

PARK BOARD AGENDA



MEETING SCHEDULE

Tuesday, March 15, 2022 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 15, 2022

4. APPROVAL OF FINANCIALS

- Claims - \$49,545.67
- Donations – See list
- Grants - \$0

5. NEW BUSINESS MATTERS

- a. Introduction of Brandon Aguilar
- b. Purdue University Extension 4-H Youth Development Memorandum of Understanding

6. OLD BUSINESS

- a. None

7. USE AND EVENT PERMIT

- a. A Taste of Black Excellence – May 1, 2022 – McNaughton Park
- b. Stemm Lawson Peterson Memorial Walk – May 21, 2022 – Walker Park
- c. Flags from the Heart – May 28-30, 2022 – Lundquist-Bicentennial Park
- d. EPD 5K-9 Run/1 Mile Walk – May 21, 2022 – American Park & Riverwalk
- e. Elkhart Family Fish Fest – June 4 & 5, 2022 – NIBCO Water & Ice Park
- f. G 1 God 1st – August 20, 2022 – High Dive Pavilion
- g. Elkhart Farmers Market – Saturdays, May 28-Sept. 24, 2022 – Kardzhali Park

8. DEPARTMENT REPORT

9. CORRESPONDENCE

- a. None

10. PUBLIC INPUT/PRIVILEGE OF THE FLOOR

ADJOURNMENT

NEXT PARK BOARD MEETING APRIL 19, 2022, COUNCIL CHAMBERS.

City of Elkhart Parks & Recreation Park Board Minutes



DATE: February 15, 2022

TIME: 3:30 PM

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

Call to Order at 3:40 PM.

**1. Roll Call- Quorum Present
BOARD MEMBERS PRESENT**

Sarah Santerre President	Nekeisha Alayna Alexis Vice President	Kim Henke Secretary Absent	Mark Datema Treasurer
		Joe Foy – Proxy via Webex	

2. Approval of Agenda

Motion to Approve Agenda

Motion: MD

Second: JF

Roll Call vote: MD – Yes, JF – Yes, NAA - Yes

Motion Passes

3. Approval of Minutes

January 18, 2022

Motion: MD

Second: JF

Roll Call vote: MD – Yes, JF – Yes, NAA - Yes

Motion Passes

4. Approval of Financials

Claims: \$430,543.51

Donations: \$439.00

Grants: None

Motion to discuss, approve and place on file

Motion: MD

Second: JF

Roll Call vote: MD – Yes, JF – Yes, NAA - Yes

Motion passes

Mr. Datema inquires if the \$9,000 electric bill for NIBCO Water and Ice Park is normal. Mrs. Wingard states that it is and it is for the refrigeration system for the ice rink.

Ms. Alexis inquires about how rentals are going and why there are refunds for rentals. Mrs. Wingard states that pavilion rentals are on track as usual and any refunds are typically due to events being canceled due to Covid.

5. New Business – None

6. Old Business - NONE

City of Elkhart Parks & Recreation

Park Board Minutes



7. Use and Event Permit Requests

a. EnviroFest – August 20, 2022 – Island Park

Mr. Czarnecki presents the permit on behalf of Annie Klehforth of the Elkhart Environmental Center. It will be the 25th year of the annual event. There will be vendors, food trucks, a beer tent, kids' activities, and live bands.

Ms. Alexis inquires about recycling at the event. Mr. Czarnecki states that recycling will be available thanks to a partnership with Borden.

Motion to Approve

Motion: MD

Second: JF

Roll Call vote: MD – Yes, JF – Yes, NAA – Yes

Motion Passes

Mrs. Santerre joins the meeting at 3:51 pm.

b. Spring Fabulous Pop Up Market – March 19, 2022 – McNaughton Park

Ms. Krask presents the permit. This is the second year for the event. Artisanal vendors and food vendors will be selling their products. The event is free to the public.

Ms. Alexis inquires about Covid protocols. Ms. Krask states that the Department follows the City Policy. She plans to have signs about handwashing and distancing.

Motion to Approve

Motion: SS

Second: MD

Roll Call vote: MD – Yes, JF – Yes, NAA – Yes, SS – Yes

Motion Passes

8. Department Report

Mr. Czarnecki informs the Board that the annual Frosty 5 Run was very successful with about 200 runners.

The Department has a new partnership with Girls on the Run Michiana. They will be hosting a team at Studebaker Park this spring.

The Department is planning a spring youth soccer league and currently seeking volunteer coaches.

Hiring for the Summer Season has begun.

NIBCO Water and Ice Park will close the season with a Fiesta Weekend from February 25th to the 27th.

Ladies Inspiring Fitness Together will take place at High Dive Pavilion. It's a free program.

Ms. Alexis states that she is looking forward to the LIFT program.

9. Approval for Correspondence - None

10. Public Input/Privilege of the Floor

Ms. Alexis opens privilege of the floor

Ms. Alexis closes privilege of the floor.

11. Approval for Adjournment

Motion to adjourn

Motion: SS

Second: MD

Roll Call vote: MD – Yes, JF – Yes, NAA – Yes, SS – Yes

Motion Passes

Adjourn 4:01 pm

City of Elkhart Parks & Recreation

Park Board Minutes



PARKS & RECREATION STAFF MEMBERS IN ATTENDANCE

Jamison Czarnecki, Superintendent	Leslie Wingard, Accounting Specialist
Clayton Brown, Program Coordinator, via Webex	Jennifer Kobie, Recording Secretary
Cara Montana, Office Manager, via Webex	Sherry Krask, Event Coordinator, via Webex

ADDITIONAL CITY EMPLOYEES AND GUESTS IN ATTENDANCE

Mr. Tony Elkins, IT Department	Mayor Rod Roberson, via Webex	Ms. Annie Klehforth, Environmental Center, via Webex
Ms. Tonda Hines, City Council, via Webex	Ms. Rose Rivera, Legal Department, via Webex	Mr. Kevin Bullard, City Council, via Webex
		Mr. Arvis Dawson, City Council, via Webex

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 10th, 2022 _____
JAMIE ARCE - CONTROLLER

IN RELIANCE ON THE ABOVE CERTIFICATION, CLAIMS IN THE TOTAL AMOUNT OF **\$49,545.67** AS LISTED ON THE REGISTER ATTACHED HERETO **CONSISTING OF 22 PAGES**, ARE HEREBY APPROVED EXCLUDING ANY CLAIMS WITHHELD AS SHOWN ON THE SEPARATE SUMMARY OF PENDING CLAIMS.

EXECUTED THIS 15TH DAY OF MARCH 2022 BY:

PRESIDENT

SARAH SANTERRE

VICE PRESIDENT

NEKEISHA ALAYNA ALEXIS

SECRETARY

KIM HENKE

TREASURER

MARK DATEMA

ORIGINAL COPY MUST BE RETAINED IN THE CONTROLLER'S OFFICE

3/10/2022 1:00 PM

A/P Direct Item Register

PAGE: 1

PACKET: 46666 LW 3.15.22 PARKS

VENDOR SET: 01 City of Elkhart

SEQUENCE : ALPHABETIC

DUE TO/FROM ACCOUNTS SUPPRESSED

-----ID-----	ITM DATE BANK CODE	-----DESCRIPTION-----	GROSS DISCOUNT	P.O. # G/L ACCOUNT	--ACCOUNT NAME--	DISTRIBUTION
=====						
01-022120	4IMPRINT, INC					
I-9668562	3/15/2022	FROSTY 5K FINISHER AWARDS	561.69			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		FROSTY 5K FINISHER AWARDS		286 5-630-422.0100	OPERATING SUPPL	561.69
	===	VENDOR TOTALS ===	561.69			
=====						
01-024096	AMAZON CAPITAL SERVICES INC					
I-1PZR-DXH6-9XFC	3/15/2022	BAR STOOLS FOR NIBCO ICE RINK	149.99			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		BAR STOOLS FOR NIBCO ICE RINK		204 5-501-422.0150	OPERATING SUPPL	149.99
I-1TWQ-NKJR-KKGL	3/15/2022	FROSTY 5K AWARD CRAFTS	27.99			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		FROSTY 5K AWARD CRAFTS		286 5-630-422.0100	OPERATING SUPPL	27.99
	===	VENDOR TOTALS ===	177.98			
=====						
01-001154	B E S INC					
I-181696	3/15/2022	CONCESSIONS - RIVERVIEW	802.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		CONCESSIONS - RIVERVIEW		286 5-580-422.0100	OPERATING SUPPL	802.00
	===	VENDOR TOTALS ===	802.00			
=====						
01-000212	BUGSY'S ELKHART EXTERMINA					
I-22517	3/15/2022	MONTHLY PEST CONTROL	180.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		MONTHLY PEST CONTROL		204 5-501-439.0912	CONTRACT SERVIC	180.00
	===	VENDOR TOTALS ===	180.00			
=====						
01-004642	DULEY PRESS INC					
I-27793-22	3/15/2022	PAVILION CONTRACTS	110.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		PAVILION CONTRACTS		204 5-501-433.0300	ADVERTISING	110.00
I-28133-22	3/15/2022	SPRING ACTIVITY GUIDES	810.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		SPRING ACTIVITY GUIDES		204 5-501-433.0300	ADVERTISING	810.00
	===	VENDOR TOTALS ===	920.00			

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DUE TO/FROM ACCOUNTS SUPPRESSED

-----ID-----	ITM DATE BANK CODE	-----DESCRIPTION-----	GROSS DISCOUNT	P.O. # G/L ACCOUNT	--ACCOUNT NAME--	DISTRIBUTION
=====						
01-006109	GORDON FOOD SERVICE INC					
I-779267330	3/15/2022	FROSTY 5K FOOD	54.13			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		FROSTY 5K FOOD		836 5-124-439.0900	OTHER SERVICES	10.07
		FROSTY 5K FOOD		286 5-630-422.0100	OPERATING SUPPL	44.06
I-779267432	3/15/2022	CONCESSIONS - NIBCO	50.99			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		CONCESSIONS - NIBCO		286 5-580-422.0100	OPERATING SUPPL	50.99
I-779267880	3/15/2022	CONCESSIONS - NIBCO	68.26			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		CONCESSIONS - NIBCO		286 5-580-422.0100	OPERATING SUPPL	68.26
		=== VENDOR TOTALS ===	173.38			
=====						
01-002775	GREATER ELKHART CHAMBER OF COM					
I-76609	3/15/2022	MEET THE MAYOR YNG PROF LUNCH	20.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		MEET THE MAYOR YNG PROF LUNCH		204 5-501-439.0800	ORGANIZ MEMBERS	20.00
		=== VENDOR TOTALS ===	20.00			
=====						
01-000792	INDIANA STATE FESTIVALS ASSOCI					
I-ISFA9302021	3/15/2022	ADVERTISING IN FESTIVAL BOOK	325.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		ADVERTISING IN FESTIVAL BOOK		286 5-630-433.0300	ADVERTISING	325.00
		=== VENDOR TOTALS ===	325.00			
=====						
01-024739	LRS HOLDINGS LLC					
I-PS431426	3/15/2022	PORTABLE RSTM STUDEBAKER	132.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: Y		
		PORTABLE RSTM STUDEBAKER		204 5-501-437.0200	EQUIPMENT LEASE	132.00
I-PS431427	3/15/2022	PORTABLE RSTM PIERRE MORAN	132.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: Y		
		PORTABLE RSTM PIERRE MORAN		204 5-501-437.0200	EQUIPMENT LEASE	132.00
I-PS431428	3/15/2022	PORTABLE RSTM MCNAUGHTON	197.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: Y		
		PORTABLE RSTM MCNAUGHTON		204 5-501-437.0200	EQUIPMENT LEASE	197.00
I-PS431429	3/15/2022	PORTABLE RSTM WALKER PK	132.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: Y		
		PORTABLE RSTM WALKER PK		204 5-501-437.0200	EQUIPMENT LEASE	132.00

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-----ID-----	ITM DATE	BANK CODE	-----DESCRIPTION-----	GROSS DISCOUNT	P.O. # G/L ACCOUNT	---ACCOUNT NAME---	DISTRIBUTION
=====							
01-024739	LRS HOLDINGS LLC		(** CONTINUED **)				
=====							
I-PS431430	3/15/2022		PORTABLE RSTRM - WILLOWDALE	132.00			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: Y		
			PORTABLE RSTRM - WILLOWDALE		204 5-501-437.0200	EQUIPMENT LEASE	132.00
			=== VENDOR TOTALS ===	725.00			
=====							
01-000441	LONG'S LOCK SHOP, INC.						
=====							
I-105174	3/15/2022		KEYS FOR CONCESSIONS TRAILER	10.00			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			KEYS FOR CONCESSIONS TRAILER		204 5-501-422.0150	OPERATING SUPPL	10.00
			=== VENDOR TOTALS ===	10.00			
=====							
01-013413	MARTIN MARKETING SPECIALI						
=====							
I-101972	3/15/2022		RANGER POLO SHIRT	30.00			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			RANGER POLO SHIRT		204 5-501-422.0310	HOUSEHOLD, LAUN	30.00
=====							
I-103758	3/15/2022		FROSTY 5K SHIRTS	1,322.50			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			FROSTY 5K SHIRTS		286 5-630-422.0100	OPERATING SUPPL	1,322.50
			=== VENDOR TOTALS ===	1,352.50			
=====							
01-014009	MARTIN SUPERMARKET #14						
=====							
I-9836-21022	3/15/2022		FROSTY 5K COFFEE	14.97			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			FROSTY 5K COFFEE		286 5-630-422.0100	OPERATING SUPPL	14.97
			=== VENDOR TOTALS ===	14.97			
=====							
01-010961	MENARD, INC						
=====							
I-2182	3/15/2022		STORAGE TOTES & NIBCO HOOKS	32.74			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			STORAGE TOTES & NIBCO HOOKS		204 5-501-422.0150	OPERATING SUPPL	32.74
=====							
I-2744-21622	3/15/2022		TOTE, REACH TOOL, TRLR MOUNT	91.95			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			TOTE, REACH TOOL, TRLR MOUNT		204 5-501-422.0150	OPERATING SUPPL	91.95
=====							
I-2912	3/15/2022		CONCESSIONS TRAILER STORAGE	54.97			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			CONCESSIONS TRAILER STORAGE		204 5-501-422.0150	OPERATING SUPPL	54.97
			=== VENDOR TOTALS ===	179.66			

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-----ID-----	ITM DATE	BANK CODE	-----DESCRIPTION-----	GROSS DISCOUNT	P.O. # G/L ACCOUNT	--ACCOUNT NAME--	DISTRIBUTION
=====							
01-024509 LATONYA JENNINGS							
I-233	3/15/2022		OFFICE CLEANING MAR(1)	300.00			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: Y		
			OFFICE CLEANING MAR(1)		204 5-501-439.0912	CONTRACT SERVIC	300.00
=====							
I-250	3/15/2022		OFFICE CLEANING FEB(2)MAR(1)	300.00			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: Y		
			OFFICE CLEANING FEB(2)		204 5-501-439.0912	CONTRACT SERVIC	300.00
=== VENDOR TOTALS ===				600.00			
=====							
01-024365 NEVCO SPORTS LLC							
I-0000196962	3/15/2022		REMOTE FOR SB SCOREBOARD	412.85			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			REMOTE FOR SB SCOREBOARD		286 5-508-422.0101	OPERATING SUPPL	412.85
=== VENDOR TOTALS ===				412.85			
=====							
01-004771 PAULA TURK							
I-5K-21622	3/15/2022		FROSTY 5K PROFESSIONAL SVCS	2,851.74			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: Y		
			FROSTY 5K PROFESSIONAL SVCS		286 5-630-439.0900	OTHER SERVICES	2,851.74
=== VENDOR TOTALS ===				2,851.74			
=====							
01-019032 PETTY CASH / JAMISON CZARNECKI							
I-5921-21122	3/15/2022		PETTY CASH / JAMISON CZARNECK	18.73			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			FROSTY 5K BASKETS FOR FOOD		286 5-630-422.0100	OPERATING SUPPL	18.73
=== VENDOR TOTALS ===				18.73			
=====							
01-023509 PRINT AND MAIL MANAGEMENT LLC							
I-3096	3/15/2022		SOFTBALL SCORE CARDS/POSTCARD	165.00			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: Y		
			SOFTBALL SCORE CARDS/POSTCARDS		286 5-508-422.0101	OPERATING SUPPL	165.00
=== VENDOR TOTALS ===				165.00			

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-----ID-----	ITM DATE BANK CODE	-----DESCRIPTION-----	GROSS DISCOUNT	P.O. # G/L ACCOUNT	--ACCOUNT NAME--	DISTRIBUTION
=====						
01-001562		LIVING GRAPHICS INC.				
=====						
I-00041673	3/15/2022	CHRISTMAS CARDS	131.51			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		CHRISTMAS CARDS		204 5-501-421.0200	STATIONARY & PR	131.51
	===	VENDOR TOTALS ===	131.51			
=====						
01-1		REFUNDS/MANUAL PAYROLL				
=====						
I-277722	3/08/2022	JULIAN MONTES:	200.00			
	PK	DUE: 3/08/2022 DISC: 3/08/2022		1099: N		
		PAVILION RENTAL REFUND		204 5-501-458.0000	UNAPPROPRIATED	186.92
		PAVILION RENTAL SLS TX REFUND		725 4-000-312.0708	RENTAL SALES TA	13.08
	===	VENDOR TOTALS ===	200.00			
=====						
01-1		REFUNDS/MANUAL PAYROLL				
=====						
I-280150	3/15/2022	EDWIN TORRES JR:	225.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		PAVILION RENTAL REFUND		204 5-501-458.0000	UNAPPROPRIATED	210.28
		PAVILION RENTAL SLS TX REFUND		725 4-000-312.0708	RENTAL SALES TA	14.72
	===	VENDOR TOTALS ===	225.00			
=====						
01-1		REFUNDS/MANUAL PAYROLL				
=====						
I-280850	3/15/2022	ANTONIO HERNANDEZ:	400.00			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		PAVILION RENTAL REFUND		204 5-501-458.0000	UNAPPROPRIATED	373.83
		PAVILION RENTAL SLS TX REFUND		725 4-000-312.0708	RENTAL SALES TA	26.17
	===	VENDOR TOTALS ===	400.00			
=====						
01-000068		RICOH USA, INC				
=====						
I-2063763516	3/15/2022	PARKS COPIER READ - JAN	68.49			
	PK	DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
		PARKS COPIER READ - JAN		204 5-501-421.0200	STATIONARY & PR	68.49
	===	VENDOR TOTALS ===	68.49			

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DUE TO/FROM ACCOUNTS SUPPRESSED

-----ID-----	ITM DATE	BANK CODE	-----DESCRIPTION-----	GROSS DISCOUNT	P.O. # G/L ACCOUNT	--ACCOUNT NAME--	DISTRIBUTION
=====							
01-001424	RICOH, USA						
I-105860158	3/15/2022		RICOH, USA	107.52			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			PARKS COPIER RENT - FEB		204 5-501-437.0200	EQUIPMENT LEASE	107.52
			=== VENDOR TOTALS ===	107.52			
=====							
01-002469	STAPLES CONTRACT & COMMERCIAL,						
I-3498712035	3/15/2022		THERMAL POUCHES FOR OFFICE US	35.61			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			THERMAL POUCHES FOR OFFICE USE		204 5-501-421.0500	OFFICE SUPPLIES	35.61
			=== VENDOR TOTALS ===	35.61			
=====							
01-023824	WSJM, INC						
I-CC-12202100649	3/15/2022		RADIO ADV FOR WINTER ACTIVITI	1,050.00			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			RADIO ADV FOR WINTER ACTIVITIE		204 5-501-433.0300	ADVERTISING	1,050.00
			=== VENDOR TOTALS ===	1,050.00			
=====							
01-000102	YODER OIL COMPANY INC						
I-CL70476	3/15/2022		PARK DEPT GASOLINE	452.69			
	PK		DUE: 3/15/2022 DISC: 3/15/2022		1099: N		
			PARK DEPT GASOLINE		204 5-501-422.0210	GASOLINE	452.69
			=== VENDOR TOTALS ===	452.69			
			=== PACKET TOTALS ===	12,161.32			

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DJE TO/FROM ACCOUNTS SUPPRESSED

** T O T A L S **

INVOICE TOTALS	12,161.32
DEBIT MEMO TOTALS	0.00
CREDIT MEMO TOTALS	0.00

BATCH TOTALS	12,161.32
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** G/L ACCOUNT TOTALS **

BANK	YEAR	ACCOUNT	NAME	AMOUNT	=====LINE ITEM=====		=====GROUP BUDGET=====	
					ANNUAL BUDGET	BUDGET OVER AVAILABLE BUDG	ANNUAL BUDGET	BUDGET OVER AVAILABLE BUDG
2022		204-231.0000	ACCTS PAYABLE - PARK & R	5,431.50-*				
		204-5-501-421.0200	STATIONARY & PRINTING	200.00	2,500	2,233.73	184,030	180,498.72
		204-5-501-421.0500	OFFICE SUPPLIES	35.61	5,000	4,939.18	184,030	180,663.11
		204-5-501-422.0150	OPERATING SUPPLIES	339.65	45,230	44,788.46	184,030	182,537.52
		204-5-501-422.0210	GASOLINE	452.69	7,500	6,087.85	184,030	180,246.03
		204-5-501-422.0310	HOUSEHOLD, LAUNDRY, CLEA	30.00	2,000	1,970.00	184,030	180,668.72
		204-5-501-433.0300	ADVERTISING	1,970.00	20,000	13,456.51	623,202	557,386.81
		204-5-501-437.0200	EQUIPMENT LEASES	832.52	8,400	5,949.96	623,202	558,524.29
		204-5-501-439.0800	ORGANIZ MEMBERSHIP & DUE	20.00	4,335	4,315.00	623,202	559,336.81
		204-5-501-439.0912	CONTRACT SERVICES	780.00	9,294	6,556.50	623,202	558,576.81
		204-5-501-458.0000	UNAPPROPRIATED	771.03	0	1,588.79- Y	452,000	450,411.21
		286-231.0000	ACCTS PAYABLE - PARK PRO	6,665.78-*				
		286-5-508-422.0101	OPERATING SUPPLIES - SOF	577.85	15,000	15,003.06	22,000	21,992.49
		286-5-580-422.0100	OPERATING SUPPLIES	921.25	50,600	47,061.87	50,600	47,061.87
		286-5-630-422.0100	OPERATING SUPPLIES	1,989.94	21,000	18,174.43	21,000	18,174.43
		286-5-630-433.0300	ADVERTISING	325.00	12,250	11,925.00	12,250	11,925.00
		286-5-630-439.0900	OTHER SERVICES & CHARGES	2,851.74	25,700	22,457.48	76,950	73,057.48
		725-231.0000	ACCTS PAYABLE - SALES TA	53.97-*				
		725-4-000-312.0708	*NON-EXPENSE	53.97	0	2,528.60		
		836-231.0000	ACCOUNTS PAYABLE	10.07-*				
		836-5-124-439.0900	OTHER SERVICES & CHRGS P	10.07	0	639.00- Y	0	639.00- Y
		999-130.0204	DUE FROM PARK & RECREATI	5,431.50 *				
		999-130.0286	DUE FROM PARK PROGRAM	6,665.78 *				
		999-130.0725	DUE FROM SALES TAX	53.97 *				
		999-130.0836	DUE FROM PARK & REC DONA	10.07 *				

** 2022 YEAR TOTALS	12,161.32
---------------------	-----------

3/10/2022 1:00 PM

A/P Direct Item Register

PAGE: 8

PACKET: 46666 LW 3.15.22 PARKS

VENDOR SET: 01 City of Elkhart

SEQUENCE : ALPHABETIC

DUE TO/FROM ACCOUNTS SUPPRESSED

TOTAL ERRORS: 0

TOTAL WARNINGS: 0

** END OF REPORT **

PAGE: 1

01-022630 MICHIGAN PLAYGROUNDS LLC

INV	SINV-04174	3/15/22	3/15/22	N	SWINGS FOR PARKS	21,123.29
	PK	3/15/22			PO: 21-00241	21,123.29
					204-5-501-444.0500 MIDSTATES RECREATION	21,123.29

```
===== TOTALS:  GROSS:    21,123.29  PAYMENTS:      0.00  DISCS:    0.00  ADJS:    0.00  BAL:    21,123.29  =====
```


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	21,123.29	0.00	21,123.29
** TOTALS **	21,123.29	0.00	21,123.29

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	21,123.29	0.00	21,123.29
VOIDED ITEMS	0.00	0.00	0.00
** TOTALS **	21,123.29	0.00	21,123.29

UNPAID RECAP

NUMBER OF HELD INVOICES	0
UNPAID INVOICE TOTALS	21,123.29
UNPAID DEBIT MEMO TOTALS	0.00
UNAPPLIED CREDIT MEMO TOTALS	0.00
** UNPAID TOTALS **	21,123.29

G/L EXPENSE DISTRIBUTION

ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
204 5-501-444.0500	OTHER EQUIPMENT	21,123.29
	** FUND TOTAL **	21,123.29
** TOTAL **		21,123.29

ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL

DEPARTMENT TOTALS

DEPARTMENT	DEPARTMENT NAME	AMOUNT
204 501	PARKS & RECREATION	21,123.29
	** FUND TOTAL **	21,123.29

	** TOTAL **	21,123.29

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	139854027-2122	2/18/22	0/00/00	2/22/22	N	PK-PHONE SVC	FEB 2022		126.28	
MPK		2/22/22		287201		PO:			0.00	
						204-5-501-432.0400	PK-PHONE SVC FEB 2022			126.28

===== TOTALS: GROSS: 126.28 PAYMENTS: 126.28- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====

01-002707 COMCAST CABLE

INV	0116669-021922	3/04/22	0/00/00	3/04/22	N	IDEAL BEACH-PK			121.25	
MPK		3/04/22		287555		PO:			0.00	
						286-5-509-432.0400	IDEAL BEACH-PK			121.25
INV	0907664-021222	3/04/22	0/00/00	3/04/22	N	301 NIBCO- PK			121.88	
MPK		3/04/22		287555		PO:			0.00	
						204-5-501-432.0400	301 NIBCO- PK			121.88
INV	0909983-021822	3/04/22	0/00/00	3/04/22	N	635 ARCADE-PK			118.35	
MPK		3/04/22		287555		PO:			0.00	
						204-5-501-432.0400	635 ARCADE-PK			118.35
INV	0910809-021722	3/04/22	0/00/00	3/04/22	N	300 RIVERVIEW- PK			119.85	
MPK		3/04/22		287555		PO:			0.00	
						204-5-501-432.0400	300 RIVERVIEW- PK			119.85
INV	0941317-022122	3/04/22	0/00/00	3/04/22	N	119 W WOLF-PK			121.25	
MPK		3/04/22		287555		PO:			0.00	
						204-5-501-432.0400	119 W WOLF-PK			121.25

===== TOTALS: GROSS: 602.58 PAYMENTS: 602.58- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====

01-003053 ELKHART COUNTY REGIONAL SE

INV	9000016900-2822	2/18/22	0/00/00	2/22/22	N	52256 IDEAL BEACH-PK			338.16	
MPK		2/22/22		287202		PO:			0.00	
						286-5-509-435.0400	52256 IDEAL BEACH-PK			307.42
						286-5-509-439.0900	52256 IDEAL BEACH-PK			30.74

===== TOTALS: GROSS: 338.16 PAYMENTS: 338.16- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====

01-000248 ELKHART PUBLIC UTILITIES

INV	1105360000-030422	3/04/22	0/00/00	3/04/22	N	701 ARCADE PAV- PK			14.36	
MPK		3/04/22		287556		PO:			0.00	
						204-5-501-435.0400	701 ARCADE PAV- PK			14.36
INV	1200680000-030422	3/04/22	0/00/00	3/04/22	N	500 E BEARDSLEY PAV- PK			8.15	

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	

01-000248	ELKHART PUBLIC UTILITIES	** CONTINUED **									
	MPK		3/04/22		287556		PO:			0.00	
							204-5-501-435.0400	500 E BEARDSLEY PAV- PK			8.15
INV	3100223400-021822		3/02/22	0/00/00	3/04/22	N	301 NIBCO-PK			36.58	
	MPK		3/04/22		287556		PO:			0.00	
							204-5-501-435.0400	301 NIBCO-PK			36.58
INV	3100223500-21822		3/02/22	0/00/00	3/04/22	N	301 NIBCO-PK			102.49	
	MPK		3/04/22		287556		PO:			0.00	
							204-5-501-435.0400	301 NIBCO-PK			102.49
INV	3106620001-021822		3/02/22	0/00/00	3/04/22	N	1320 BENHAM-PK			94.83	
	MPK		3/04/22		287556		PO:			0.00	
							204-5-501-435.0400	1320 BENHAM-PK			94.83
INV	3106620401-021822		3/02/22	0/00/00	3/04/22	N	1330 BENHAM-PK			107.64	
	MPK		3/04/22		287556		PO:			0.00	
							204-5-501-435.0400	1330 BENHAM-PK			107.64
INV	3306531000-021822		3/02/22	0/00/00	3/04/22	N	119 W WOLF- PK			94.83	
	MPK		3/04/22		287556		PO:			0.00	
							204-5-501-435.0400	119 W WOLF- PK			94.83
INV	4208320000-022522		3/04/22	0/00/00	3/04/22	N	1020 MCDONALD- PK			54.24	
	MPK		3/04/22		287556		PO:			0.00	
							204-5-501-435.0400	1020 MCDONALD- PK			54.24
===== TOTALS: GROSS: 513.12 PAYMENTS: 513.12- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====											

01-000209 INDIANA MICHIGAN POWER

INV	04028164509-022222		3/04/22	0/00/00	3/04/22	N	110 E GARFIELD-PK			226.78	
	MPK		3/04/22		287557		PO:			0.00	
							204-5-501-435.0100	110 E GARFIELD-PK			226.78
INV	04067198543-022222		3/04/22	0/00/00	3/04/22	N	1524 FRANCES -PK			16.22	
	MPK		3/04/22		287557		PO:			0.00	
							204-5-501-435.0100	1524 FRANCES --PK			16.22
INV	04104252426-022422		3/04/22	0/00/00	3/04/22	N	PK-CONSOLIDATED			958.77	
	MPK		3/04/22		287557		PO:			0.00	
							204-5-501-435.0100	PK-CONSOLIDATED			958.77
INV	04132865231-021622		3/04/22	0/00/00	3/04/22	N	205 E JACKSON-PK			211.04	
	MPK		3/04/22		287557		PO:			0.00	
							204-5-501-435.0100	205 E JACKSON-PK			211.04
INV	04138884905-021622		3/04/22	0/00/00	3/04/22	N	353 S ELKHART-PK			105.72	

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 **						
	MPK	3/04/22		287557		PO:	0.00	
						204-5-501-435.0100 353 S ELKHART-PK		105.72
INV	04210875706-022122	3/04/22	0/00/00	3/04/22	N	PK-CONSOLIDATED	1,398.27	
	MPK	3/04/22		287557		PO:	0.00	
						204-5-501-435.0100 PK-CONSOLIDATED		1,398.27
INV	04220223400-021622	3/04/22	0/00/00	3/04/22	N	135 N ELKHART-PK	166.78	
	MPK	3/04/22		287557		PO:	0.00	
						204-5-501-435.0100 135 N ELKHART-PK		166.78
INV	04253609608-021622	3/04/22	0/00/00	3/04/22	N	147 N ELKHART-PK	55.04	
	MPK	3/04/22		287557		PO:	0.00	
						204-5-501-435.0100 147 N ELKHART-PK		55.04
INV	04267434407-2322	2/18/22	0/00/00	2/22/22	N	1324 MARGUERITE-PK	383.48	
	MPK	2/22/22		287203		PO:	0.00	
						204-5-501-435.0100 1324 MARGUERITE-PK		383.48
INV	04271939508-2922	2/18/22	0/00/00	2/22/22	N	500 E BEARDSLEY-PK	26.95	
	MPK	2/22/22		287203		PO:	0.00	
						204-5-501-435.0100 500 E BEARDSLEY-PK		26.95
INV	04415357104-021622	3/04/22	0/00/00	3/04/22	N	361 S ELKHART-PK	288.32	
	MPK	3/04/22		287557		PO:	0.00	
						204-5-501-435.0100 361 S ELKHART-PK		288.32
INV	04492922507-021622	3/04/22	0/00/00	3/04/22	N	133 N ELKHART-PK	378.29	
	MPK	3/04/22		287557		PO:	0.00	
						204-5-501-435.0100 133 N ELKHART-PK		378.29
INV	04527790804-021622	3/04/22	0/00/00	3/04/22	N	330 NIBCO-PK	21.16	
	MPK	3/04/22		287557		PO:	0.00	
						204-5-501-435.0100 330 NIBCO-PK		21.16
INV	04642505400-021622	3/04/22	0/00/00	3/04/22	N	303 NIPCO PARKWAY-PK	6,985.11	
	MPK	3/04/22		287557		PO:	0.00	
						204-5-501-435.0100 303 NIPCO PARKWAY-PK		6,985.11
INV	04776128300-21122	2/18/22	0/00/00	2/22/22	N	701 ARCADE-PK	51.44	
	MPK	2/22/22		287203		PO:	0.00	
						204-5-501-435.0100 701 ARCADE-PK		51.44
INV	04792516603-022222	3/04/22	0/00/00	3/04/22	N	215 E INDIANA-PK	47.53	
	MPK	3/04/22		287557		PO:	0.00	
						204-5-501-435.0100 215 E INDIANA-PK		47.53
INV	04818894901-021522	3/04/22	0/00/00	3/04/22	N	816 E FRANKLIN-PK	6.65	

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 **								
	MPK		3/04/22		287557		PO:			0.00	
							204-5-501-435.0100	816 E FRANKLIN-PK			6.65
INV	04824817417-021722		3/04/22	0/00/00	3/04/22	N	1420 BENHAM- PK			18.76	
	MPK		3/04/22		287557		PO:			0.00	
							204-5-501-435.0100	1420 BENHAM- PK			18.76
INV	04844997017-2322		2/18/22	0/00/00	2/22/22	N	52256 IDEAL BEACH-PK			41.29	
	MPK		2/22/22		287203		PO:			0.00	
							204-5-501-435.0100	52256 IDEAL BEACH-PK			41.29
INV	04925947501-2922		2/18/22	0/00/00	2/22/22	N	1320 OLIVE-PK			65.37	
	MPK		2/22/22		287203		PO:			0.00	
							204-5-501-435.0100	1320 OLIVE-PK			65.37
INV	04999775705-21022		2/18/22	0/00/00	2/22/22	N	CONSOLIDATED-PK			525.67	
	MPK		2/22/22		287203		PO:			0.00	
							204-5-501-435.0100	CONSOLIDATED-PK			525.67
===== TOTALS: GROSS: 11,978.64 PAYMENTS: 11,978.64- DISCS: 0.00 ADJS: 0.00 BAL: 0.00 =====											
01-023385	j2 CLOUD SERVICES, LLC										
INV	3853597PK		2/18/22	0/00/00	2/22/22	N	PK-FAX SVC JAN 2022			3.90	
	MPK		2/22/22		287204		PO:			0.00	
							204-5-501-432.0400	PK-FAX SVC JAN 2022			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	0239660096-2822		2/18/22	0/00/00	2/22/22	N	200 LUSHER-PK			53.00	
	MPK		2/22/22		287205		PO:			0.00	
							204-5-501-435.0200	200 LUSHER-PK			53.00
INV	0441000024-021822		3/04/22	0/00/00	3/04/22	N	701 ARCADE- PK			429.15	
	MPK		3/04/22		287559		PO:			0.00	
							204-5-501-435.0200	701 ARCADE- PK			429.15
INV	0764660057-2822		2/18/22	0/00/00	2/22/22	N	200 W LUSHER-PK			53.00	
	MPK		2/22/22		287205		PO:			0.00	
							204-5-501-435.0200	200 W LUSHER-PK			53.00
INV	1409800013-2822		2/18/22	0/00/00	2/22/22	N	1524 FRANCES-PK			14.00	
	MPK		2/22/22		287205		PO:			0.00	
							204-5-501-435.0200	1524 FRANCES-PK			14.00
INV	1735700094-021822		3/04/22	0/00/00	3/04/22	N	500 E BEARDSLEY- PK			220.65	

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 **									
	MPK		3/04/22		287559	PO:				0.00	
						204-5-501-435.0200		500 E BEARDSLEY- PK			220.65
INV	5390210006-2822		2/18/22	0/00/00	2/22/22	N	1330	BENHAM-PK		812.78	
	MPK		2/22/22		287205	PO:				0.00	
						204-5-501-435.0200		1330 BENHAM-PK			812.78
INV	5989100026-2822		2/18/22	0/00/00	2/22/22	N	1330	BENHAM-PK		405.19	
	MPK		2/22/22		287205	PO:				0.00	
						204-5-501-435.0200		1330 BENHAM-PK			405.19
INV	7549100062-021822		3/04/22	0/00/00	3/04/22	N	1320	OLIVE- PK		175.57	
	MPK		3/04/22		287559	PO:				0.00	
						204-5-501-435.0200		1320 OLIVE- PK			175.57
INV	8793150019-2822		2/18/22	0/00/00	2/22/22	N	119	W WOLFF-PK		195.61	
	MPK		2/22/22		287205	PO:				0.00	
						204-5-501-435.0200		119 W WOLFF-PK			195.61

*****	TOTALS:	GROSS:	2,358.95	PAYMENTS:	2,358.95-	DISCS:	0.00	ADJS:	0.00	BAL:	0.00 *****

01-024553	VERIZON COMMUNICATIONS INC										
INV	9900319727PK-22322		3/04/22	0/00/00	3/04/22	N	PK-PHONE SVC-FEB 22			339.43	
	MPK		3/04/22		287560	PO:				0.00	
						204-5-501-432.0400		PK-PHONE SVC-FEB 22			339.43

*****	TOTALS:	GROSS:	339.43	PAYMENTS:	339.43-	DISCS:	0.00	ADJS:	0.00	BAL:	0.00 *****

ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL

TOTALS

	GROSS	PAYMENTS	BALANCE
PAID ITEMS	16,261.06	16,261.06CR	0.00
PARTIALLY PAID	0.00	0.00	0.00
UNPAID ITEMS	0.00	0.00	0.00
** TOTALS **	16,261.06	16,261.06CR	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	16,261.06	16,261.06CR	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 **	16,261.06	16,261.06CR	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	950.94
204 5-501-435.0100	ELECTRICITY	11,978.64
204 5-501-435.0200	NATURAL GAS	2,358.95
204 5-501-435.0400	WATER & SEWER	513.12
	** FUND TOTAL **	15,801.65
286 5-509-432.0400	TELEPHONE/COMMUNICATION	121.25
286 5-509-435.0400	WATER & SEWER	307.42
286 5-509-439.0900	SERVICES & CHARGES	30.74
	** FUND TOTAL **	459.41

** TOTAL **	16,261.06
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ACCOUNTS PAYABLE
OPEN ITEM REPORT
DETAIL

DEPARTMENT TOTALS

DEPARTMENT	DEPARTMENT NAME	AMOUNT
204 501	PARKS & RECREATION	15,801.65
	** FUND TOTAL **	15,801.65
286 509	IDEAL BEACH	459.41
	** FUND TOTAL **	459.41

	** TOTAL **	16,261.06

0 ERRORS

0 WARNINGS

Parks & Recreation Donations

Financial Donations

- NIBCO INC. - \$5,000 for Summer Chill Concert Series

Material Donations

- Kevin Bullard – 2 Frontier II Kettels, Bun Cabinet, Roller Grill with Sneeze Guard, and Foodwells

MEMORANDUM OF UNDERSTANDING

This MEMORANDUM OF UNDERSTANDING ("Agreement") is made as of the 8th day of March, 2022 by and between the CITY OF ELKHART, INDIANA ("City") on behalf of the Elkhart Parks and Recreation Department and Purdue University Extension 4H Youth Development.

RECITALS

Elkhart Parks and Recreation ("Parks") is a department of City organized under the provisions of §36-10-3-1 *et. seq.* of the Indiana Code.

Purdue University Extension 4H Youth Development (PUE) program equips young people with the skills they need to succeed in life and help provide immersive experiences for the youth

ECS and PUE desire to offer a Life Skills Series program at the Willowdale Pavilion from 4-5PM on Wednesday between March 16 2022, to April 13, 2022.

City and PUE believe it is in best interest of the parties to this agreement for them to agree to establish and/or clarify their respective rights and responsibilities concerning the operation and funding for this program.

In consideration of the foregoing and the mutual covenants and agreements herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. Each class will be taught by 4H programming staff.
2. Programming will be based at Willowdale Pavilion.
3. Parks will create a registration for youth and parents to sign up online.
4. The program will be limited to 5th-8th graders.
5. The program will take place from 4-5PM.
6. Participants will be charged \$20 each.
7. PUE will receive 80% of the registration costs while Parks retains 20%.
8. PUE will provide all needed equipment and materials for the program.
9. PUE will conduct this program from March 16-April 13 2022.

10. PUE is to bill Parks for the owed amount.
11. Governing Law—It is the intention of Parties to this Agreement all suits and special proceedings under this Agreement, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of Indiana, without regard to the jurisdiction in which any action or special proceeding may be instituted.
12. Severability— Should there be a conflict between any provision of this Agreement and applicable laws of the State of Indiana said laws will prevail and such provisions of the Agreement will be amended or deleted as necessary in order to comply with said laws.
13. Modification—This Agreement may be supplemented, amended, or modified only by the mutual agreement of Parties. No supplement, amendment or modification of this Agreement shall be binding unless it is in writing and signed by all parties.
14. Notices—All notices or demands required or desired to be given by either party to the other with respect to this Agreement will be in writing, will be addressed as provided below, and will be: The City of Elkhart, Indiana, c/o John Espar, Corporate Counsel, 229 S. Second St. Elkhart, IN 46516.
 - a. Purdue Extension- Elkhart County
Elkhart County 4-H Fairgrounds
17746 County Road 34 Ste E. Goshen, IN 46528-6898
15. Delivered personally, in which case the notice or demand will be deemed given and served upon receipt or refusal to accept such notice; or
16. Sent by a nationally recognized overnight courier service, prepaid or billed to sender, in which case the notice or demand will be deemed given and served upon receipt or refusal to accept receipt. Either party may change its address or add additional parties for receipt of notices by giving notice of such change to the other party in accordance with the provisions of this Section.
17. Entire Agreement—This Agreement constitutes the final agreement between PUE and City related to the operation of Elkhart Youth Life Skills Series. No representation, promise or inducement has been made by either party that is not

embodied in this Agreement, and neither party shall be bound by or liable for any
alleged representation, promise or inducement not specifically set forth herein.

IN WITNESS WHEREOF, the parties hereto have each executed this Memorandum of
Understanding, on the date and year first written above.

By: _____

Date: _____

(Printed Name, Title)

CITY OF ELKHART, INDIANA
By its BOARD OF PARKS AND RECREATION

By: _____

Date: _____

(Printed Name, Title)



ELKHART BOARD OF WORKS 2021 USE & EVENT PERMIT APPLICATION

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

Date Received: 3/10/22

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: Taste of Black Excellence DATE(S) REQUESTED: May 1st, 2022
LOCATION/VENUE REQUESTED: Mc Naughton Park + Pavillion
LOCATION/VENUE 2ND CHOICE REQUESTED: Roosevelt Park
OFFICE USE: DATE/VENUE AVAILABLE ☐ No ☐ Yes

APPLICANT INFORMATION

NAME OF APPLICANT

Ashley Spencer

NAME OF EVENT ORGANIZER/PRODUCER

Ashley Spencer

PRODUCTION COMPANY/ORGANIZATION

58075 Benham Ave

STREET ADDRESS

Elkhart 58075 Benham Ave

CITY

Elkhart

STATE

IN

APT/UNIT/SUITE

ZIP CODE

46517

E-MAIL ADDRESS

denspencerboy205@gmail.com

DAYTIME PHONE

574-338-2366

FAX

N/A

CELL PHONE

574-338-2366

EVENT DAY ON-SITE CONTACT

Ashley Spencer

DAYTIME PHONE

574-338-2366

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

N/A

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: Noon (12pm) Finish Time: 6pm

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

SET-UP TIME(S)

From: 8am To: Noon (12pm)

TEAR-DOWN

From: 6pm To: 8pm

EXPECTED NUMBER OF PARTICIPANTS:

40-45

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

2020 NUMBER OF PARTICIPANTS:

38

2019 NUMBER OF PARTICIPANTS:

0 (N/A)

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

(Please check No or Yes below.)

☐ No

☒ Yes

Event Name: A Taste of Black Excellence + Community

Location: Roosevelt Park

Date: 5/1/2021

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

Vendor Event

☐ Concert/Performance

☐ Bike Ride

☐ Service

Brief Description of Event:

An event for small businesses in the community or in the surrounding area to come out and showcase what they have to offer. Be able to sell, market, & network with others.

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:

Many different food/beverage vendors

IF YES, please describe:

Different vendors that sign up to showcase their food and/or beverages

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:

1 per vendor that want to bring one

Tent/Canopy Size(s):

10 x 10

(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 →

To be determined

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: DU

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:

Music will be kept at a respectable volume to
be suitable for surrounding neighbors

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):

Contact cell number (area code plus number):

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.

Ashley Spencer

PRINTED NAME OF APPLICANT

Ashley Spencer

SIGNATURE OF APPLICANT

3/9/2022

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 _____

A Taste of Black Excellence Event Plan

Section 1: In order to ensure the overall capacity does not exceed the allowable limits in the pavilion, we will have designated volunteers in place, keeping count of the number of individuals allowed in that space. We understand there are several ways to enter the park area, but we will do our very best to maintain a steady flow of people .

This event will take place outside at McNaughton Park and we will do our best to maintain traffic out in the park area and will ask that all attendees not gather but continue to move from vendor to vendor.

Section 2: In order for guests to receive the proper information for this event, we have sent out information to the vendors specifically instructing them on the protocol that is to take place the day of the event. They have been made aware that social distancing and the use of masks should still be worn even though not mandated and making sure that everything is by code according to the Health Department when it comes to sanitation.

We will have signs around the park just stating that mask are recommended, as well as a sign to remind guests to Social Distance. Some of the designated workers will also be walking around the event to remind anyone about social distancing while in the event! Anyone who is found to be disruptive at this event will be asked to leave.

Section 3: As stated earlier, there is an open entrance to the McNaughton Park area. In order to keep track of the number of people that come into the event we will be keeping close watch so that we do not exceed the number allotted. We will also have signs and other appropriate measures to ensure that all guests are following the rules of the County during this pandemic!

Section 4: Measures that will be taking place in order to screen staff and volunteers for this event, include making sure that we take each person's temperature the day of the event. If they do have a temperature or have Covid like symptoms, they will be asked to leave before the start of the event.

We also know there have been several people who have received their vaccination and they are more than welcome to show us their vaccination card. Even though

they have been vaccinated, we will still recommend them to wear a mask at this event, as there will be others in attendance that have not received the shot!

Section 5: In order to ensure that the event space is appropriately cleaned and sanitized, we will have the volunteers randomly spray all high touch areas. This will be done throughout the entire event, until it is over. We will also have a sanitizing area where a volunteer will sit, so that people can come get sanitizer for their hands, or be given instructions on where the handwashing station will be located.

Section 6: In order to ensure that masks are being worn to protect ourselves and others from the spread of Covid 19, we will have signs throughout the park reminding everyone that Masks Are Recommended.

Section 7: There will be 10-15 volunteers the day of the event, to help monitor and ensure compliance with the approved plan for the event. If noncompliance becomes an issue, the volunteers will ask the person(s) involved to leave the event. Security will be on standby.

Section 8: We are taking every precaution necessary in order for this event to be successful, but to also ensure that we are being safe and providing the necessary information to prevent the spread of Covid 19. As stated earlier, we will have signs all over the park area stating that masks are recommended, as well as signs to remind everyone to remember to social distance. Hand washing stations will be available as well as sanitizers and volunteers walking around to ensure compliance. We understand how serious it is to prevent the spread of Covid 19 and we are going to do everything in our power to ensure that the rules and guidelines are being followed.

Section 9: Included in this plan is a map of the designated areas we intend to use, showing the event location layout, as well as the assigned areas where we intend on having each vendor set up!



*will have food vendors and retail vendors in the pavilion also. It will be open to the vendors that don't want to be outside.

Galbrett Dr

Ave

Galbrett Dr

Backup space
for more vendors
if needed

Galbrett Dr





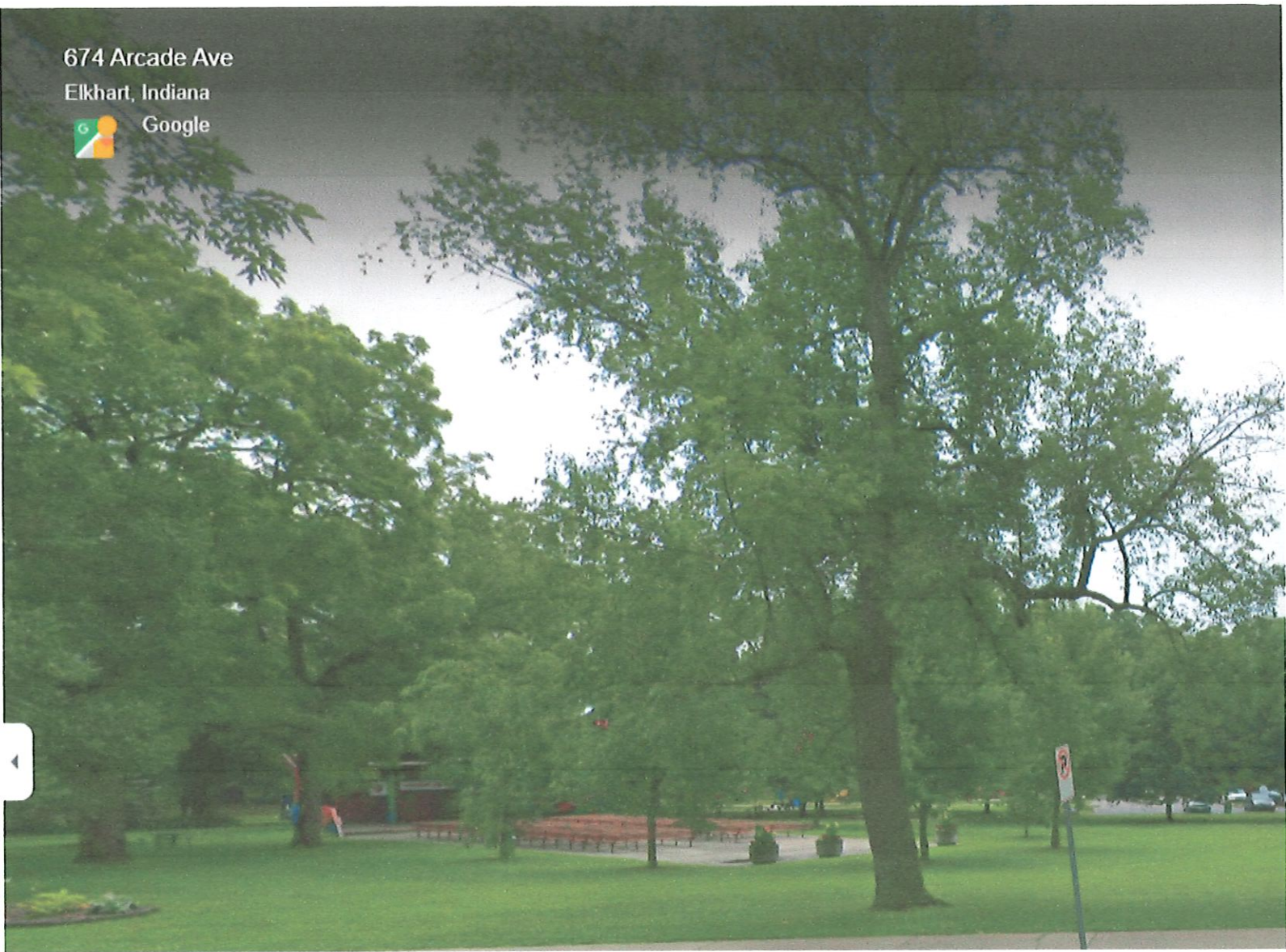
* Grass area where vendors will be
allowed to setup, around the band shell
- 10 x 10 space per vendor

674 Arcade Ave

Elkhart, Indiana



Google



* Grass area where vendors will be setup.
Band shell will be needed also for DJ + dance
team performance.



Pg #2



ELKHART BOARD OF WORKS
2022 USE & EVENT PERMIT APPLICATION

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

Date Received: 2/23/22

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: Stemm Lawson Peterson Memorial Walk DATE(S) REQUESTED May 21, 2022

LOCATION/VENUE REQUESTED Walker Park 3419 E Bristol St Elkhart IN 46514

LOCATION/VENUE 2ND CHOICE REQUESTED _____

OFFICE USE: DATE/VENUE AVAILABLE ☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT _____

NAME OF EVENT ORGANIZER/PRODUCER _____

PRODUCTION COMPANY/ORGANIZATION

Stemm Lawson Peterson Funeral Home

STREET ADDRESS 1531 Cobblestone Blvd APT/UNIT/SUITE _____

CITY Elkhart STATE IN ZIP CODE 46514

E-MAIL ADDRESS slpfh1531@gmail.com

DAYTIME PHONE (574) 293-6411 FAX (574) 293-1053 CELL PHONE _____

EVENT DAY ON-SITE CONTACT * REQUIRED Donna Adkins DAYTIME PHONE (574) 360-2259 CELL PHONE _____

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 #

0167760530

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time: 10:00 AM

Finish Time: 12:00 PM

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

SET-UP TIME(S)

From: 9:00 AM To: 10:00 AM

TEAR-DOWN

From: 12:00 PM To: 1:00 PM

EXPECTED NUMBER OF PARTICIPANTS:

100

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

2021 NUMBER OF PARTICIPANTS:

140

2020 NUMBER OF PARTICIPANTS:

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

(Please check No or Yes below.)

☐ No

☒ Yes

Event Name: Stemm Lawson Peterson Memorial Walk

Location: Walker Park 3419 E Bristol St

Date: 5/22/21

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:

Walk to remember loved ones who have passed. Registrants will pick up lanyard + sign waiver prior to start time. Finishers will receive a ticket for a refreshment from Kona Tee. There is no timing of the event or recorded length, so no winners or awards.

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 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: Kona Ice

IF YES, please describe:

Hawaiian Ice Truck for Participants as a thank you

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 Second 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 checked="" 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.

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 → Street Name _____

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: _____

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- Memorial Bridge
☐ Bridge Banner – Johnson Street

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 to the Noise Ordinance: (required)

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

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 and must be present during the event:

Contact full name (first/last name): Donna Adkins

Contact cell number (area code plus number): 574) 360-2259

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.

Form ST-105

State Form 49065 R4/ 8-05

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)

Name of Purchaser Stemm-Lawson-Peterson Funeral Home

Business Address 1531 Cobblestone Blvd. City Elkhart State IN Zip 46514

Purchaser must provide minimum of one ID number below.*

Provide your Indiana Registered Retail Merchant's Certificate
TID and LOC Number as shown on your Certificate..... 0167760530 - 001
TID# (10 digits) LOC# (3 digits)

If not registered with the Indiana DOR, provide your State Tax
ID Number from another State.....
*See instructions on the reverse side if you do not have either number. State ID# State of Issue

Section 2

Is this a ☒ blanket purchase exemption request or a ☐ single purchase exemption request? (check one)

Description of items to be purchased. _____

Section 3

Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)

☒ Sales to a retailer, wholesaler, or manufacturer for resale only.

☐ Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.

☐ Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10.
(May not be used for personal hotel rooms and meals.)

☐ Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT# _____

☐ Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale.
Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.

☐ Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).

☐ Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).

☐ Sales to the United States Federal Government - show agency name. _____
Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.

☐ Other - explain. _____

Section 4

I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.

I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.

Signature of Purchaser Donna L. Adkins Date Jan. 14, 2020

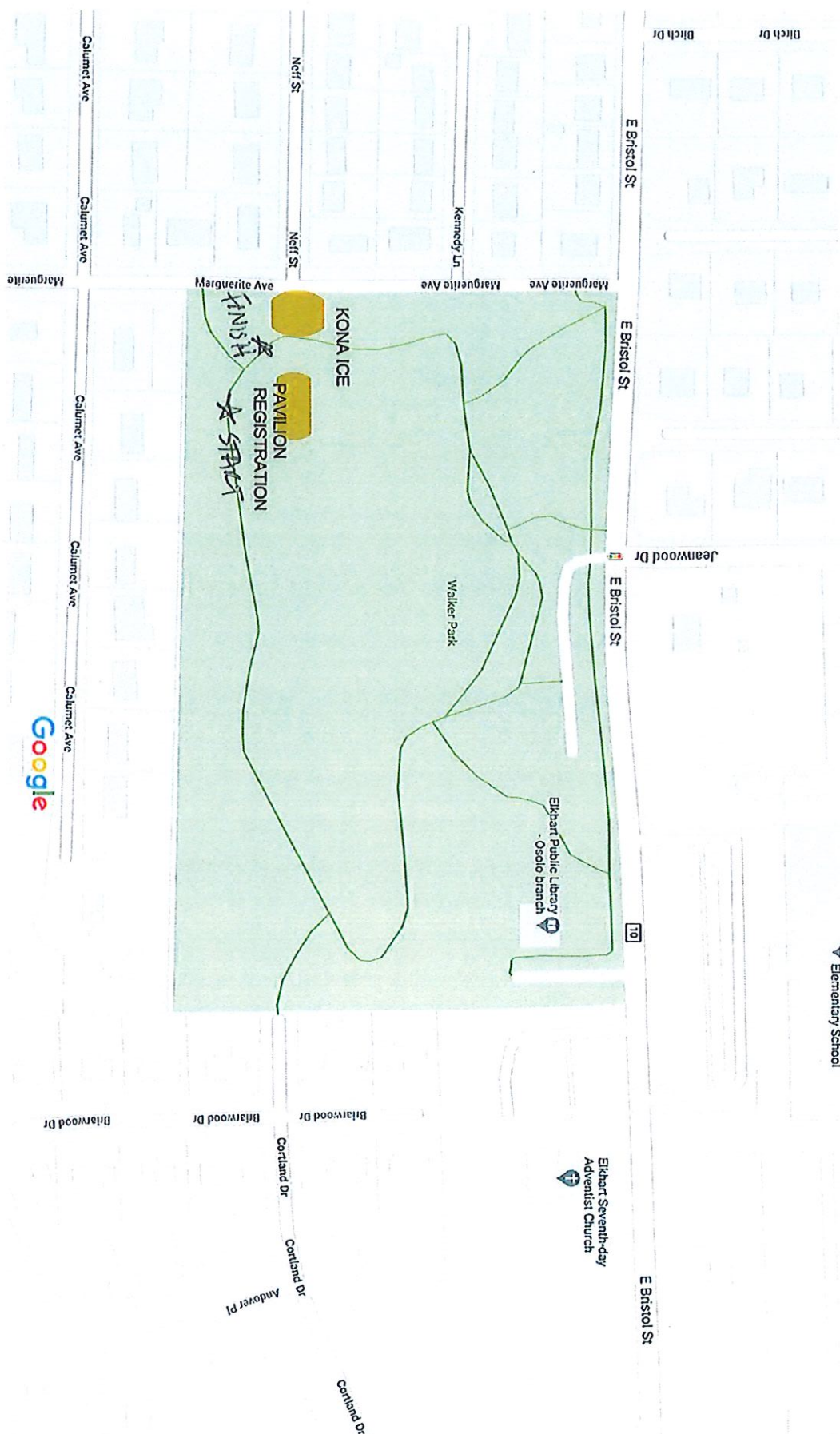
Printed Name Donna L. Adkins Title Sec/Treasurer

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.



SITE MAP-STEMM LAWSON PETERSON MEMORIAL WALK

▼ Elementary School



Map data ©2021 Google 100 ft



ROUTE MAP-STEMM LAWSON PETERSON MEMORIAL WALK





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/09/2021

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

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

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, H/o, Ext): 888-333-4949 FAX (A/C, H/o): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
INSURED DASH PROFESSIONAL SERVICES LLC 1531 COBBLESTONE BLVD ELKHART, IN 46514-4964		INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED MUTUAL INSURANCE COMPANY INSURER B: FEDERATED SERVICE INSURANCE COMPANY INSURER C: INSURER D: INSURER E: INSURER F:	
199-687-5		NAIC # 13935 28304	

COVERAGES

CERTIFICATE NUMBER: 2

REVISION NUMBER: 0


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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			6155325	01/10/2022	01/10/2023	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input checked="" type="checkbox"/> BUSINESS OWNER'S LIABILITY						MED EXP (Any one person)	\$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COM/PO/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY			6155326	01/10/2022	01/10/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			6155327	01/10/2022	01/10/2023	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$2,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1814663	01/10/2022	01/10/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

199-687-5 CIVIL CITY OF ELKHART 229 S 2ND ST ELKHART, IN 46516-3112	20	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE 

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FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY OR
SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR
AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

SCHEDULE

State Or Governmental Agency or Subdivision or Political Subdivision:

CIVIL CITY OF ELKHART
229 S 2ND ST
ELKHART IN 46516

The following is added to Paragraph C. Who Is An Insured:

4. Any state or governmental agency or subdivision or political subdivision shown in the Schedule is also an Insured, subject to the following provisions:
- a. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

b. This insurance does not apply to:

- (1) "Bodily injury", "property damage", or "personal and advertising injury" arising out of operations performed for the state or municipality; or
- (2) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

Insured:

DASH PROFESSIONAL SERVICES LLC
1531 COBBLESTONE BLVD
ELKHART IN 46514

Place of Issue:

FEDERATED MUTUAL INSURANCE COMPANY
Home Office
121 East Park Square
Owatonna, MN 55060
(507) 455-5200



ELKHART BOARD OF WORKS
2022 USE & EVENT PERMIT APPLICATION

Approved by
Event Committee

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

Date Received: 3/4/22

RECEIVED
MAR 23 2022
BOARD OF PUBLIC WORKS

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: FLAHS FROM THE HEART DATE(S) REQUESTED MAY 28-30, 2022
LOCATION/VENUE REQUESTED HUNDQUIST-BICENTENNIAL PARK
LOCATION/VENUE 2ND CHOICE REQUESTED _____

OFFICE USE: DATE/VENUE AVAILABLE

☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT ELKHART LIONS CLUB / KAREN FREY
NAME OF EVENT ORGANIZER/PRODUCER
ELKHART DUNLAP LIONS CLUBS
PRODUCTION COMPANY/ORGANIZATION _____
STREET ADDRESS 1628 BROOKWOOD DR APT/UNIT/SUITE _____
CITY ELKHART STATE IN ZIP CODE 46514
E-MAIL ADDRESS FREYSC@FRONTIER.COM
DAYTIME PHONE 574-262-2741 FAX _____ CELL PHONE 574-350-7970
EVENT DAY ON-SITE CONTACT * REQUIRED BRIAN THOMAS DAYTIME PHONE _____ CELL PHONE 574-596-7411

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: ELKHART LIONS CLUB

NAME OF SPONSORING ORGANIZATION CONTACT SEE ABOVE 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 TAXID #

EVENT INFORMATION

ACTUAL EVENT TIMES (NOT INCLUDING SETUP or TAKE DOWN)

Start Time:

Finish Time:

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

SET-UP TIME(S)

TEAR-DOWN

From:

To:

From:

To:

EXPECTED NUMBER OF PARTICIPANTS:

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

2021 NUMBER OF PARTICIPANTS:

200

2020 NUMBER OF PARTICIPANTS:

200

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

(Please check No or Yes below.)

☐ No

☒ Yes

Event Name:

SAME AS ABOVE

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:

AMERICAN FLAGS (250) DISPLAYED ALONG WALKWAY

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@coel.org

FOOD AND 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:

DOES NOT APPLY

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):

1- EASY UP 10x10

(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 Second 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:

UNKNOWN - HELPER'S CARS

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.

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.

DOES NOT APPLY

STREET DEPARTMENT

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

☐ No ☐ Yes → Street Name _____

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: _____

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:

"FLAGS FROM THE HEART" MEMORIAL DAY WEEKEND - BICENTENNIAL PARK

Bridge Banner:

- ☐ Yes
☒ No

Please indicate location:

- ☐ Bridge Banner- North Main Street- Memorial Bridge
☒ Bridge Banner - Johnson Street

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 to the Noise Ordinance: (required)

NO NOISE - VIEWING OF FLAGS

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

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 and must be present during the event:

Contact full name (first/last name):

BRIAN THOMAS

Contact cell number (area code plus number):

574-546-7411

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.

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)
- ☐ Designated the onsite Emergency Contact Person?
- ☐ Provided all documents and information as requested throughout the application? ST-105, 501 (c) (3), etc.
- ☐ Certificate of Insurance listing the City of Elkhart as a Certificate Holder
- ☐ 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 Second 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@coei.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

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.

Karen Frey

PRINTED NAME OF APPLICANT

K. G. Frey

SIGNATURE OF APPLICANT

2-22-2022

DATE

Nancy Nelson

WITNESSED: Clerk of the Board of Works

Date 2/23/22

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



ELKHART BOARD OF WORKS 2022 USE & EVENT PERMIT APPLICATION

Approved by
Event Committee

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

Date Received: 2/7/22

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 05-21-2022

LOCATION/VENUE REQUESTED Elkhart High School - East / 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 <u>175 Waterfall Drive</u>		APT/UNIT/SUITE
CITY <u>Elkhart</u>	STATE <u>IN</u>	ZIP CODE <u>46516</u>

E-MAIL ADDRESS
Jared.davies@elkhartpolice.org

DAYTIME PHONE <u>574-327-4385</u>	FAX	CELL PHONE
EVENT DAY ON-SITE CONTACT <u>Jared Davies</u>	DAYTIME PHONE	CELL PHONE <u>574-327-4385</u>

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)	TEAR-DOWN
From: 7AM To: 10AM	From: 1PM To: 3PM
EXPECTED NUMBER OF PARTICIPANTS: 200	
If event is reoccurring, please submit past number of participants below.	
2021 NUMBER OF PARTICIPANTS: 171	2020 NUMBER OF PARTICIPANTS:

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

☐ No

☒ Yes

Event Name: EPD 5K-9 Run / 1-mile Walk

Location: Elkhart High School – East

Date: May 22nd 2021

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:

2nd annual 5K hosted by the Elkhart Police Department K9 unit. The event features a 5K race and 1-mile walk. This is a family fun event and is dog friendly (must be leashed).

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@coel.org

FOOD AND 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 _____

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 10:00am until last participant crosses the finish line
Time(s) Requested: _____

☐ Ambulance(s) Number Requested _____
☒ Medic Kiosk
☐ 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 → Police related event; Traffic control; _____

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 → Prairie Street _____
Please mark all that may apply:

Street Closed From: North side of intersection _____ 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

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): 574-327-4385

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.

Cpl. Jared Davies #436

PRINTED NAME OF APPLICANT

/s/ Cpl. Jared Davies 3436

SIGNATURE OF APPLICANT

1-14-2022

DATE

Date _____

WITNESSED: Clerk of the Board
Nancy Wilson

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

Date _____

ELKHART POLICE DEPARTMENT

ACTION PLAN

For

EPD 5K-9 Run / 1-mile Walk



Prepared by:

Cpl. Jared Davies

SITUATION or EVENT

Describe situation or event below

The K-9 units 5K-9 Fun Run / 1-mile walk is a community oriented event. Race participants race will start at Elkhart High School East, travel through American Park and along the Riverwalk. 2021 race had approximately 171 participants. We are anticipating approximately 200 participants this year. This event is dog friendly (1-mile walk).

STREET CLOSINGS

List all street closures including projected times of closure and opening.

The following road closures will be needed once the first participant reaches the area until the last participant leaves the area.

- North side of the intersection at Prairie Street / Waterfall TO Prairie Street, South of York Wood Apartments
- North side of the intersection at Waterfall Dr / Elkhart Ave

EMERGENCY VEHICLE RESPONSE

On large event, list emergency entrance and exit points below

The event is centrally located near the Police Department and Fire Station 1. All emergency vehicles will be about and can easily access the staging area at Elkhart High School East and any portion of the race route.

PERSONNEL

List assignment teams and or officers needed for plan below

- OIC: Cpl. Jared Davies #436
- Plus (5) K-9 officers
- Plus (3) CRB officers (requested)
- Plus (2) EMA officers (requested)
- Plus Fire Department medical UTV (requested)
- Community Volunteers (approximately 20)

SPECIAL REQUESTS OR PERMITS:

List any special event requests or permits

- Street Closure request

ACTION PLAN SUMMARY:

Type detailed description on how this plan is going to be implemented and done.

Briefing Date/Time: 5-21-2021 / 0700 hours

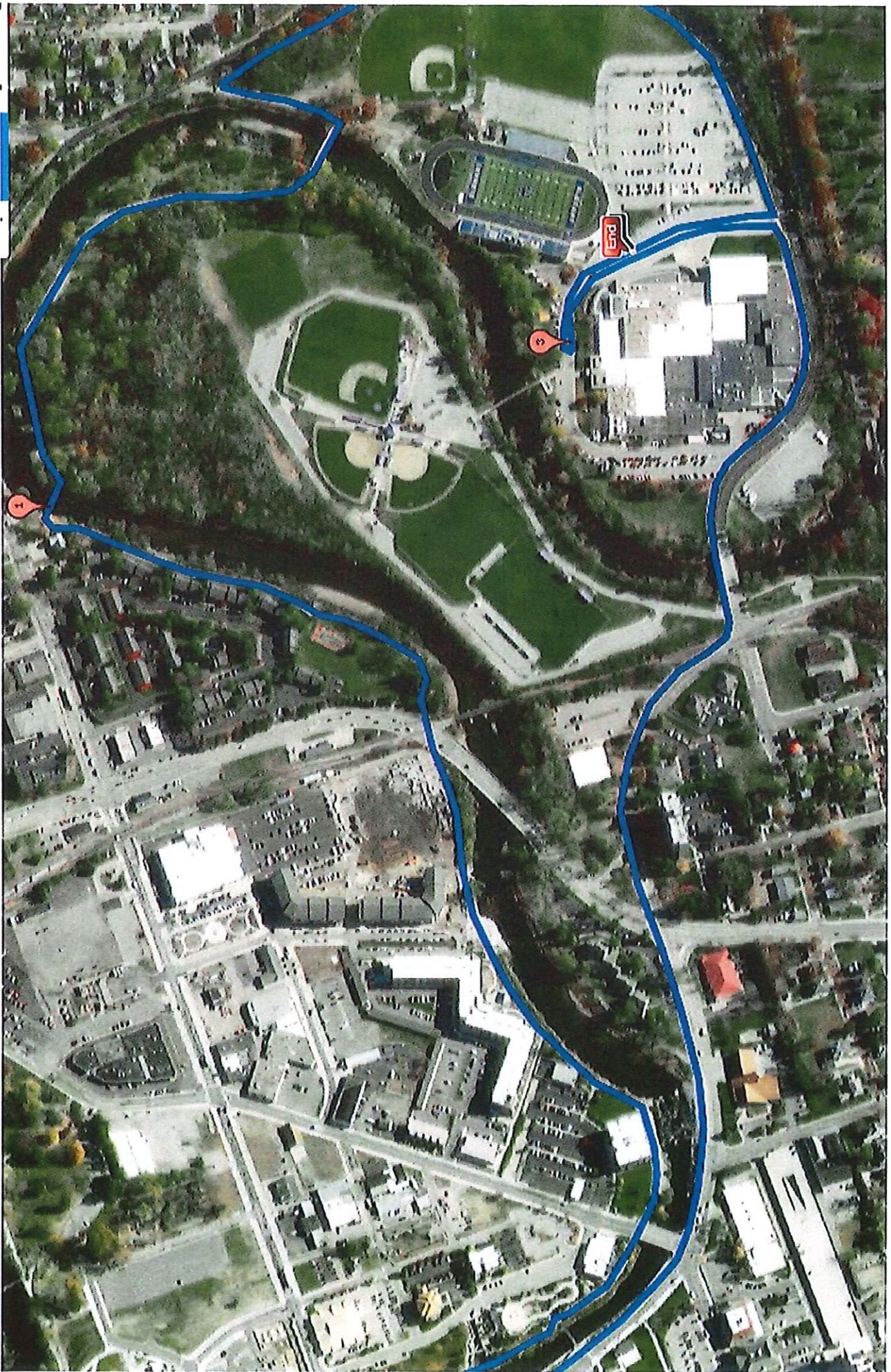
Event set up: 0730 to 0830

Race Start time: 1000 hours

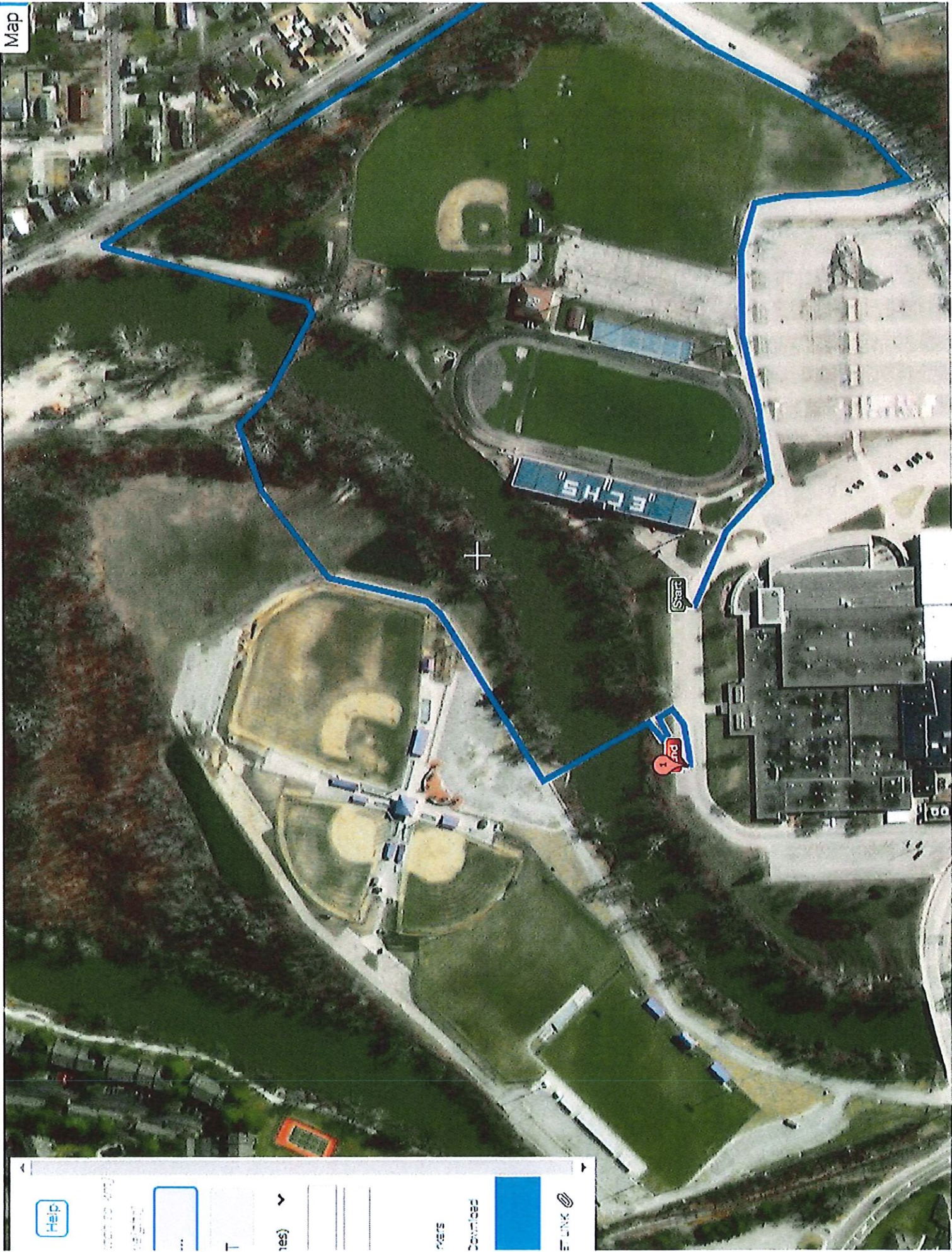
Plan: The race route will be clearly marked. EMA units will assist with the two road closures. Traffic cones will be utilized along race route where public sidewalk is used. Officers and volunteers will be positioned along the race route. Volunteers will assist as race guides. Officer will be on standby to assist and call for medical response if needed. Proper protocol will be followed reference COVID-19. In case of criminal action, officers will use discretion on how to best handle the situation. PD shift units will be summoned if needed.

EVENT RULES

- Practice proper social distancing measures
- All pets must be leashed









ELKHART BOARD OF WORKS 2022 USE & EVENT PERMIT APPLICATION

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

Date Received: 3/8/22

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 4 & 5

LOCATION/VENUE REQUESTED Nibco Water and Ice Park and Central 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
Daragh Deegan

PRODUCTION COMPANY/ORGANIZATION
City of Elkhart

STREET ADDRESS <u>1201 S. Nappanee Street</u>		APT/UNIT/SUITE
CITY <u>Elkhart</u>	STATE <u>IN</u>	ZIP CODE <u>46516</u>

E-MAIL ADDRESS
daragh.deegan@coei.org

DAYTIME PHONE <u>574-293-2572</u>	FAX <u>574-293-7658</u>	CELL PHONE <u>574-202-5536</u>
--------------------------------------	----------------------------	-----------------------------------

EVENT DAY ON-SITE CONTACT * REQUIRED <u>Daragh Deegan</u>	DAYTIME PHONE <u>574-202-5536</u>	CELL PHONE <u>Same</u>
--	--------------------------------------	---------------------------

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 6/4/22**

Finish Time: **7:00pm 6/5/22**

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

SET-UP TIME(S)

From: **7:30am** To: **8:00am**

TEAR-DOWN

From: **7:00pm** To: **7:30pm**

EXPECTED NUMBER OF PARTICIPANTS:

200

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

2021 NUMBER OF PARTICIPANTS: **152**

2020 NUMBER OF PARTICIPANTS: **NA - COVID**

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

(Please check No or Yes below.)

☐ No

☒ Yes

Event Name: **Elkhart Family Fish Fest**

Location: **Same locations requested this year**

Date: **1st weekend of June**

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 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 that takes place in Elkhart City parks for the public. Registration will be at Nibco Water and Ice Park and will start at 8:00am on June 4th. The fishing contest will conclude at 3:00pm on June 5th. Nominal prizes and plaques are given to the winners. The second major component is a fish themed picnic that will occur on Central Park lawn on June 4 from 5:00pm to 8:00pm. This event is a partnership with numerous Elkhart entities including Elkhart City Parks, Elkhart Public Works, Elkhart Environmental Center, Elkhart Festivals Inc., and several others. This is a no cost family oriented event.

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@coel.org

FOOD AND 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 Second 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: **3-4**

→ Vehicle Description(s): **City employee trucks and volunteer trucks to load/unload equipment**

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.

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 →

trailer with tables and chairs

- ☐ 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 → Street Name _____

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: _____

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: Elkhart Family Fish Fest - Sat/Sun June 4&5. Free Fishing Wknd. Registration at Nibco Water and Ice Park

Bridge Banner:

☐ Yes
☒ No

Please indicate location:

☐ Bridge Banner- North Main Street- Memorial Bridge
☐ Bridge Banner -- Johnson Street

NOISE ORDINANCE

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

(Please check No or Yes below.)

☐ No ☒ Yes → Reason: Movie in the Park

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 to the Noise Ordinance: (required)

Surrounding businesses and residents could hear movie

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

The movie screen and associated speakers will be placed in center of the park. The movie will begin at 6:30pm and end at 8:30pm.

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 and must be present during the event:

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".

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

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.

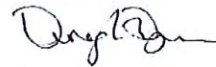
Unless expressly provided for in the permit, Use & Event Permits do not grant the permit holder with exclusive rights to park property including but not limited to any right to restrict access, use, and First Amendment activities of any person on park property open to the general public.

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.

Daragh Deegan

PRINTED NAME OF APPLICANT



SIGNATURE OF APPLICANT

03/08/22

DATE

WITNESSED: Clerk of the Board of Works

Date _____

APPROVED: BOARD OF PUBLIC WORKS

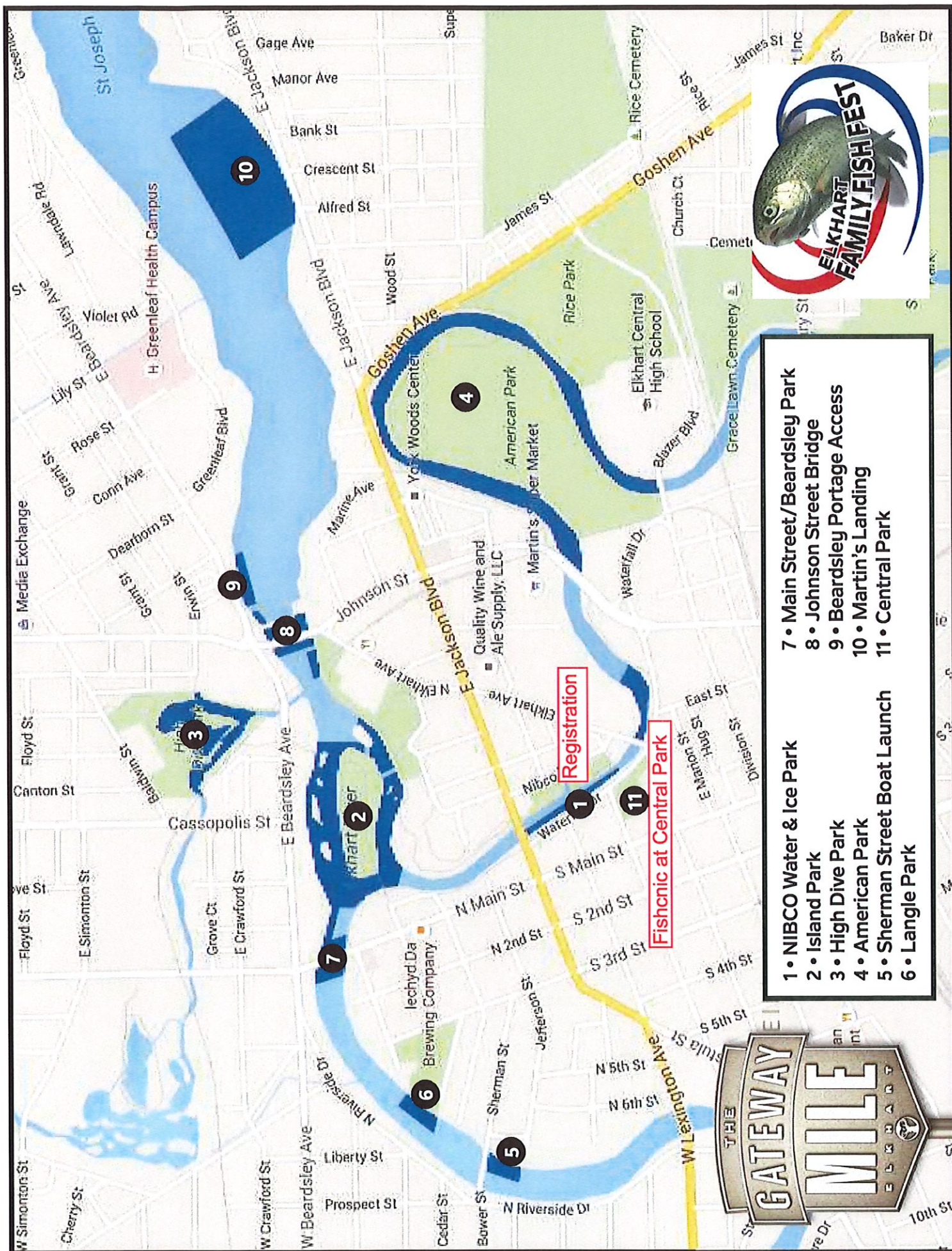
President

Date _____

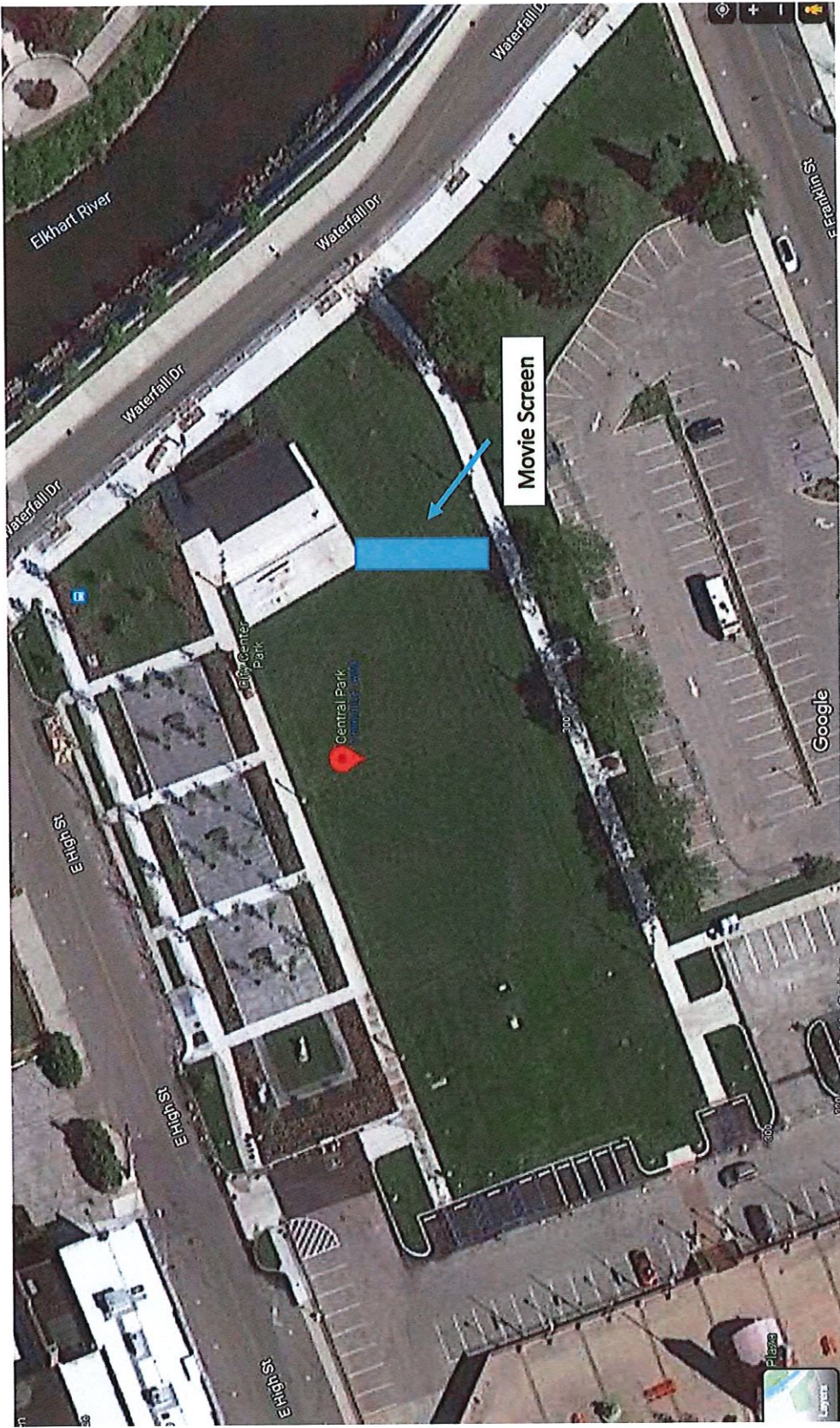
RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____



- | | |
|--------------------------------|--------------------------------|
| 1 • NIBCO Water & Ice Park | 7 • Main Street/Beardsley Park |
| 2 • Island Park | 8 • Johnson Street Bridge |
| 3 • High Dive Park | 9 • Beardsley Portage Access |
| 4 • American Park | 10 • Martin's Landing |
| 5 • Sherman Street Boat Launch | 11 • Central Park |
| 6 • Langle Park | |



A fish themed picnic will take place at Central Park on June 4 from 5:00 to 8:30pm. This will include a movie in the park from 6:30 to 8:30



ELKHART BOARD OF WORKS 2022 USE & EVENT PERMIT APPLICATION

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

Date Received: 3/8/22

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: G I God 1st DATE(S) REQUESTED 6-20-2022
LOCATION/VENUE REQUESTED High Dive Pavilion
LOCATION/VENUE 2ND CHOICE REQUESTED McNaughton Park Pavilion
OFFICE USE: DATE/VENUE AVAILABLE ☐ No ☒ Yes

APPLICANT INFORMATION

NAME OF APPLICANT Gottw L. Hunt
NAME OF EVENT ORGANIZER/PRODUCER G I God 1st
PRODUCTION COMPANY/ORGANIZATION _____
STREET ADDRESS 26178 Heather Field Dr. APT/UNIT/SUITE _____
CITY Elkhart STATE IN ZIP CODE 46514
E-MAIL ADDRESS Gottw Hunt 2524@gmail.com
DAYTIME PHONE 574-352-0888 FAX _____ CELL PHONE 574-352-0888
EVENT DAY ON-SITE CONTACT * REQUIRED DAYTIME PHONE 574-352-0888 CELL PHONE 574-352-0888

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: 8:00 A.M.

Finish Time: 4:00 P.M.

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

SET-UP TIME(S)

From: _____ To: _____

TEAR-DOWN

From: _____ To: _____

EXPECTED NUMBER OF PARTICIPANTS:

100

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

2021 NUMBER OF PARTICIPANTS:

2020 NUMBER OF PARTICIPANTS:

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

(Please check No or Yes below.)

☐ No

☒ Yes

Event Name:

G1 God 1st

Location:

High Dive Pavilion

Date:

Aug 21, 2022

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:

Fish fry fundraising for LADD. It's a home
for people with disabilities. Also giving to St Jude
Children's research hospital.

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 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 Second 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.

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 → Street Name _____
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: _____

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- Memorial Bridge
☐ Bridge Banner – Johnson Street

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 to the Noise Ordinance: (required)

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

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.

John L. Hunt

PRINTED NAME OF APPLICANT

John L. Hunt

SIGNATURE OF APPLICANT

3-8-2022

DATE

Date _____

WITNESSED: Clerk of the Board of Works

APPROVED: BOARD OF PUBLIC WORKS

Date _____

President

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

Date _____

President or Secretary



ELKHART BOARD OF WORKS 2022 USE & EVENT PERMIT APPLICATION

Approved by
Event Committee

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

Date Received: 3/3/22

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 Farmers Market DATE(S) REQUESTED: Saturdays, May 28-September 24, 2022

LOCATION/VENUE REQUESTED Kardzhali Park, 301 NIBCO Parkway, Elkhart, IN 46516

LOCATION/VENUE 2ND CHOICE REQUESTED _____

OFFICE USE: DATE/VENUE AVAILABLE ☐ No ☐ Yes

APPLICANT INFORMATION

NAME OF APPLICANT

Sherry Krask, Event Coordinator Elkhart Parks and Recreation

NAME OF EVENT ORGANIZER/PRODUCER

PRODUCTION COMPANY/ORGANIZATION

Elkhart Parks and Recreation

STREET ADDRESS

1320 Benham Ave

APT/UNIT/SUITE

CITY

Elkhart

STATE

IN

ZIP CODE

46516

E-MAIL ADDRESS

sherry.krask@coei.org

DAYTIME PHONE

574-295-7275

FAX

574-522-7808

CELL PHONE

574-326-4891

EVENT DAY ON-SITE CONTACT * REQUIRED

Sherry Krask

DAYTIME PHONE

574-295-7275

CELL PHONE

574-326-4891

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: 8:00 am

Finish Time: 12:00 pm

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

SET-UP TIME(S) From: 6:45 am To: 8:00 am	TEAR-DOWN From: 12:00 pm To: 1:00 pm
EXPECTED NUMBER OF PARTICIPANTS: 200 +	
If event is reoccurring, please submit past number of participants below.	
2021 NUMBER OF PARTICIPANTS: 200	2020 NUMBER OF PARTICIPANTS: 120

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

☐ No☒ Yes

Event Name: Elkhart Farmers Market

Location: Kardzhali Park, 301 NIBCO Parkway, Elkhart, IN 46516

Saturdays, May 28-September 24, 2022
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

Farmers Market

☐ Concert/Performance

☐ Bike Ride

☐ Service

Brief Description of Event:

Seasonal event, May-September at Kardzhali Park. Farmers, producers, home based and artisanal vendors

provide their products for sale at the market.

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 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: Elkhart Parks Department

IF YES, please describe:

On some market Saturdays, the Elkhart Parks and Recreation Department will have their food truck on site to sell breakfast items and coffee to the general public.

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: The number varies from week to week, approximately 30

Tent/Canopy Size(s): 10 x 10

(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 Second 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.

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 →

5 additional picnic tables in the center of the park

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 → Street Name _____
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: _____

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: Elkhart Farmers Market, 301 NIBCO Parkway, May 28-September 24, Saturdays, 8 am - noon

Bridge Banner:

- ☐ Yes
☐ No

Please indicate location:

- ☐ Bridge Banner- North Main Street- Memorial Bridge
☐ Bridge Banner – Johnson Street

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 to the Noise Ordinance: (required)

What measures will be taken to mitigate the impact of the Noise exception on surrounding persons (required)

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 and must be present during the event:

Contact full name (first/last name):

Contact cell number (area code plus number):

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.

Sherry Krask

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

03/03/2022

DATE

WITNESSED: Clerk of the Board of Works

Date _____

APPROVED: BOARD OF PUBLIC WORKS

President

Date _____

RATIFIED: BOARD OF PARKS AND RECREATION (if applicable)

President or Secretary

Date _____

*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 15, 2022

Re: Parks Department Report

Superintendent's Update

- COVID 19 numbers are finally down to a point where it looks like we may be coming through on the other side of the pandemic soon. We are excited to be able to offer all programming and events to be mask optional and are encouraging people to continue to stay home if sick.
- Parks department is working with other departments and DNR to start to more formally address the geese management of the city. We are working with nearby municipalities to form a wildlife co-existence plan.
- Our team is excited to welcome Brandon Aguilar, our new Program and Recreation Coordinator.
- New concessions trailer will be rolled out next weekend at the Spring Pop Up Market. Come check out the trailer and the event!

Events Report

- NIBCO hosted the Fiesta Weekend Skate, February 25-February 27. 586 patrons took part in this event.
- Coming Up: The Spring Fabulous Pop Up Market at McNaughton Pavilion is on Saturday, March 19th from 9 am-2 pm.

Programming and Recreation Report

- Girls on the Run looks to add more girls grades 3-5th for their program at Studebaker Pavilion. Girls on the Run is a meeting in small teams of trained volunteer coaches that inspire girls to build confidence and other important life skills through dynamic, interactive lessons and physical activity. This program takes place at Studebaker Park Wednesday and Sunday afternoons starting March 16. Register at girlsontherunmichiana.org
- Elkhart Youth Life Skills Series, in partnership with Purdue University Extension-4H Youth Development takes place Wednesdays March 16-April 13 from 4-5PM. This program is at Willowdale Pavilion and is \$20 per participant. Youth grades 5th-8th are welcome to register at Elkhart.ezfacility.com
- LIFT (Ladies Inspiring Fitness Together) began February 28 and has 25+ registrants. This program takes place at High Dive Pavilion and was free for participants to sign up.
- Elkhart Parks Youth Soccer League continues to accept registrants for our 6-12 Year old soccer leagues. This league takes place at Studebaker Park and will have practices there Tuesday evenings and games Saturday mornings. Volunteer coaches are still needed along with many more registrants welcomed to register.
- Tolson Pickleball has been extended through April 29. Pickleball occurs M-F 9-12P and Wednesday evenings 6-8P. Average attendance is 15.

The Honorable
Rod Roberson
Mayor

Jamison Czarnecki
Parks Superintendent



Parks & Recreation
1320 Benham Ave.
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- Tolson Spring Break Bash planned for first week of April. Bash includes games for kids throughout the day along with a sponsored snack and a Tolson story time. April 4-8, 12-5/6P

Ranger Report

February 1-28, 2022 – Ranger Stan McCray

Citations

- None written.

Various Park Activities and number of people participating.

- Baseball (3), Biking (16), Fishing (7), Canoeing (2), Parking/Sitting (237), Playground (39), Picnic (4), Skateboarding (14), Walking/jogging (209), and Walking Dog (60). Grand Total Patrons - 591

Events

- Feb. 12, 2022- 13th Annual Frosty 5K/5M – approximately 175 participants, walking/running, plus approximately 8 dogs.

Damage

- None reported.

Other

- Feb. 25, 2022 – The Parks Dept. participated in the food drive associated with Church Community Services to assist families in Elkhart County. Food and money dropped off at the Annex Building.

End of Report