compliant toilets are required for Public Gatherings.

☒ No ☐ Yes  Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____
 Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB".
(Please check No or Yes below.)

☒ No ☐ Yes  Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES- Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☒ No ☐ Yes  _____

Number of Emergency Management Staff Requested

- ☐ \$50.00 Minimum of two Event Personnel _____
☐ \$25.00 Event Personnel each per event _____

Total Cost \$ _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

Time(s) Requested: _____

- ☐ Ambulance(s) Number Requested _____
- ☐ Medic Kubota
- ☐ Fire Truck
- ☐ First Aid Station

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

- ☐ Event Fencing Number of Sections Requested _____ Other _____
- ☐ Snow Fencing Number of Feet Requested _____ Other _____
- Additional fees may apply. Other _____

WASTE RECEPTICLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB".

(Please check No or Yes below.) Additional fees may apply.

☒ No ☐ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.

(Please check No or Yes below.)

☒ No ☐ Yes →

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

- ☐ Golf Cars ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Risers ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Stage ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)
- ☐ Trailer (tables/chairs) ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.)

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please indicate what services you are requesting. Mark all that are requested:

☐ No ☐ Yes → _____

Please indicate why you feel Police presence may be needed at your Event.

Additional Information May Be Required.

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☐ No ☐ Yes → _____

Please mark all that may apply:

Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____
Street Closed From: _____ To: _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB".
(Please check No or Yes below.)

☐ No ☐ Yes → Number of Structures: _____
↓
Description(s): _____

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

- ☐ Yes
☒ No

Electric:

- ☐ Yes
☒ No

Plaza Sign:

- ☐ Yes
☒ No

Sign Information: _____

Bridge Banner:

- ☐ Yes
☒ No

Please indicate location:

- ☐ Bridge Banner- North Main Street
☐ Bridge Banner – Johnson Street
☐ Benham Street Spanning Banner

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☒ No ☐ Yes → Reason: _____

Parade and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Public Assembly and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Persons or entities affected by this special exception:

What measures will be taken to mitigate the impact on surrounding persons:

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
-

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as primary contact:

Contact full name (first/last name):

Stephanie Elam

Contact cell number (area code plus number):

574-361-8660

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and direction of sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB".

ROUTE MAP (Runs, Walks, Bike Rides)

All events that include a run/ walk, or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to the "EPRB" approval. The use of any outside the Parkways or parks such as City streets must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps or Google maps

ELKHART COUNTY COVID REVIEW PLAN

Event Plans must be accompanied by an Elkhart County Health Department Gathering or Meeting or Special or Seasonal Event Covid-19 Safety Plan.

Please contact the Elkhart County Health Department at 574-523-2283.

INDEMNIFICATION, WAIVER AND RELEASE

In consideration of the granting of a Permit by the BOARD OF PUBLIC WORKS and/or the BOARD OF PARKS AND RECREATION, I hereby release, discharge, indemnify, protect and hold harmless the City of Elkhart, Indiana, and all of its agents, officials, and employees, of and from any and all claims, demands, damages, both compensatory and punitive, actions, causes of actions, costs, loss of services or consortium, and any expenses incurred for all personal injury or property damage sustained by me or any third party arising out of or in any way involving the use of the City's property during the event. I further agree to indemnify, protect, and hold harmless the City of Elkhart from any and all claims and causes of action, including attorney fees, caused by my negligence or willful conduct that is in any way related to the use of the City's property. I am more than 18 years of age and am fully competent. I have read in full this agreement and understand and agree to all of its terms and conditions. I have signed this instrument voluntarily and with full knowledge of the fact that I am waiving and releasing any and all claims for myself that may subsequently arise, regardless of their nature and extent. Furthermore, if signed on behalf of an entity, I swear and affirm that I am duly authorized to execute this INDEMNIFICATION, WAIVER AND RELEASE on behalf of the entity.

APPLICANT SIGNATURE

I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder with exclusive rights to park property including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

I agree to be bound by the above terms as a condition to the issuance of a Special Event Permit. All payments are due upon the BOW and EPRD final approval.

THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Stephanie Elam

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

elams@keystonerv.
local

Digitally signed by
elams@keystonerv.local
DN: cn=elams@keystonerv.local
Date: 2021.03.11 12:24:17 -0500

DATE

WITNESSED: Clerk of the Board
Nancy Wilson

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

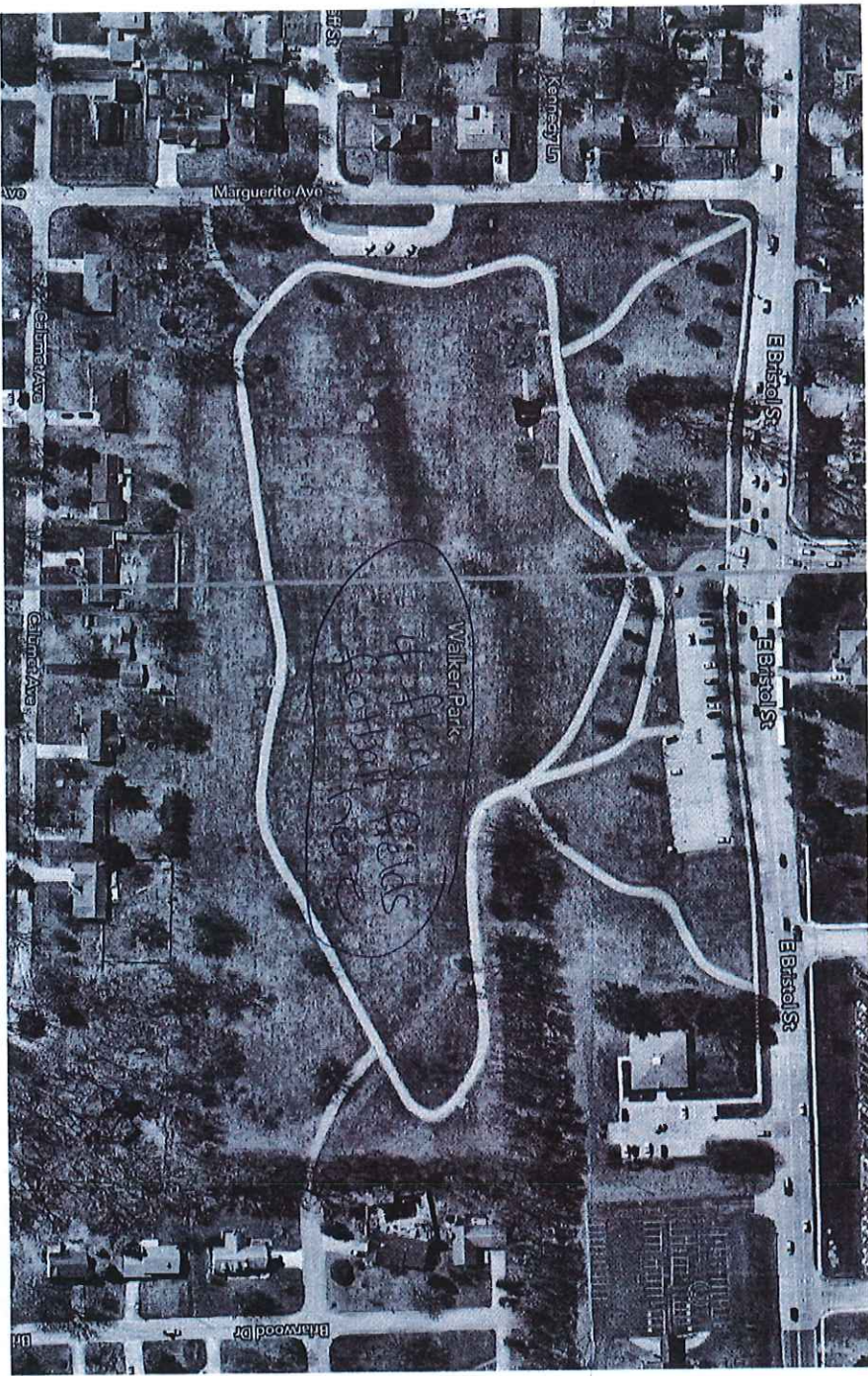
President or Secretary

Date _____

Event Plan – Michiana Battle of the Gridiron (Youth Sports Charity Showcase)

1. Elkhart County is currently in the blue which no longer faces capacity limits. Only families of the same household will be asked to sit together to watch their child play in their 25 minute football game. Once their child's game is done, they are to move away from the field to allow the next team's parents room to sit. Families that are not from the same household are to sit 6 feet away from other family units.
2. Guests to the event are encouraged to like the event on Facebook to receive any information pertaining to the event, including information from these Event Plans. Parents will sign a waiver before the tournament starts verifying their child is experiencing no symptoms and that they are participating in the event knowing of the current state of COVID 19.
3. Organizers will announce procedures and desired social distancing measures before the event starts on the Event Page, including but not limited to the items stated above.
4. There will be limited staff. Organizers, refs and coaches will be asked if they are experiencing symptoms. If so, they are not to attend the event.
5. Hand sanitizer will be available at the event register table. Teams will also keep one football to use throughout the day and when they are on offense.
6. Fans are to wear face coverings when not able to social distance. Kids participating will not have to wear a mask while playing, but put one on between games when unable to social distance.
7. I, Stephanie Elam Garcia, will be the main organizer and be available to answer any questions and enforce the plan. The four refs will also remind players and coaches of the plan. Only two coaches will be allowed on the sideline with their team.
8. We don't foresee social distancing to be a problem in such a large outdoor area.

Map attached





ELKHART BOARD OF WORKS 2021 USE & EVENT PERMIT APPLICATION

229 South 2nd Street
Elkhart, IN 46516
Phone: (574) 294-5471

Date Received: 3/10/21

INSTRUCTIONS: Please carefully read the "Event Procedures & Guidelines" sections before completing this application.
Incomplete applications and/or applications without the required application fee will not be processed.

EVENT NAME Elkhart Family Fish Fest DATE(S) REQUESTED June 5-6, 2021

LOCATION/VENUE REQUESTED Nibco Water and Ice Park, Kardzhali Park

LOCATION/VENUE 2ND CHOICE REQUESTED _____

OFFICE USE: DATE/VENUE AVAILABLE ☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT

City of Elkhart

NAME OF EVENT ORGANIZER/PRODUCER _____

PRODUCTION COMPANY/ORGANIZATION

City of Elkhart

STREET ADDRESS

1201 S. Nappanee Street

APT/UNIT/SUITE

CITY

Elkhart

STATE

IN

ZIP CODE

46516

E-MAIL ADDRESS

daragh.deegan@coei.org

DAYTIME PHONE

574-293-2572

FAX

574-293-7658

CELL PHONE

574-202-5536

EVENT DAY ON-SITE CONTACT

Same as above

DAYTIME PHONE

574-202-5536

CELL PHONE

Same

EVENT SPONSOR: Are you, the applicant, organizing this event on behalf of another organization?

(Please check No or Yes Below)



No



Yes



Name of Organization: _____

NAME OF SPONSORING ORGANIZATION CONTACT

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION

CITY

ZIP CODE

Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official Letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization a 501(c) (3)?

(Please check No or Yes below.)



No



Yes



Please attach current verification of 501(c) (3) status

Does the sponsoring organization have an ST-105, General Sales Tax Exemption Status?

(Please check No or Yes below.)



No



Yes



Please attach current verification of ST-105 status

FEDERAL TAX ID #

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 8:00AM 6/5

Finish Time: 7:00PM 6/6

Additional Information Required: If your event includes multiple days and/or varying times, please attach a schedule.

SET-UP TIME(S)		TEAR-DOWN	
From: 7:30AM	To: 8:00PM	From: 7:00PM	To: 7:30PM
EXPECTED NUMBER OF PARTICIPANTS:			
If event is reoccurring, please submit past number of participants below.			
2020 NUMBER OF PARTICIPANTS: NA - COVID		2019 NUMBER OF PARTICIPANTS: 159	

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?
(Please check No or Yes below.)

☐ No☒ Yes

Event Name: Elkhart

Location: Nibco Water and Ice, Central Park

Date: 1st weekend of June 2019

EVENT DESCRIPTION

Please check what type of event this is (Check all that apply) and write a brief description of your event.

☐ Walk/Run

☐ Cultural Event

☒ Other event, please describe:

☐ Art Fair/Festival

☐ Public Rally/March

Elkhart Family Fish Fest is an event to promote fishing in the various parks in Elkhart.

☐ Concert/Performance

☐ Bike Ride

☐ Service

Brief Description of Event: Elkhart Family Fish Fest is an event with two main components. The first is a fishing contest, and the second is a small fish themed event with activities for children and families. see attached description.

Please provide a detailed description of your event. Document(s) with this information or other materials describing this event may be attached.

PROHIBITED ACTIVITIES IN CITY PARKS (By Ordinances)

No Fundraising Allowed

No Bounce Houses Allowed

No Admission Fees Allowed

EVENT LOGISTICS

All event logistics are subject to the approval of the "EPRB". Additionally, certain event features such as street closures and the separate permits from the City of Elkhart. For information regarding City of Elkhart Permits, please call 574-294-5471 ext. 1055 or email Nancy.Wilson@coe1.org

FOOD AND NON-ALCOHOLIC BEVERAGES:

Are you requesting permission to serve and/or sample food and/or beverages?

(Please check the appropriate response.)

☒ No ☐ Yes, to the participants only ☐ Yes, to the general public

No Food or Alcoholic Beverages may be sold on Park Property.

If applicable → Name of Caterer/Vendor: _____

IF YES, please describe:

Additional Information Required: If you checked "Yes" above, a Short Term Permit is required from the Elkhart County Health Department.

Indicate location where food/beverages will be served on the Site Map.

TENTS AND CANOPIES

If you are planning to erect tents or canopies, describe and give the quantity of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map. The Event Organizer is responsible for any damage caused to City/Park property/facility and must consult "BOW" prior to installation.

Building and Zoning Clearance Required.

Will your event feature tents and/or canopies?

(Please check No or Yes below.)

☒ No ☐ Yes → Number of Tents/Canopies: _____

→ Tent/Canopy Size(s): _____

(If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

The following is required for tents over 400 square feet (20 ft. X 20 ft.):

Require inspections by the Elkhart City Fire Department. Refer to Indiana Fire Code 3103.2

Utilities must be marked. Call 811 for Utilities to mark tent area.

Permits are required, fees apply - Permits must be acquired and paid for at the Permit Center at 229 South 2nd Street, Elkhart-574-294-5471 ext. 3005

Additional Documentation Required: If you checked "Yes" above, please indicate the number of tents with the corresponding size.

Document with this information may be attached. All tents and/or canopies must be indicated on the Site Map.

VEHICLES

Are you requesting permission to operate staff/supply vehicles on City/"EPRB" service roads for delivery of equipment, supplies or catering/vending?

☒ No ☐ Yes → Number of Vehicles: _____

→ Vehicle Description(s): _____

Are you requesting permission to retain vehicles on-site for the duration of the event?

☒ No ☐ Yes → Number of Vehicles: _____

→ Vehicle Description(s): _____

STAGES/PLATFORMS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. Will your event include the installation of stages/platforms? The location of the stages/platforms must be approved by the "BOW".
(Please check No or Yes below.) NO STAGES ARE PROVIDED OR AVAILABLE FROM THE CITY OF ELKHART OR ITS DEPARTMENTS.

*May require additional insurance.

☐ No ☐ Yes → Number of Stage(s): _____
→ Stage Description(s): _____

Stage Owner _____ Phone Number: _____

Address: Street, City, State, Zip _____

Stage Specs will be required.

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of stages/platforms on the Site Map.

PORTABLE TOILETS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached. All portable toilets must be removed from City/"EPRB" property on within 48 hours of event (if event is on a Saturday or a Sunday, portable toilets must be removed that following Monday). The location must be approved by the City/"EPRB".

ADA compliant toilets are required for Public Gatherings.

☐ No ☐ Yes → Number of Portable Toilets: _____ AND Number of Accessible ADA Portable Toilets: _____
→ Company/Description(s): _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of portable toilets on the Site Map.

FENCING

Will the event include the installation of event fencing by the Event Organizer? The location of the fencing must be approved by the "BOW"/"EPRB".
(Please check No or Yes below.)

☐ No ☐ Yes → Description: _____

May require a call to 811 for location marking of Utilities. Buildings and Grounds must also approve to make sure sprinkler lines are not in jeopardy.

EMERGENCY SUPPORT SERVICES- Motor Vehicle and Pedestrian Control

Will the event require Emergency Support Services?
(Please check No or Yes below.)

☐ No ☐ Yes → _____

Number of Emergency Management Staff Requested

- ☐ \$50.00 Minimum of two Event Personnel _____
☐ \$25.00 Event Personnel each per event _____

Total Cost \$ _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of personnel and where they should be located on the site map. A separate meeting may be required with the Emergency Management Personnel.

FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICES REQUESTED: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes →

Time(s) Requested: _____

- | | | |
|--------------------------|-------------------|------------------------|
| <input type="checkbox"/> | Ambulance(s) | Number Requested _____ |
| <input type="checkbox"/> | Medic Kubota | |
| <input type="checkbox"/> | Fire Truck | |
| <input type="checkbox"/> | First Aid Station | |

Please indicate your reason that a Fire Truck may be needed at your Event. Please include any special requests.

Additional Information May Be Required.

BUILDINGS AND GROUNDS

FENCING: The following are available for a fee. Mark all that are requested:

- | | | |
|--|------------------------------------|-------------|
| <input type="checkbox"/> Event Fencing | Number of Sections Requested _____ | Other _____ |
| <input type="checkbox"/> Snow Fencing | Number of Feet Requested _____ | Other _____ |
| Additional fees may apply. | | Other _____ |

WASTE RECEPTICLES

Will the event require additional waste receptacles? The location of the waste receptacles must be approved by the "BOW"/"EPRB".

(Please check No or Yes below.) Additional fees may apply.

☒ No ☐ Yes →

Will the event require Buildings & Grounds to set up or deliver other equipment? If Yes, please list below.

(Please check No or Yes below.)

☐ No ☐ Yes →

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

PARKS DEPARTMENT

EQUIPMENT REQUESTED:

☒ No ☐ Yes →

- | | |
|--|---|
| <input type="checkbox"/> Golf Cars | ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Risers | ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Stage | ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.) |
| <input type="checkbox"/> Trailer (tables/chairs) | ONLY AVAILABLE FOR CITY ORGANIZED EVENTS (I.E.: Rhapsody, Summer Chill, WinterFest, etc.) |

NOTE: Bleachers and Stages are not available for public or private use.

City Departments Only may request the use of these items.

POLICE DEPARTMENT

POLICE SERVICES: Please indicate what services you are requesting. Mark all that are requested:

☒ No ☐ Yes 

Please indicate why you feel Police presence may be needed at your Event.

Additional Information May Be Required:

STREET DEPARTMENT

STREET CLOSURES: Will you be requiring closure of City streets for your event?

☒ No ☐ Yes 



Please mark all that may apply:

Street Closed From: _____	To: _____
Street Closed From: _____	To: _____
Street Closed From: _____	To: _____
Street Closed From: _____	To: _____
Street Closed From: _____	To: _____
Street Closed From: _____	To: _____

Additional Documentation Required: If you checked "Yes" above, please clearly indicate the number of fencing on the site map.

OTHER STRUCTURES

Will your event include other structures not identified above? The location of all other structures must be approved by the "EPRB".
(Please check No or Yes below.)

☒ No ☐ Yes  Number of Structures: _____
 Description(s): _____

Additional Information Required: If you checked "Yes" above, please indicate the location of all stages/platforms, portable toilets, fencing, barricades, and all other structures on the Site Map. Ordering of all equipment must be done by the Event Organizer.

BOARD OF WORKS PERMITS

(Please check No or Yes below) If yes, please provide additional information as requested below. Document(s) with this information may be attached.
Are you requesting the use of City Plaza?

Water:

- ☐ Yes
☒ No

Electric:

- ☐ Yes
☒ No

Plaza Sign:

- ☐ Yes
☒ No

Sign Information: _____

Bridge Banner:

- ☐ Yes
☒ No

Please indicate location:

- ☐ Bridge Banner- North Main Street
☐ Bridge Banner – Johnson Street
☐ Benham Street Spanning Banner

NOISE ORDINANCE

Will the event require an exception to noise by the Event Organizer?

(Please check No or Yes below.)

☒ No ☐ Yes → Reason: _____

Parade and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Public Assembly and Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Special Exception to Noise Ordinance:

- ☐ Yes
☒ No

Persons or entities affected by this special exception:

What measures will be taken to mitigate the impact on surrounding persons:

EMERGENCY ACTION PLAN

PURPOSE (Required for all Applicants)

- A. This emergency action plan predetermines actions to take before and during the EVENT in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
- B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

BASIC PLAN

- A. The emergency action plan event representative will be identified as the point of contact for all communications regarding the event. This person is identified as primary contact:

Contact full name (first/last name):

Daragh Deegan

Contact cell number (area code plus number):

574-202-5536

EVENT MAPS

SITE MAP (Required for all Applicants)

Please attach a Site Map clearly indicating the set-up of the event. An example would be the Start/Finish of a walk, run, race event and/or the set-up area of a festival or cultural event. The Site Map should indicate the relative location of the following; all sources of amplified sound and direction of sound; tents and canopies with sizes, stages, promotional vehicles, portable toilets, fencing, barricades, and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on "EPRB" property during the event; locations of food and proposed street closures. All site Maps are subject to the approval of "EPRB".

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All events that include a run/ walk, or other activity in which participants will be following a course will be required to attach a Route Map and a written document of the proposed route of the event. All proposed Route Maps are subject to the "EPRB" approval. The use of any outside the Parkways or parks such as City streets must be approved by the Board of Public Works.

For a more detailed Route Map, it is recommended to use mapmyrun.com (this is a free website), Bing maps or Google maps

ELKHART COUNTY COVID REVIEW PLAN

Event Plans must be accompanied by an Elkhart County Health Department Gathering or Meeting or Special or Seasonal Event Covid-19 Safety Plan.

Please contact the Elkhart County Health Department at 574-523-2283.

Thank you for completing your Special Use Permit Application. Before you submit your application please make sure that the following steps have been completed:

Have you?

- ☐ Signed and dated your application?
- ☐ Attached your event site map? (and route map if a run/walk event)
- ☐ Attached your emergency action plan?
- ☐ Provided all documents and information as requested throughout the application? ST-105, 501 (c) (3), etc.
- ☐ Certificate of Insurance (Made out to the following, see attached sample)
- ☐ Tent Permit if applicable

Certificates of Insurance should include the following under additionally insured:

Civil City of Elkhart
Elkhart Park Board for and on behalf of Parks & Recreation
1320 Benham Avenue
Elkhart, IN 46516

Civil City of Elkhart
229 South 2nd Street
Elkhart, IN 46516

Submit your completed application to:

For Parks:

City of Elkhart Parks & Recreation Board
Use & Event Permitting
1320 Benham Avenue
Elkhart, IN 46516
Phone (574) 295-7275
Email: elkhartcityparkspermits@coel.org

For Board of Works:

City of Elkhart Board of Public Works
Use & Event Permitting
229 South 2nd Street
Elkhart, IN 46516
Phone (574) 294-5471 ext. 1055
Email: Nancy.Wilson@coei.org

INDEMNIFICATION, WAIVER AND RELEASE

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I have read the terms and conditions outlined in this document and the City of Elkhart, City of Elkhart Board of Works and the City of Elkhart Park & Recreation Board Code of Ordinances and agree to abide by them.

Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder with exclusive rights to park property including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

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THIS DOCUMENT CONTAINS A RELEASE OF ALL CLAIMS AND A WAIVER OF RIGHTS. I HAVE CAREFULLY READ ALL OF ITS TERMS AND RETAINED A COPY OF THIS DOCUMENT FOR MY OWN RECORDS.

Daragh Deegan

PRINTED NAME OF APPLICANT

Daragh Deegan

SIGNATURE OF APPLICANT

3/9/2021

DATE

WITNESSED: Clerk of the Board
Nancy Wilson

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

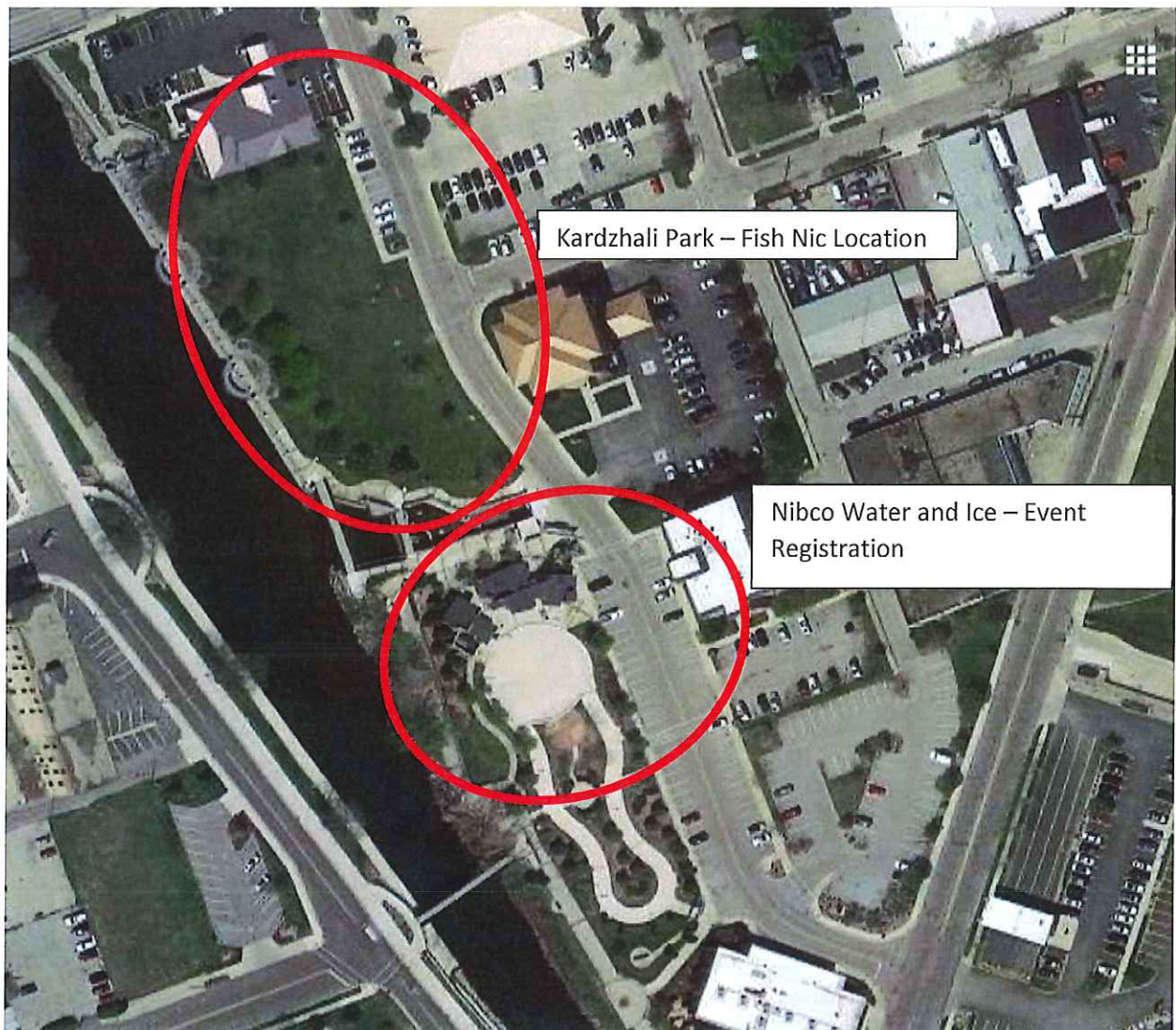
Date _____

Event Description

Elkhart Family Fish Fest is an event with two main components. The first is a fishing contest that takes place in the parks of Elkhart for the public. Registration in previous years has occurred at the Nibco Water and Ice Park and starts at 8:00am on Saturday. The event takes place during the June “Free Fishing Weekend” (first weekend in June) where the Indiana DNR does not require fishing licenses. Organizers also loan out fishing poles and provide free bait and tackle, making this a totally free opportunity for participants. This event has attracted a wide range of people in the past from small families that fish for an hour or two, to serious anglers that like to fish all weekend. Fishing groups keep track of their catches and the total length of their catches by posting pictures of their fish on a measuring board and uploading it to a provided phone app. Data received through the app are tallied by the event organizers to determine contest winners. Numerous nominal prizes including fishing poles, tackle boxes, equipment and trophies are awarded to winners of various age groups. The event concludes on Sunday at 3:00pm with the award ceremony occurring at 6:00pm.

The second component of this event, labelled as our “FishNic” occurs on Saturday evening at Kardzhali Park. Numerous small fish related activities and booths occur at this event, including casting competitions, a live fish booth, and a lure painting booth. This event takes place from 5:00 to 8:30pm.

Site Map



The Honorable
Rod Roberson
Mayor

Jamison Czarnecki
Parks Superintendent



Parks & Recreation
1320 Benham Ave.
Elkhart, IN 46516

574.295.7275
Fax: 574.522-7808

MEMO

To: Board of Elkhart Parks and Recreation

From: Jamison Czarnecki, Superintendent

Date: March 16, 2021

Re: Superintendent's Report

Superintendent's Update

- COVID-19 Update:
 - We continue to plan our summer in the safest manner possible with COVID guidelines and contingency planning. I want to commend my staff for working through the many challenges with this that require of us in order to provide these opportunities. We are looking forward to opening up in some normalcy.
- Lundquist Bicentennial Park:
 - We are moving forward with a grant request through Regional Cities to provide external funding to this project. We will also be holding engagement meetings in the next few weeks for this as well.
- Our radio program commercials are now running through Froggy Radio. We will also be using WVPE and U93 this season as well to promote our events and programs. We continue to improve upon our outreach and promotions to reach as many people as possible in a cost effective manner.
- The department has been working hard to rolling out new programs, aligning with new partnerships, identifying external funding source, and finding ways to make our parks safer and cleaner.
- As the warmer seasons come in, the parks department is excited to get people outside, get active, and create a healthier community.

Events Report

- Completed Indiana Arts Commission grant application for Rhapsody Arts & Music Festival 2022
- Spring Pop Up Market – Saturday, March 20, 9am-2 pm at McNaughton Pavilion
- Partnering with EEC on Elkhart Easter Egg Hunt, March 27-April 30-
Wooden eggs will be hidden in various parks. As the community finds the eggs they can be brought to EEC or The Parks Department for a surprise gift bag/basket
- Partnership with EEC on April Earth Month Activities
- Elkhart County Health Department Covid19 Event Permits
- Central Green Stage proposals
- Parks Public Engagement Meetings
- State Fire Marshall Permits for events and facilities

Recreation Report

- NIBCO closed on February 28th.
 - The warm weather held off just long enough!
 - NIBCO entertained 8443 guests this season.
- Applications for Summer Employment has begun.
 - Interviews for key manager positions is underway.

The Honorable
Rod Roberson
Mayor

Jamison Czarnecki
Parks Superintendent



Parks & Recreation
1320 Benham Ave.
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- Riverview Softball
 - League begins in April.
- Health Department Plans are being prepared for sites and programs.
- Programming/Recreation activities are being planned.
- Frosty Five K/M run was successful.
 - 185 dedicated runners showed up on one of the coldest days of our winter season (18 degrees).
 - Awards, food bags and finisher awards were given out through a socially distanced lines.
 - Thank you to Parks Staff for their participation before, during and after this event.

Programming Report

- 14 area youth registered for the Tennis Introductory Course
- Lego League hosted maximum attendance with 20 k-1st graders
- Jiu Jitsu had 10 sign up for the course.
- Volleyball hosts registration and will continue camp through April 22
- Partnership has been created with Elkhart 4H fair to host afterschool engineering Thursdays at Pierre Moran Pavilion from 330-430 Starting April 22
- Parks hosts month long Basketball Camp beginning April 13-May 4 at Tolson for ages 8-12
- Pickleball continues to grow as we look to host beginner classes for those interested in the sport

Ranger Report

February 1-28, 2021

- Citations
 - None written.
- Various Park Activities and Park Visitor Numbers
 - Biking (4), Fishing (8), Ice Skating (45), Parking/Sitting (209), Playground (60), Skateboarding (15), Walking/jogging (140), Walking Dog (78), and Sledding (37).
- Events
 - Feb. 13, 2021- Frosty 5 – approximately 200 participants, walking and/running
- Damage
 - None
- Other
 - Feb. 4, 2021 – Ranger Coleman picked up and removed trash and miscellaneous frozen assorted clothing laying on the ground at Franklin Landing. The trash was hauled away and deposited.
 - Feb. 28, 2021 - Ranger Coleman picked up and removed trash and other miscellaneous items at McNaughton and Langle Parks. The trash was hauled away and deposited.
 - Feb. 28, 2021 – Ranger Theriot found graffiti at American Park spray painted on the west side of the bridge near Elkhart East Football Stadium. The graffiti was reported to MyElkhart 311.

End of Report