



PLYMOUTH CITY COMMISSION REGULAR MEETING AGENDA

201 S. Main St

Monday, February 15, 2016 - 7:00 p.m.



201 S. MAIN ST., PLYMOUTH, MI 48170

Ph (734) 453-1234 Fax (734) 455-1892

<http://www.ci.plymouth.mi.us>

- 1) **CALL TO ORDER**
 - a) Pledge of Allegiance
 - b) Roll Call
- 2) **CITIZENS COMMENTS**
- 3) **APPROVAL OF THE AGENDA**
- 4) **ENACTMENT OF THE CONSENT AGENDA**
 - a) Approval of February 1, 2016 City Commission Regular Meeting Minutes
 - b) Approval of January, 2016 Bills
 - c) Special Event: West MS Picnic 6/3/16
 - d) Special Event: Summer Sales 8/5/16
 - e) Special Event: Heartbeat of Plymouth Festival 8/13/16
 - f) Special Event: Old Village Restaurant Crawl 8/22/16
 - g) Special Event: Ladies' Night Out 9/22/16
 - h) Special Event: Scarecrows in the Park 10/16/16 - 10/31/16
 - i) Special Event: Kona Wicked Halloween Run 10/30/16
 - j) Special Event: Kona Chocolate Run 11/20/16
- 5) **COMMISSION COMMENTS**
- 6) **PUBLIC HEARING**
 - a) CDBG Public Hearing
- 7) **OLD BUSINESS**
- 8) **NEW BUSINESS**
 - a) Repairs to Portable Bandshell
 - b) Disposition of Old Aerial Ladder Truck
 - c) Water Distribution Reliability Study
- 9) **REPORTS AND CORRESPONDENCE**
- 10) **ADJOURNMENT**

Citizen Comments - This section of the agenda allows up to 3 minutes to present information or raise issues regarding items not on the agenda. Upon arising to address the Commission, speakers should first identify themselves by clearly stating their name and address. Comments must be limited to the subject of the item.

Persons with disabilities needing assistance with this should contact the City Clerk's office at 734-453-1234 Mon-Fri from 8:00am -4:30pm, at least 24 hours prior to the meeting. An attempt will be made to make reasonable accommodations.

Consent Agenda- The items on the Consent Agenda will be approved by one motion as Agenda Item #4. There will be no separate discussion of these items unless a Commissioner or Citizen so requests, in which case that item will then be placed on the regular agenda.

City of Plymouth 2016 Goals

- Resolve Last Issues Regarding Dissolution of Plymouth Community Fire Department Agreement (Primarily Pension issues)
- Work Collaboratively with Plymouth Arts & Recreation Complex (PARC) organization, the Plymouth Canton School Board, and the greater Plymouth Community to continue the repurposing of Central Middle School into a high quality Arts & Recreation Complex.
- Developing a succession plan for the city's key employees, especially considering the long tenures of many of our senior staff.
- Develop funding plan for future capital improvements
- Work collaboratively with the DDA, community leaders, and other organizations to plan for Plymouth's 150th Birthday in 2017. This includes obtaining funding for new Kellogg Park Fountain and Kellogg Park upgrades.

CITY OF PLYMOUTH

CITY COMMISSION MEETING MINUTES

MONDAY, FEBRUARY 1, 2016, 7:00 p.m.

CITY HALL
201 S. Main Street
Plymouth, MI 48170

CALL TO ORDER:

PRESENT: Mayor Daniel Dwyer, Mayor Pro-Tem Oliver Wolcott; Commissioners Mike Wright, Colleen Pobur, Daniel Dalton, Suzanne Deal, Joseph Valenti

ABSENT: None

CITIZEN COMMENTS:

Malcolm Olds, 336 N. Harvey, wanted the Commission to be aware that not everyone has computer access at their homes and had no idea about the home invasions in the community. He also made complains and expressed concerns regarding the new buildings and rebuilds going on in his neighborhood that are causing issues with trash, debris and unsightly porta johns on the properties. He does not feel that the builders are doing a good job of clean up and it affects the other property owners.

Steve Ribar, 655 Forest, stated he had the same complaints as Mr. Olds and especially about porta johns on the property that have an impact on the neighborhood. He spoke about the large housing rebuilds, unsightly porta johns, dumpsters blocking sidewalks. He is very concerned with the poor walkers that have to dodge the dumpsters and debris on the construction properties. The height of the houses is upsetting and how far off the foundation they are building. He said that on Deer Street he saw a home under construction five blocks out of the ground and eight or nine foot from the sidewalk. He worries about water runoff onto neighbors properties and feels this will be an issue. He stated that on his street, Forest Street, there are some very nice rebuilds and new houses and feels some of them could look a lot better than they are. Builders are leaving debris and seem no one is monitoring the condition of the property during and after construction.

APPROVAL OF THE AGENDA:

3. A motion was made by Commissioner Colleen Pobur and seconded by Commissioner Mike Wright for approval of the Agenda for Monday, February 1st, 2016.

MOTION PASSED

ENACTMENT OF THE CONSENT AGENDA:

- 4a. Approval of January 18, 2016 City Commission Regular Meeting Minutes
- 4b. Special Event: Kona Shamrock Run 3/6/2016
- 4c. Special Event: Pets on Display Photo Bus/Sales 3/17/2016 **(REMOVED)**
- 4d. Special Event: M.I. Drive Annual Fundraiser 3/18/2016 – 3/19/2016
- 4e. Special Event: National Library Week –Story Book Walk in Kellogg Park 4/10-4-16-2016
- 4f. Special Event: Diva Day 4/23/2016
- 4g. Special Event: Plymouth Lion’s Club Annual White Cane Fundraiser 5/6/16
5/7/2016
- 4h. Special Event: Farmer’s Market 5/7/2016 - 10/29/2016

A motion was made by Commissioner Colleen Pobur and seconded by Commissioner Mike Wright for approval of the Consent Agenda with removal of #4c, to be added to New Business #7b.

MOTION PASSED

COMMISSION COMMENTS: None

OLD BUSINESS:

6a. Community Development Department Permit Fee Schedule -

RES. #2016-05

WHEREAS, The City Commission of the City of Plymouth has reviewed the proposed fee schedule amendments for closure permits; and

WHEREAS, The City of Plymouth Community Development is recommending the adoption of the closure permit fees at this time because residential construction is becoming a year round industry; and

WHEREAS, The adoption of the proposed fees and resulting closure permits will assist the Community Development Department in better tracking sidewalk closures and dumpsters in the Right-of-Way; and

WHEREAS, The intent is to improve the health, safety, and welfare of residents and visitors of the community.

NOW THEREFORE BE IT RESOLVED THAT the City Commission of the City of Plymouth does hereby adopt the attached addition to the fee schedule(s) for closure permits of:

First Closure/ROW Permit (90 day permit) –

Sidewalk Closure - \$125

Dumpster in the ROW - \$75

Both Permits for - \$175

Renewal of Closure/ ROW Dumpster Permit (One 90 day Renewal) -

Sidewalk Closure - \$175

Dumpster in the ROW - \$125

Both Permits for - \$275

NOW THEREFORE BE IT FURTHER RESOLVED that the adopted fees for closure permits will go into effect on immediately.

A motion was made by Mayor Pro-Tem Oliver Wolcott and seconded by Commissioner Colleen Pobur for approval of the resolution.

MOTION PASSED

Commissioner Colleen Pobur thanked the Community Development Department for all their work, but due to the comments regarding porta johns she feels there is a need for some review for a possible policy or ordinance.

Mayor Daniel Dwyer stated that this dumpster policy will solve some of the complaints and appreciates that this is a challenge for builders but it is especially a challenge for residents and neighbors.

Commissioner Joe Valenti inquired as to whether there is some specific language for porta johns.

John Buzuvis stated there is some, and there is no perfect solution but he and the Building Official will be working on some appropriate language.

Mayor Daniel Dwyer stated before spring arrives it would be a good idea for the Community Development Department to come back to the City Commission with some language directed at the porta john issue.

NEW BUSINESS:

7a. 2015-2016 Second Quarter Budget Amendments –

RES. #2016-06

WHEREAS, actual patterns of departmental expenditures occur differently than originally projected in the 2015-2016 City Budget as adopted in June of 2015; and

WHEREAS, overall revenue and expenditures forecasts require modifications to the original budgetary allocations as established in the adopted budget; and

WHEREAS, the City Budget amendments require the approval of the City Commission for changes between activity departments and between funds of the City;

NOW THEREFORE BE IT RESOLVED, that the 2015-2016 City Budget is hereby amended as indicated in the 2nd quarter amendments column of the attached Budget Amendments Summary, which is made a part of this resolution.

BE IT FURTHER RESOLVED, that the City Finance Director is authorized to change the budgetary appropriations as indicated in the Budget Amendments Summary effective February 2, 2016.

A motion was made by Commissioner Colleen Pobur and seconded by Commissioner Mike Wright for approval of the resolution.

MOTION PASSED

Commissioner Joe Valenti suggested to the City Commission and Finance Director that they might consider adding an additional budget session meeting to discuss the pension fund and OPEB, especially since there are two new City Commissioners going through this process for the first time.

7b. Special Event request for Pets on Display Photo Bus/Sales, 3/17/2016 -

Commissioner Colleen Pobur stated that she had requested this agenda item be removed from the Consent Agenda because of concerns. Based on the fact that every entity denied this special event request in the review process, she cannot imagine the City Commission approving this event.

City Manager Paul Sincock stated one reason to deny the request is the fact that there is already an event going on in that area and the work force will be dedicated to that event, so they do not need to approve another one. Resources will be tied up that day.

Mayor Daniel Dwyer suggested that if there is a request for an event that has been denied through the review process by all entities, maybe not place that request on the Consent Agenda.

A motion was made by Commissioner Colleen Pobur and seconded by Mayor Pro-Tem Oliver Wolcott for denial of the special event request for "Pets on Display Photo Bus/Sales on 3/17/2016".

MOTION PASSED

REPORTS AND CORRESPONDENCE:

8. Commissioner Colleen Pobur provided a report concerning a meeting that took place prior to the Commission Meeting with the NPFA Board. They discussed the large fire in Novi that required mutual aid from the Northville/Plymouth team. There were five people found in the basement that passed away. The Northville/Plymouth Fire Department received praise for assisting in this fire and they were very professional. She spoke about the new Aerial Truck in our possession and the discussion concerning the old one. There is some consideration to donate the vehicle to Schoolcraft College Fire Fighters Program and it would be a valuable tool for them with training. This is a potential resolution, but they are exploring other options. The technology is very outdated but the truck is very sound. She spoke about the rumors being heard that the City of Northville is in discussion with Plymouth Township for advanced life support services. She stated the group is going to schedule another meeting to discuss budget issues very soon.

ADJOURNMENT:

9. Hearing no further business, a motion was made by Commissioner Colleen Pobur and seconded by Commissioner Mike Wright for adjournment of the meeting at 7:45 p.m.

MOTION PASSED

DANIEL DWYER
MAYOR

LINDA LANGMESSER
CITY CLERK

City of Plymouth SPECIAL EVENT APPLICATION

>> FEES WILL BE CHARGED FOR ALL SPECIAL EVENTS <<

Complete this application in accordance with the City of Plymouth Special Events Policy, and return it to the City Manager's Office at least 21 Calendar days prior to the starting date of the event.

Sponsoring Organization's Legal Name WEST MIDDLE SCHOOL

Ph# 734.416.7599 Fax# 734.416.2895 Email CLINT.SMILEY @ PCCSK12.COM Website _____

Address 44401 W. ANN ARBOR TRAIL City PLYMOUTH State MI Zip 48170

Sponsoring Organization's Agent's Name CLINT SMILEY Title PRINCIPAL

Ph# SAME Fax# SAME Email SAME Cell# 734.637.5606

Address SAME City _____ State _____ Zip _____

Event Name 6TH GRADE FAREWELL PICNIC

Event Purpose 6TH GRADE CULMINATING ACTIVITY

Event Date(s) FRIDAY, JUNE 3, 2016

Event Times 10:30 - 1:30 PM

Event Location FAIRGROUND PARK

What Kind Of Activities? LUNCH, KICKBALL

What is the Highest Number of People You Expect in Attendance at Any One Time? 250

Coordinating With Another Event? YES NO If Yes, Event Name: _____

Event Details: (Provide a detailed description of all activities that will take place. Attach additional sheets if necessary.)

AS IN 2015, 6TH GRADE STUDENTS (AND 10:1 CHAPERONE RATIO)
WILL WALK FROM WEST MIDDLE SCHOOL TO THE PENN TO
SEE A MOVIE. THE GROUP WILL THEN WALK FROM THE PENN
TO FAIRGROUND PARK FOR LUNCH AND SOCIAL MINGLING.
GROUP WILL THEN WALK BACK TO WEST MIDDLE SCHOOL.

1. **TYPE OF EVENT:** Based on Policy 12.2, this event is: (Weddings Ceremonies – Please Review Section 12.2 f.)
City Operated Co-sponsored Event Other Non-Profit Other For-Profit Political or Ballot Issue

2. **ANNUAL EVENT:** Is this event expected to occur next year? YES NO

If Yes, you can reserve a date for next year with this application (see Policy 12.15). To reserve dates for next year, please provide the following information:

Normal Event Schedule (e.g., third weekend in July):

Next year's specific dates:

 FRIDAY, JUNE 2, 2017

See section 12.13 for license & insurance requirements for vendors

3. **FOOD VENDORS/ CONCESSIONS?** YES NO **OTHER VENDORS?** YES NO

4. **DO YOU PLAN TO HAVE ALCOHOL SERVED AT THIS EVENT?** YES NO

5. **WILL ALCOHOL BE SERVED ON PRIVATE PROPERTY AS PART OF THIS EVENT?** YES NO

6. **WILL YOU NEED ELECTRICITY AND/OR WATER?** YES NO

CITY SERVICES REQUIRED? If needed, please attach a letter indicating all requests for City Services.
(see Attachment B)

2 PORT-A-JOHN'S DELIVERED TO PARK
(LAST YEAR = \$79.50 FEE)

7. **AN EVENT MAP** IS IS NOT attached. If your event will use streets and/or sidewalks (for a parade, run, etc.), or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also show any streets or parking lots that you are requesting to be blocked off.

8. **EVENT SIGNS:** Will this event include the use of signs? YES NO
If Yes, refer to Policy 12.8 for requirements, and describe the size and location of your proposed signs: **Please complete a sign illustration / description sheet and include with the application.**

Signs or banners approved by the City of Plymouth for Special Events shall be designed and made in an artistic and workman like manner. THE CITY MANAGER MUST APPROVE ALL SIGNS. SIGNS CANNOT BE ERECTED UNTIL APPROVAL IS GIVEN.

Signs and/or Banners may be used during the event only. Please refer to Special Event Policy for information related to the installation of banners on Downtown Street Light Poles in advance of event. NO SIGNS ARE ALLOWED IN THE PARK IN ADVANCE OF THE EVENT.

9. **UNLIMITED PARKING:** Are you requesting the removal of time limits on parking (see Policy 12.5)?

YES NO

If Yes, list the lots or locations where/why this is requested:

10. CERTIFICATION AND SIGNATURE: I understand and agree on behalf of the sponsoring organization that

- a. A Certificate of Insurance must be provided which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.10 for insurance requirements)
- b. Event sponsors and participants will be required to sign Indemnification Agreement forms (refer to Policy 12.12).
- c. All food vendors must be approved by the Wayne County Health Department, and each food and/or other vendor must provide the City with a Certificate of Insurance which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.13)
- d. The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application, in accordance with the City's Special Event Policy. The event will be operated in conformance with the Written Confirmation of Approval. (see Policy 12.11 and 12.16)
- e. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the City, and will promptly pay any billing for City services which may be rendered, pursuant to Policy 12.3 and 12.4.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with City's Special Event Policy, the terms of the Written Confirmation of Approval, and all other City requirements, ordinance and other laws which apply to this Special Event.

01.27.16

Date



Signature of Sponsoring Organization's Agent

RETURN THIS APPLICATION at least twenty (21) days prior to the first day of the event to:

**City Manager's Office
City Hall
201 S. Main Street
Plymouth MI 48170**

Phone: (734) 453-1234 ext. 203

11. INDEMNIFICATION AGREEMENT

INDEMNIFICATION AGREEMENT

The WEST MIDDLE SCHOOL (organization name) agree(s) to defend, indemnify, and hold harmless the City of Plymouth, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the 6TH GRADE DTP FIELD TRIP (event name) by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Plymouth or by third parties, or by the agents, servants, employees or factors of any of them.

Signature Chris A. Grief

Date 01-28-16

Witness Ram Howard

Date 01/28/16

EVENT REVIEW

EVENT NAME: 6th Grade West Picnic

(note: all fees are only initial estimates and can increase upon assessment of services after the close of the event).

MUNICIPAL SERVICES: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>CP</u>			
<u>2 PORT-A-JOHN'S APPROX \$150⁰⁰</u>			
\$250 Bathroom Cleaning Fee Per Day of Event? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Regular Time Costs: \$	Overtime Costs: \$	Equipment & Materials Costs: \$	
POLICE: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>gpc</u>			
<u>No SERVICES NEEDED</u>			
Regular Time Costs: \$	Overtime Costs: \$ <u>0</u>	Equipment & Materials Costs: \$	
FIRE: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>gpc</u>			
<u>No Services Required</u>			
Regular Time Costs: \$	Overtime Costs: \$	Equipment & Materials Costs: \$	
HVA: Approved <input type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial			
DDA: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>TB</u>			
Regular Time Costs: \$ <u>0</u>	Overtime Costs: \$	Equipment & Materials Costs: \$	
RISK MANAGEMENT: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>MB</u>			
Class I – Low Hazard	<input type="checkbox"/>		
Class II – Moderate Hazard	<input checked="" type="checkbox"/>	<u>Cost of bus.</u>	
Class III – High Hazard	<input type="checkbox"/>		
Class IV – Severe Hazard	<input type="checkbox"/>		

APPROVED:	NOT APPROVED:	DATE:
------------------	----------------------	--------------

1. **TYPE OF EVENT:** Based on Policy 12.2, this event is: *(Weddings Ceremonies – Please Review Section 12.2 f.)*
City Operated Cosponsored Event Other NonProfit Other ForProfit Political or Ballot Issue

2. **ANNUAL EVENT:** Is this event expected to occur next year? YES NO

If Yes, you can reserve a date for next year with this application (see Policy 12.15). To reserve dates for next year, please provide the following information:

Normal Event Schedule (e.g., third weekend in July): _____

Next year's specific dates: _____

See section 12.13 for license & insurance requirements for vendors

3. **FOOD VENDORS/ CONCESSIONS?** YES NO **OTHER VENDORS?** YES NO

4. **DO YOU PLAN TO HAVE ALCOHOL SERVED AT THIS EVENT?** YES NO

5. **WILL ALCOHOL BE SERVED ON PRIVATE PROPERTY AS PART OF THIS EVENT?** YES NO

6. **WILL YOU NEED ELECTRICITY AND/OR WATER?** YES NO

CITY SERVICES REQUIRED? If needed, please attach a letter indicating all requests for City Services.
(see Attachment B)

None

7. **AN EVENT MAP** IS IS NOT attached. If your event will use streets and/or sidewalks (for a parade, run, etc.), or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also show any streets or parking lots that you are requesting to be blocked off.

8. **EVENT SIGNS:** Will this event include the use of signs? YES NO

If Yes, refer to Policy 12.8 for requirements, and describe the size and location of your proposed signs: **Please complete a sign illustration / description sheet and include with the application.**

Signs or banners approved by the City of Plymouth for Special Events shall be designed and made in an artistic and workman like manner. THE CITY MANAGER MUST APPROVE ALL SIGNS. SIGNS CANNOT BE ERECTED UNTIL APPROVAL IS GIVEN.

Signs and/or Banners may be used during the event only. Please refer to Special Event Policy for information related to the installation of banners on Downtown Street Light Poles in advance of event. NO SIGNS ARE ALLOWED IN THE PARK IN ADVANCE OF THE EVENT.

9. **UNLIMITED PARKING:** Are you requesting the removal of time limits on parking (see Policy 12.5)?

YES NO

If Yes, list the lots or locations where/why this is requested:

The length of the event is over the 2-3 hour time limit in public parking areas

10. **CERTIFICATION AND SIGNATURE:** I understand and agree on behalf of the sponsoring organization that
- a. A Certificate of Insurance must be provided which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.10 for insurance requirements)
 - b. Event sponsors and participants will be required to sign Indemnification Agreement forms (refer to Policy 12.12).
 - c. All food vendors must be approved by the Wayne County Health Department, and each food and/or other vendor must provide the City with a Certificate of Insurance which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.13)
 - d. The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application, in accordance with the City's Special Event Policy. The event will be operated in conformance with the Written Confirmation of Approval. (see Policy 12.11 and 12.16)
 - e. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the City, and will promptly pay any billing for City services which may be rendered, pursuant to Policy 12.3 and 12.4.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with City's Special Event Policy, the terms of the Written Confirmation of Approval, and all other City requirements, ordinance and other laws which apply to this Special Event .

1/20/16

Date

Teri Fry

Signature of Sponsoring Organization's Agent

RETURN THIS APPLICATION at least twenty (21) days prior to the first day of the event to:

**City Manager's Office
 City Hall
 201 S. Main Street
 Plymouth MI 48170**

Phone: (734) 4531234 ext. 203

11. **INDEMNIFICATION AGREEMENT**

INDEMNIFICATION AGREEMENT

The Plymouth Community Chamber of Commerce (*organization name*) agree(s) to defend, indemnify, and hold harmless the City of Plymouth, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the Summer Sales (*event name*) by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Plymouth or by third parties, or by the agents, servants, employees or factors of any of them.

Signature Teri Fry

Date 1/20/16

Witness Sandy Leighton

Date 1/20/16

EVENT REVIEW

EVENT NAME: SUMMER SALES

(note: all fees are only initial estimates and can increase upon assessment of services after the close of the event).

MUNICIPAL SERVICES:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial EP
----------------------------	--	--	-------------------

\$250 Bathroom Cleaning Fee Per Day of Event? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Regular Time \$	Overtime Costs: \$	Equipment & Materials Costs: \$	
NO SERVICES NEEDED			

POLICE:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial ALC
----------------	--	--	--------------------

Regular Time \$	Overtime Costs: \$	Equipment & Materials Costs: \$	
NO SERVICES NEEDED			

FIRE:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial FE
--------------	--	--	-------------------

Regular Time \$	Overtime Costs: \$	Equipment & Materials Costs: \$	
NO SERVICE REQUIRED			

HVA:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial
-------------	-----------------------------------	--	---------

Regular Time \$	Overtime Costs: \$	Equipment & Materials Costs: \$	
-----------------	--------------------	---------------------------------	--

DDA:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial TB
-------------	--	--	-------------------

Regular Time \$	Overtime Costs: \$	Equipment & Materials Costs: \$	
-----------------	--------------------	---------------------------------	--

RISK MANAGEMENT:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial MD
-------------------------	--	--	-------------------

Class I – Low Hazard <input type="checkbox"/>	CERTIFICATE OF INSURANCE NEEDED PRIOR TO EVENT Naming City of Plymouth as ‘Additional Insured’
Class II – Moderate Hazard <input checked="" type="checkbox"/>	
Class III – High Hazard <input type="checkbox"/>	
Class IV – Severe Hazard <input type="checkbox"/>	

APPROVED: _____ **NOT APPROVED:** _____ **DATE:** _____

SITE FEE APPLIED TO ALL EVENTS

City of Plymouth SPECIAL EVENT APPLICATION

>> FEES WILL BE CHARGED FOR ALL SPECIAL EVENTS <<

Complete this application in accordance with the City of Plymouth Special Events Policy, and return it to the City Manager's Office at least 21 Calendar days prior to the starting date of the event.

Sponsoring Organization's Legal Name First Presbyterian Church of Plymouth

Ph# 701 Church St. Fax# _____ Email _____ Website www.fpcp.net

Address 701 Church Street City Plymouth State Mi. Zip 48170

Sponsoring Organization's Agent's Name Roger Cromwell **Title** FPCP Member

Ph# (734) 420-4986 Fax# _____ Email buffaloperson@att.net Cell# (734) 634-0741

Address 42255 Old Pond Circle City Plymouth State Mi. Zip 48170

Event Name Heartbeat of Plymouth Festival

Event Purpose to provide Christian music, family activities, and community service projects

Event Date(s) Saturday, August 13, 2016

Event Times 12 noon to 8pm

Event Location Kellogg Park and the Gathering Place

What Kind Of Activities? Christian music in the band shell, service projects in the Gathering place, family activities in the park

What is the Highest Number of People You Expect in Attendance at Any One Time? 400

Coordinating With Another Event? YES NO **If Yes, Event Name:** _____

Event Details: (Provide a detailed description of all activities that will take place. Attach additional sheets if necessary.)

As was requested in 2014 and 2015, the plan is to have a collection of Plymouth area Christian Churches host a one day festival in Kellogg Park and the Gathering Place. The event will consist of music in the band shell, a community service project in the Gathering Place, and family activities around the Park. The music portion of the event will set-up as soon as the band shell is open. Musical rehearsals, hopefully will start as close to 12 noon as possible. The family activities and the service projects will have tents, tables, and chairs to host the activities.

1. **TYPE OF EVENT:** Based on Policy 12.2, this event is: *(Weddings Ceremonies – Please Review Section 12.2 f.)*
City Operated Co-sponsored Event Other Non-Profit Other For-Profit Political or Ballot Issue

2. **ANNUAL EVENT:** Is this event expected to occur next year? YES NO

If Yes, you can reserve a date for next year with this application (see Policy 12.15). To reserve dates for next year, please provide the following information:

Normal Event Schedule (e.g., third weekend in July): August 12, 13, 2017

Next year's specific dates:

See section 12.13 for license & insurance requirements for vendors

3. **FOOD VENDORS/ CONCESSIONS?** YES NO **OTHER VENDORS?** YES NO

4. **DO YOU PLAN TO HAVE ALCOHOL SERVED AT THIS EVENT?** YES NO

5. **WILL ALCOHOL BE SERVED ON PRIVATE PROPERTY AS PART OF THIS EVENT?** YES NO

6. **WILL YOU NEED ELECTRICITY AND/OR WATER?** YES NO

CITY SERVICES REQUIRED? If needed, please attach a letter indicating all requests for City Services. (see Attachment B)

We will need electricity for the band shell to provide power for the sound system.

7. **AN EVENT MAP IS** **IS NOT** attached. If your event will use streets and/or sidewalks (for a parade, run, etc.), or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also show any streets or parking lots that you are requesting to be blocked off.

8. **EVENT SIGNS:** Will this event include the use of signs? YES NO

If Yes, refer to Policy 12.8 for requirements, and describe the size and location of your proposed signs: **Please complete a sign illustration / description sheet and include with the application.**

Signs or banners approved by the City of Plymouth for Special Events shall be designed and made in an artistic and workman like manner. THE CITY MANAGER MUST APPROVE ALL SIGNS. SIGNS CANNOT BE ERECTED UNTIL APPROVAL IS GIVEN.

Signs and/or Banners may be used during the event only. Please refer to Special Event Policy for information related to the installation of banners on Downtown Street Light Poles in advance of event. NO SIGNS ARE ALLOWED IN THE PARK IN ADVANCE OF THE EVENT.

9. **UNLIMITED PARKING:** Are you requesting the removal of time limits on parking (see Policy 12.5)?

YES NO

If Yes, list the lots or locations where/why this is requested:

*Kivakis
Pottery
Popcorn
Wagon*

10. **CERTIFICATION AND SIGNATURE:** I understand and agree on behalf of the sponsoring organization that

- a. A Certificate of Insurance must be provided which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.10 for insurance requirements)
- b. Event sponsors and participants will be required to sign Indemnification Agreement forms (refer to Policy 12.12).
- c. All food vendors must be approved by the Wayne County Health Department, and each food and/or other vendor must provide the City with a Certificate of Insurance which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.13)
- d. The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application, in accordance with the City's Special Event Policy. The event will be operated in conformance with the Written Confirmation of Approval. (see Policy 12.11 and 12.16)
- e. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the City, and will promptly pay any billing for City services which may be rendered, pursuant to Policy 12.3 and 12.4.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with City's Special Event Policy, the terms of the Written Confirmation of Approval, and all other City requirements, ordinance and other laws which apply to this Special Event.

1/14/16
Date

Roger W. Cornwell
Signature of Sponsoring Organization's Agent

RETURN THIS APPLICATION at least twenty (21) days prior to the first day of the event to:

City Manager's Office
City Hall
201 S. Main Street
Plymouth MI 48170

Phone: (734) 453-1234 ext. 203

10. CERTIFICATION AND SIGNATURE: I understand and agree on behalf of the sponsoring organization that

- a. A Certificate of Insurance must be provided which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.10 for insurance requirements)
- b. Event sponsors and participants will be required to sign Indemnification Agreement forms (refer to Policy 12.12).
- c. All food vendors must be approved by the Wayne County Health Department, and each food and/or other vendor must provide the City with a Certificate of Insurance which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.13)
- d. The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application, in accordance with the City's Special Event Policy. The event will be operated in conformance with the Written Confirmation of Approval. (see Policy 12.11 and 12.16)
- e. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the City, and will promptly pay any billing for City services which may be rendered, pursuant to Policy 12.3 and 12.4.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with City's Special Event Policy, the terms of the Written Confirmation of Approval, and all other City requirements, ordinance and other laws which apply to this Special Event.

1/1
Date

Roger W. Cornwall
Signature of Sponsoring Organization's Agent

RETURN THIS APPLICATION at least twenty (21) days prior to the first day of the event to:

City Manager's Office
City Hall
201 S. Main Street
Plymouth MI 48170

Phone: (734) 453-1234 ext. 203

11. INDEMNIFICATION AGREEMENT

INDEMNIFICATION AGREEMENT

The First Presbyterian Church of Plymouth (*organization name*) agree(s) to defend, indemnify, and hold harmless the City of Plymouth, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the Heartbeat of Plymouth Festival (*event name*) by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Plymouth or by third parties, or by the agents, servants, employees or factors of any of them.

Signature Roger W. Connell

Date 1/14/16

Witness Stewart Dodge

Date 1/14/16

EVENT REVIEW

EVENT NAME: Heartbeat of Plymouth Festival

(note: all fees are only initial estimates and can increase upon assessment of services after the close of the event).

MUNICIPAL SERVICES: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>CP</u>			
<u>10 HRS ≈ \$650 + EQUIP \$150</u> <u>OPEN/CLOSE BANDSTAGE</u>			
\$250 Bathroom Cleaning Fee Per Day of Event? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Regular Time Costs: \$	Overtime Costs: \$	Equipment & Materials Costs: \$	
POLICE: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>Qec</u>			
<u>1 OFFICER - 6 HOURS</u>			
Regular Time Costs: \$	Overtime Costs: \$ <u>500-</u>	Equipment & Materials Costs: \$	
FIRE: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>JS</u>			
<u>No Service Required</u>			
Regular Time Costs: \$	Overtime Costs: \$	Equipment & Materials Costs: \$	
HVA: Approved <input type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial			
DDA: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>TB</u>			
Regular Time Costs: \$ <u>0</u>	Overtime Costs: \$	Equipment & Materials Costs: \$	
RISK MANAGEMENT: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>MB</u>			
Class I – Low Hazard	<input type="checkbox"/>		
Class II – Moderate Hazard	<input checked="" type="checkbox"/>	<u>Cert of Ins.</u>	
Class III – High Hazard	<input type="checkbox"/>		
Class IV – Severe Hazard	<input type="checkbox"/>		

APPROVED:	NOT APPROVED:	DATE:
------------------	----------------------	--------------

1. **TYPE OF EVENT:** Based on Policy 12.2, this event is: *(Weddings Ceremonies – Please Review Section 12.2.f)*
City Operated Cosponsored Event Other NonProfit Other ForProfit Political or Ballot Issue

2. **ANNUAL EVENT:** Is this event expected to occur next year? YES NO

If Yes, you can reserve a date for next year with this application (see Policy 12.15). To reserve dates for next year, please provide the following information:

Normal Event Schedule (e.g., third weekend in July): _____

Next year's specific dates: _____

See section 12.13 for license & insurance requirements for vendors

3. **FOOD VENDORS/ CONCESSIONS?** YES NO **OTHER VENDORS?** YES NO

4. **DO YOU PLAN TO HAVE ALCOHOL SERVED AT THIS EVENT?** YES NO

5. **WILL ALCOHOL BE SERVED ON PRIVATE PROPERTY AS PART OF THIS EVENT?** YES NO

6. **WILL YOU NEED ELECTRICITY AND/OR WATER?** _____ YES NO

CITY SERVICES REQUIRED? If needed, please attach a letter indicating all requests for City Services.
(see Attachment B)

None

7. **AN EVENT MAP IS** **IS NOT** attached. If your event will use streets and/or sidewalks (for a parade, run, etc.), or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also show any streets or parking lots that you are requesting to be blocked off.

8. **EVENT SIGNS:** Will this event include the use of signs? YES NO

If Yes, refer to Policy 12.8 for requirements, and describe the size and location of your proposed signs: **Please complete a sign illustration / description sheet and include with the application.**

Signs or banners approved by the City of Plymouth for Special Events shall be designed and made in an artistic and workman like manner. THE CITY MANAGER MUST APPROVE ALL SIGNS. SIGNS CANNOT BE ERECTED UNTIL APPROVAL IS GIVEN.

Signs and/or Banners may be used during the event only. Please refer to Special Event Policy for information related to the installation of banners on Downtown Street Light Poles in advance of event. NO SIGNS ARE ALLOWED IN THE PARK IN ADVANCE OF THE EVENT.

9. **UNLIMITED PARKING:** Are you requesting the removal of time limits on parking (see Policy 12.5)?
YES NO

If Yes, list the lots or locations where/why this is requested:

The length of the event is over the 2-3 hour time limit in public parking areas

10. **CERTIFICATION AND SIGNATURE:** I understand and agree on behalf of the sponsoring organization that
- a. A Certificate of Insurance must be provided which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.10 for insurance requirements)
 - b. Event sponsors and participants will be required to sign Indemnification Agreement forms (refer to Policy 12.12).
 - c. All food vendors must be approved by the Wayne County Health Department, and each food and/or other vendor must provide the City with a Certificate of Insurance which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.13)
 - d. The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application, in accordance with the City's Special Event Policy. The event will be operated in conformance with the Written Confirmation of Approval. (see Policy 12.11 and 12.16)
 - e. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the City, and will promptly pay any billing for City services which may be rendered, pursuant to Policy 12.3 and 12.4.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with City's Special Event Policy, the terms of the Written Confirmation of Approval, and all other City requirements, ordinance and other laws which apply to this Special Event .

1/20/16

Date

Teri Fry

Signature of Sponsoring Organization's Agent

RETURN THIS APPLICATION at least twenty (21) days prior to the first day of the event to:

**City Manager's Office
 City Hall
 201 S. Main Street
 Plymouth MI 48170**

Phone: (734) 4531234 ext. 203

11. **INDEMNIFICATION AGREEMENT**

INDEMNIFICATION AGREEMENT

The Plymouth Community Chamber of Commerce (*organization name*) agree(s) to defend, indemnify, and hold harmless the City of Plymouth, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the Old Village Restaurant Crawl (*event name*) by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Plymouth or by third parties, or by the agents, servants, employees or factors of any of them.

Signature Teri Fry

Date 1/20/16

Witness Sandy Leighton

Date 1/20/16

EVENT REVIEW

EVENT NAME: OLD VILLAGE RESTAURANT CRAWL

(note: all fees are only initial estimates and can increase upon assessment of services after the close of the event).

MUNICIPAL SERVICES:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>CS</i>
\$250 Bathroom Cleaning Fee Per Day of Event?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Regular Time Costs:	\$	Overtime Costs:	\$
		Equipment & Materials Costs:	\$
<i>NO SERVICES NEEDED</i>			

POLICE:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>QIC</i>
Regular Time Costs:	\$	Overtime Costs:	\$
		Equipment & Materials Costs:	\$
<i>NO SERVICES NEEDED</i>			

FIRE:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>JW</i>
Regular Time Costs:	\$	Overtime Costs:	\$
		Equipment & Materials Costs:	\$
<i>No Service Required</i>			

HVA:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial
Regular Time Costs:	\$	Overtime Costs:	\$
		Equipment & Materials Costs:	\$

DDA:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>TB</i>
Regular Time Costs:	\$ <i>0</i>	Overtime Costs:	\$
		Equipment & Materials Costs:	\$

RISK MANAGEMENT:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>MB</i>
Class I – Low Hazard	<input checked="" type="checkbox"/>		
Class II – Moderate Hazard	<input type="checkbox"/>		
Class III – High Hazard	<input type="checkbox"/>		
Class IV – Severe Hazard	<input type="checkbox"/>		
CERTIFICATE OF INSURANCE NEEDED PRIOR TO EVENT			
Naming City of Plymouth as ‘Additional Insured’			

APPROVED: _____ **NOT APPROVED:** _____ **DATE:** _____

SITE FEE APPLIED TO ALL EVENTS

City of Plymouth SPECIAL EVENT APPLICATION

>> FEES WILL BE CHARGED FOR ALL SPECIAL EVENTS <<

Complete this application in accordance with the City of Plymouth Special Events Policy, and return it to the City Manager's Office at least 21 Calendar days prior to the starting date of the event.

Sponsoring Organization's Legal Name Plymouth Community Chamber of Commerce

Ph# 734-453-1540 Fax# 734-404-6026 Email teri@plymouthmich.org Website www.plymouthmich.org

Address 850 W. Ann Arbor Trail City Plymouth State MI Zip 48170

Sponsoring Organization's Agent's Name Teri Fry **Title** Event Manager

Ph# same Fax# same Email same Cell# _____

Address same City _____ State _____ Zip _____

Event Name Ladies Night Out

Event Purpose Ladies Shopping Event

Event Date(s) September 22, 2016

Event Times 5 p.m. to 9 p.m.

Event Location Downtown Plymouth

What Kind Of Activities? Shopping

What is the Highest Number of People You Expect in Attendance at Any One Time? 100

Coordinating With Another Event? YES NO **If Yes, Event Name:** _____

Event Details: A special shopping day just for women with special sales, treats, give-a-ways, door prizes.
Restaurants will have specials for ladies only.

1. **TYPE OF EVENT:** Based on Policy 12.2, this event is: *(Weddings Ceremonies – Please Review Section 12.2 f.)*
City Operated Cosponsored Event Other NonProfit Other ForProfit Political or Ballot Issue

2. **ANNUAL EVENT:** Is this event expected to occur next year? YES NO

If Yes, you can reserve a date for next year with this application (see Policy 12.15). To reserve dates for next year, please provide the following information:

Normal Event Schedule (e.g., third weekend in July): _____

Next year's specific dates: _____

See section 12.13 for license & insurance requirements for vendors

3. **FOOD VENDORS/ CONCESSIONS?** YES NO **OTHER VENDORS?** YES NO

4. **DO YOU PLAN TO HAVE ALCOHOL SERVED AT THIS EVENT?** YES NO

5. **WILL ALCOHOL BE SERVED ON PRIVATE PROPERTY AS PART OF THIS EVENT?** YES NO
at restaurants

6. **WILL YOU NEED ELECTRICITY AND/OR WATER?** YES NO

CITY SERVICES REQUIRED? If needed, please attach a letter indicating all requests for City Services.
(see Attachment B)

None

7. **AN EVENT MAP IS** **IS NOT** attached. If your event will use streets and/or sidewalks (for a parade, run, etc.), or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also show any streets or parking lots that you are requesting to be blocked off.

8. **EVENT SIGNS:** Will this event include the use of signs? YES NO

If Yes, refer to Policy 12.8 for requirements, and describe the size and location of your proposed signs: **Please complete a sign illustration / description sheet and include with the application.**

Signs or banners approved by the City of Plymouth for Special Events shall be designed and made in an artistic and workman like manner. THE CITY MANAGER MUST APPROVE ALL SIGNS. SIGNS CANNOT BE ERECTED UNTIL APPROVAL IS GIVEN.

Signs and/or Banners may be used during the event only. Please refer to Special Event Policy for information related to the installation of banners on Downtown Street Light Poles in advance of event. NO SIGNS ARE ALLOWED IN THE PARK IN ADVANCE OF THE EVENT.

9. **UNLIMITED PARKING:** Are you requesting the removal of time limits on parking (see Policy 12.5)?
YES NO

If Yes, list the lots or locations where/why this is requested:

The length of the event is over the 2-3 hour time limit in public parking areas

10. **CERTIFICATION AND SIGNATURE:** I understand and agree on behalf of the sponsoring organization that
- a. A Certificate of Insurance must be provided which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.10 for insurance requirements)
 - b. Event sponsors and participants will be required to sign Indemnification Agreement forms (refer to Policy 12.12).
 - c. All food vendors must be approved by the Wayne County Health Department, and each food and/or other vendor must provide the City with a Certificate of Insurance which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.13)
 - d. The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application, in accordance with the City's Special Event Policy. The event will be operated in conformance with the Written Confirmation of Approval. (see Policy 12.11 and 12.16)
 - e. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the City, and will promptly pay any billing for City services which may be rendered, pursuant to Policy 12.3 and 12.4.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with City's Special Event Policy, the terms of the Written Confirmation of Approval, and all other City requirements, ordinance and other laws which apply to this Special Event .

1/20/16

Date

Teri Fry

Signature of Sponsoring Organization's Agent

RETURN THIS APPLICATION at least twenty (21) days prior to the first day of the event to:

**City Manager's Office
City Hall
201 S. Main Street
Plymouth MI 48170**

Phone: (734) 453-1234 ext. 203

11. **INDEMNIFICATION AGREEMENT**

INDEMNIFICATION AGREEMENT

The Plymouth Community Chamber of Commerce (*organization name*) agree(s) to defend, indemnify, and hold harmless the City of Plymouth, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the Ladies Night Out (*event name*) by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Plymouth or by third parties, or by the agents, servants, employees or factors of any of them.

Signature Teri Fry

Date 1/20/16

Witness Sandy Leighton

Date 1/20/16

EVENT REVIEW

EVENT NAME: LADIES NIGHT OUT

(note: all fees are only initial estimates and can increase upon assessment of services after the close of the event).

MUNICIPAL SERVICES:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>GD</i>
----------------------------	--	--	-------------------

\$250 Bathroom Cleaning Fee Per Day of Event?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	------------------------------	-----------------------------

Regular Time Costs:	\$	Overtime Costs:	\$	Equipment & Materials Costs:	\$
---------------------	----	-----------------	----	------------------------------	----

NO SERVICES NEEDED

POLICE:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>Jec</i>
----------------	--	--	--------------------

Regular Time Costs:	\$	Overtime Costs:	\$	Equipment & Materials Costs:	\$
---------------------	----	-----------------	----	------------------------------	----

NO SERVICES NEEDED

FIRE:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>Jed</i>
--------------	--	--	--------------------

Regular Time Costs:	\$	Overtime Costs:	\$	Equipment & Materials Costs:	\$
---------------------	----	-----------------	----	------------------------------	----

No Service Required

HVA:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial
-------------	-----------------------------------	--	---------

Regular Time Costs:	\$	Overtime Costs:	\$	Equipment & Materials Costs:	\$
---------------------	----	-----------------	----	------------------------------	----

DDA:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>TB</i>
-------------	--	--	-------------------

Regular Time Costs:	\$ <i>0</i>	Overtime Costs:	\$	Equipment & Materials Costs:	\$
---------------------	-------------	-----------------	----	------------------------------	----

RISK MANAGEMENT:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>MB</i>
-------------------------	--	--	-------------------

Class I – Low Hazard	<input checked="" type="checkbox"/>	CERTIFICATE OF INSURANCE NEEDED PRIOR TO EVENT Naming City of Plymouth as ‘Additional Insured’
Class II – Moderate Hazard	<input type="checkbox"/>	
Class III – High Hazard	<input type="checkbox"/>	
Class IV – Severe Hazard	<input type="checkbox"/>	

APPROVED: _____ NOT APPROVED: _____ DATE: _____

SITE FEE APPLIED TO ALL EVENTS

City of Plymouth
SPECIAL EVENT APPLICATION

>> FEES WILL BE CHARGED FOR ALL SPECIAL EVENTS <<

Complete this application in accordance with the City of Plymouth Special Events Policy, and return it to the City Manager's Office at least 21 Calendar days prior to the starting date of the event.

Sponsoring Organization's Legal Name Plymouth Community Chamber of Commerce

Ph# 734-453-1540 Fax# 734-404-6026 Email teri@plymouthmich.org Website www.plymouthmich.org

Address 850 W. Ann Arbor Trail City Plymouth State MI Zip 48170

Sponsoring Organization's Agent's Name Teri Fry Title Event Manager

Ph# same Fax# same Email same Cell# _____

Address same City _____ State _____ Zip _____

Event Name Scarecrows in the Park

Event Purpose To promote the community

Event Date(s) October 16 through October 31

Event Times 24/7

Event Location Kellogg Park

What Kind Of Activities? Local groups create a scarecrow to be viewed by visitors to Downtown Plymouth

What is the Highest Number of People You Expect in Attendance at Any One Time? N/A

Coordinating With Another Event? YES NO If Yes, Event Name: _____

Event Details: Local businesses, clubs, groups and residents create a scarecrow. There will be 35 spaces available in Kellogg Park along Main Street.



1. **TYPE OF EVENT:** Based on Policy 12.2, this event is: *(Weddings Ceremonies – Please Review Section 12.2 f.)*
City Operated Cosponsored Event Other NonProfit Other ForProfit Political or Ballot Issue

2. **ANNUAL EVENT:** Is this event expected to occur next year? YES NO

If Yes, you can reserve a date for next year with this application (see Policy 12.15). To reserve dates for next year, please provide the following information:

Normal Event Schedule (e.g., third weekend in July): _____

Next year's specific dates: _____

See section 12.13 for license & insurance requirements for vendors

3. **FOOD VENDORS/ CONCESSIONS?** YES NO **OTHER VENDORS?** YES NO

4. **DO YOU PLAN TO HAVE ALCOHOL SERVED AT THIS EVENT?** YES NO

5. **WILL ALCOHOL BE SERVED ON PRIVATE PROPERTY AS PART OF THIS EVENT?** YES NO

6. **WILL YOU NEED ELECTRICITY AND/OR WATER?** YES NO

CITY SERVICES REQUIRED? If needed, please attach a letter indicating all requests for City Services.
(see Attachment B)

_____ We will need 35 poles sunk into the ground in Kellogg Park spaced along Main St. prior to Sept. 21.
_____ They will need to be removed after November 1.

7. **AN EVENT MAP IS** **IS NOT** attached. If your event will use streets and/or sidewalks (for a parade, run, etc.), or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also show any streets or parking lots that you are requesting to be blocked off.

8. **EVENT SIGNS:** Will this event include the use of signs? YES NO

If Yes, refer to Policy 12.8 for requirements, and describe the size and location of your proposed signs: **Please complete a sign illustration / description sheet and include with the application.**

Signs or banners approved by the City of Plymouth for Special Events shall be designed and made in an artistic and workman like manner. THE CITY MANAGER MUST APPROVE ALL SIGNS. SIGNS CANNOT BE ERECTED UNTIL APPROVAL IS GIVEN.

Signs and/or Banners may be used during the event only. Please refer to Special Event Policy for information related to the installation of banners on Downtown Street Light Poles in advance of event. NO SIGNS ARE ALLOWED IN THE PARK IN ADVANCE OF THE EVENT.

9. **UNLIMITED PARKING:** Are you requesting the removal of time limits on parking (see Policy 12.5)?

YES NO

If Yes, list the lots or locations where/why this is requested:

10. **CERTIFICATION AND SIGNATURE:** I understand and agree on behalf of the sponsoring organization that
- a. A Certificate of Insurance must be provided which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.10 for insurance requirements)
 - b. Event sponsors and participants will be required to sign Indemnification Agreement forms (refer to Policy 12.12).
 - c. All food vendors must be approved by the Wayne County Health Department, and each food and/or other vendor must provide the City with a Certificate of Insurance which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.13)
 - d. The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application, in accordance with the City's Special Event Policy. The event will be operated in conformance with the Written Confirmation of Approval. (see Policy 12.11 and 12.16)
 - e. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the City, and will promptly pay any billing for City services which may be rendered, pursuant to Policy 12.3 and 12.4.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with City's Special Event Policy, the terms of the Written Confirmation of Approval, and all other City requirements, ordinance and other laws which apply to this Special Event .

1/20/16

Date

Teri Fry

Signature of Sponsoring Organization's Agent

RETURN THIS APPLICATION at least twenty (21) days prior to the first day of the event to:

**City Manager's Office
 City Hall
 201 S. Main Street
 Plymouth MI 48170**

Phone: (734) 4531234 ext. 203

11. INDEMNIFICATION AGREEMENT

INDEMNIFICATION AGREEMENT

The Plymouth Community Chamber of Commerce (*organization name*) agree(s) to defend, indemnify, and hold harmless the City of Plymouth, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the Scarecrows in the Park (*event name*) by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Plymouth or by third parties, or by the agents, servants, employees or factors of any of them.

Signature Teri Fry

Date 1/20/16

Witness Pandy Leighton

Date 1/20/16

EVENT REVIEW

EVENT NAME: SCARECROWS IN THE PARK

(note: all fees are only initial estimates and can increase upon assessment of services after the close of the event).

MUNICIPAL SERVICES:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>CP</i>
----------------------------	--	--	-------------------

\$250 Bathroom Cleaning Fee Per Day of Event? YES NO

Regular Time Costs:	\$ <i>550</i>	Overtime Costs:	\$	Equipment & Materials Costs:	\$ <i>100</i>
---------------------	---------------	-----------------	----	------------------------------	---------------

SET UP & TEAR DOWN

POLICE:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>gpc</i>
----------------	--	--	--------------------

Regular Time Costs:	\$	Overtime Costs:	\$ <i>0</i>	Equipment & Materials Costs:	\$
---------------------	----	-----------------	-------------	------------------------------	----

NO SERVICES NEEDED

FIRE:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>gpc</i>
--------------	--	--	--------------------

Regular Time Costs:	\$	Overtime Costs:	\$	Equipment & Materials Costs:	\$
---------------------	----	-----------------	----	------------------------------	----

NO SERVICE REQUIRED

HVA:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial
-------------	-----------------------------------	--	---------

Regular Time Costs:	\$	Overtime Costs:	\$	Equipment & Materials Costs:	\$
---------------------	----	-----------------	----	------------------------------	----

DDA:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>TB</i>
-------------	--	--	-------------------

Regular Time Costs:	\$ <i>0</i>	Overtime Costs:	\$	Equipment & Materials Costs:	\$
---------------------	-------------	-----------------	----	------------------------------	----

RISK MANAGEMENT:	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <i>MB</i>
-------------------------	--	--	-------------------

Class I – Low Hazard	<input checked="" type="checkbox"/>	CERTIFICATE OF INSURANCE NEEDED PRIOR TO EVENT Naming City of Plymouth as ‘Additional Insured’
Class II – Moderate Hazard	<input type="checkbox"/>	
Class III – High Hazard	<input type="checkbox"/>	
Class IV – Severe Hazard	<input type="checkbox"/>	

APPROVED: _____ **NOT APPROVED:** _____ **DATE:** _____

SITE FEE APPLIED TO ALL EVENTS

City of Plymouth SPECIAL EVENT APPLICATION

>> FEES WILL BE CHARGED FOR ALL SPECIAL EVENTS <<

Complete this application in accordance with the City of Plymouth Special Events Policy, and return it to the City Manager's Office at least 21 Calendar days prior to the starting date of the event.

Sponsoring Organization's Legal Name Kona Running Co. sl.com
 Ph# 248-345-6168 Fax# _____ Email awhitehead2009@gmail.com Website KonaRunningCompany.com
 Address 18186 Blue Heron Dr. W. City NORVILLE State MD Zip 48168
 Sponsoring Organization's Agent's Name Alan Whitehead Title President/Owner
 Ph# 248-345-6168 Fax# _____ Email awhitehead2009@gmail.com Cell# 248-345-6168
 Address 18186 Blue Heron Dr. W. City NORVILLE State MD Zip 48168

Event Name WICKED HALLOWEEN RUN
 Event Purpose celebrate Halloween; fundraiser; promote fitness; fun activities
 Event Date(s) SUN DAY, OCTOBER 30, 2016
 Event Times 7:30 AM - 10K; 8:00 AM - 7 MILE; 9:00 AM - 5K
 Event Location Start/finish @ Kellogg Park; courses in downtown Plymouth
 What Kind Of Activities? run & walk; costume contest, music, food buffet
 What is the Highest Number of People You Expect in Attendance at Any One Time? 3,500 plus spectators
 Coordinating With Another Event? YES NO If Yes, Event Name: _____

Event Details: (Provide a detailed description of all activities that will take place. Attach additional sheets if necessary.)

- 10K; 5K; 7 MILE EVENTS
- DJ at start line; Monster/Thriller Dances on stage
- Tents in Kellogg Park
- Costume Contest
- Food & Water Buffet inside Tents
- Donate Clavate Pens to: Karmanos Cancer Institute & to CS north/u of M Childrens Hospital etc.
- Expo on Sat/Sun held at PARC (Central M.S.) gym.
- Porta Johns at the Gathering (behind)
- Shuttle Buses from/to A&T Plant in Plymouth

1. **TYPE OF EVENT:** Based on Policy 12.2, this event is: *(Weddings Ceremonies – Please Review Section 12.2 f.)*

City Operated Co-sponsored Event Other Non-Profit Other For-Profit Political or Ballot Issue

2. **ANNUAL EVENT:** Is this event expected to occur next year? YES NO

If Yes, you can reserve a date for next year with this application (see Policy 12.15). To reserve dates for next year, please provide the following information:

Normal Event Schedule (e.g., third weekend in July):

Next year's specific dates:

Sunday before Halloween
October 2017

See section 12.13 for license & insurance requirements for vendors *no charge to participants*

3. **FOOD VENDORS/ CONCESSIONS?** YES NO **OTHER VENDORS?** YES NO

4. **DO YOU PLAN TO HAVE ALCOHOL SERVED AT THIS EVENT?** YES NO

5. **WILL ALCOHOL BE SERVED ON PRIVATE PROPERTY AS PART OF THIS EVENT?** YES NO

6. **WILL YOU NEED ELECTRICITY AND/OR WATER?** *Electricity* YES NO

CITY SERVICES REQUIRED? If needed, please attach a letter indicating all requests for City Services. (see Attachment B)

Porta Johnz, police supply & trash cans in Kellogg Park

7. **AN EVENT MAP IS** **IS NOT** attached. If your event will use streets and/or sidewalks (for a parade, run, etc.), or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also show any streets or parking lots that you are requesting to be blocked off.

8. **EVENT SIGNS:** Will this event include the use of signs? YES NO

If Yes, refer to Policy 12.8 for requirements, and describe the size and location of your proposed signs: **Please complete a sign illustration / description sheet and include with the application.** *mile markers only*

Signs or banners approved by the City of Plymouth for Special Events shall be designed and made in an artistic and workman like manner. THE CITY MANAGER MUST APPROVE ALL SIGNS. SIGNS CANNOT BE ERECTED UNTIL APPROVAL IS GIVEN.

Signs and/or Banners may be used during the event only. Please refer to Special Event Policy for information related to the installation of banners on Downtown Street Light Poles in advance of event. NO SIGNS ARE ALLOWED IN THE PARK IN ADVANCE OF THE EVENT.

9. **UNLIMITED PARKING:** Are you requesting the removal of time limits on parking (see Policy 12.5)?

YES NO

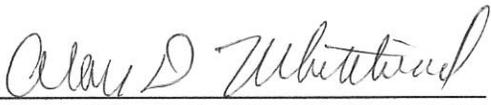
If Yes, list the lots or locations where/why this is requested:

10. CERTIFICATION AND SIGNATURE: I understand and agree on behalf of the sponsoring organization that

- a. A Certificate of Insurance must be provided which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.10 for insurance requirements)
- b. Event sponsors and participants will be required to sign Indemnification Agreement forms (refer to Policy 12.12).
- c. All food vendors must be approved by the Wayne County Health Department, and each food and/or other vendor must provide the City with a Certificate of Insurance which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.13)
- d. The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application, in accordance with the City's Special Event Policy. The event will be operated in conformance with the Written Confirmation of Approval. (see Policy 12.11 and 12.16)
- e. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the City, and will promptly pay any billing for City services which may be rendered, pursuant to Policy 12.3 and 12.4.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with City's Special Event Policy, the terms of the Written Confirmation of Approval, and all other City requirements, ordinance and other laws which apply to this Special Event.

1/9/16
Date


Signature of Sponsoring Organization's Agent

RETURN THIS APPLICATION at least twenty (21) days prior to the first day of the event to:

**City Manager's Office
City Hall
201 S. Main Street
Plymouth MI 48170**

Phone: (734) 453-1234 ext. 203

11. INDEMNIFICATION AGREEMENT

INDEMNIFICATION AGREEMENT

The Kona Running Co. (organization name) agree(s) to defend, indemnify, and hold harmless the City of Plymouth, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the KONA CHOCOLATE Run (event name) by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Plymouth or by third parties, or by the agents, servants, employees or factors of any of them.

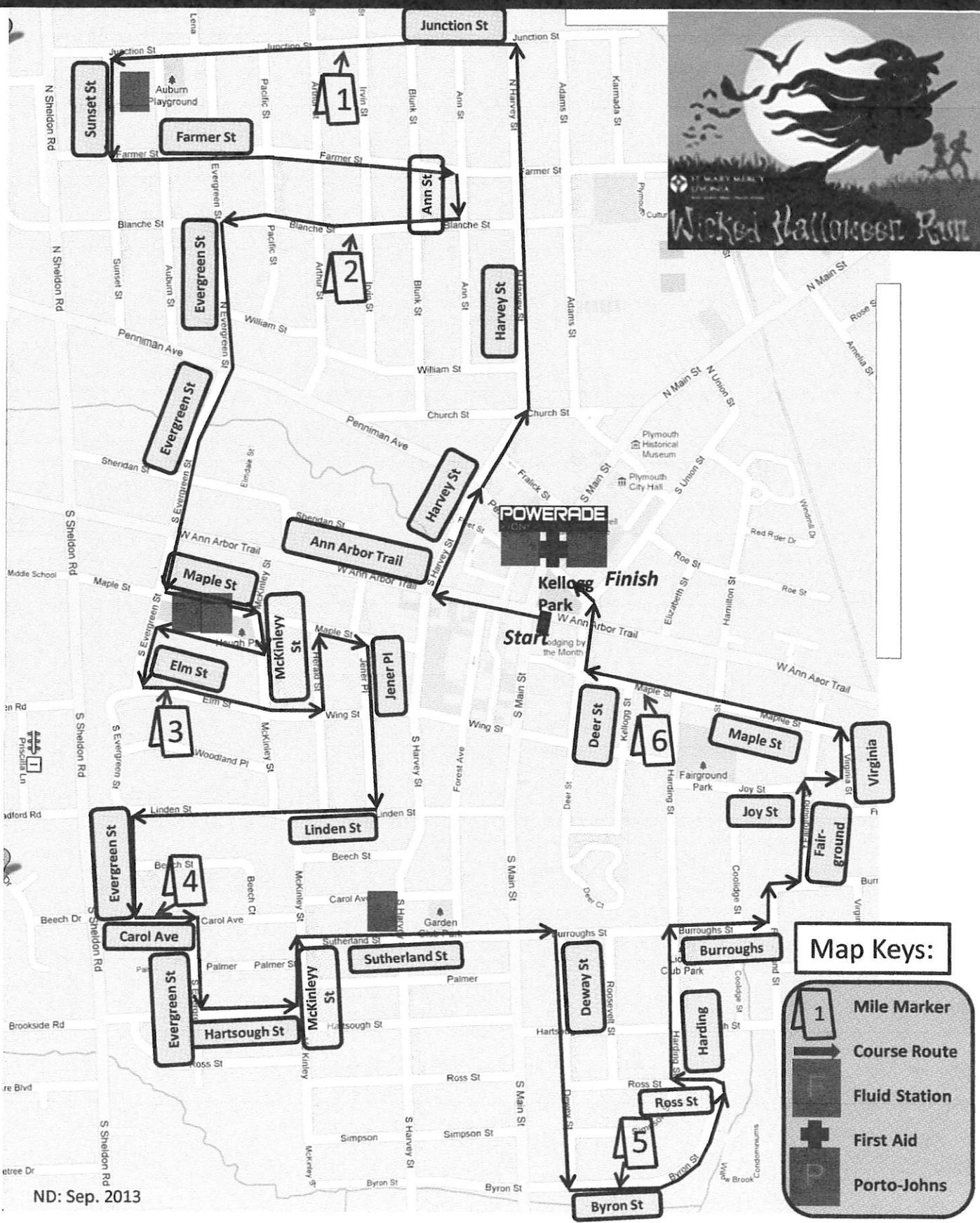
Signature Alan D. Velutheak

Date 1/9/16

Witness _____

Date _____

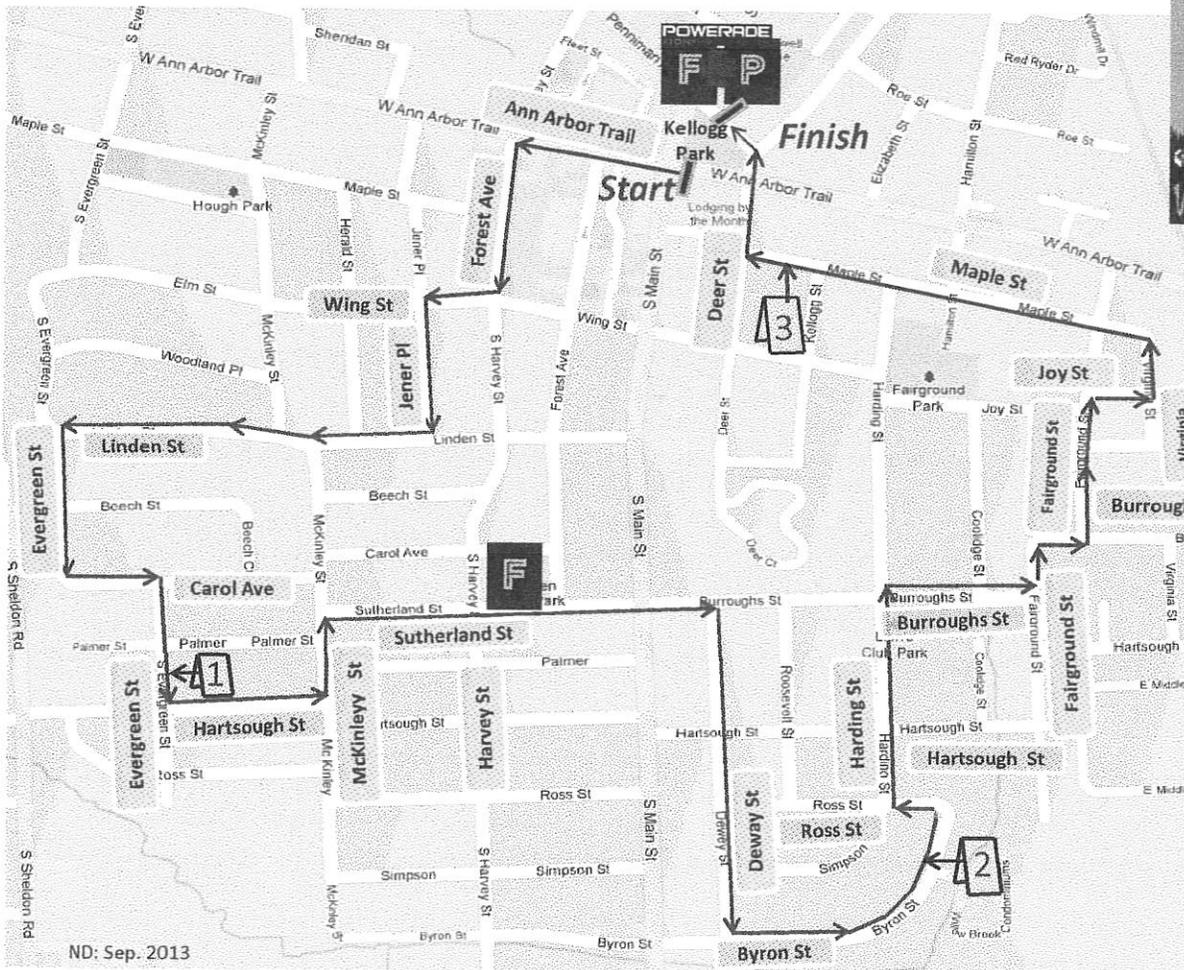
Wicked Halloween Run



Map Keys:

- Mile Marker
- Course Route
- Fluid Station
- First Aid
- Porto-Johns

Wicked Halloween 5K Run

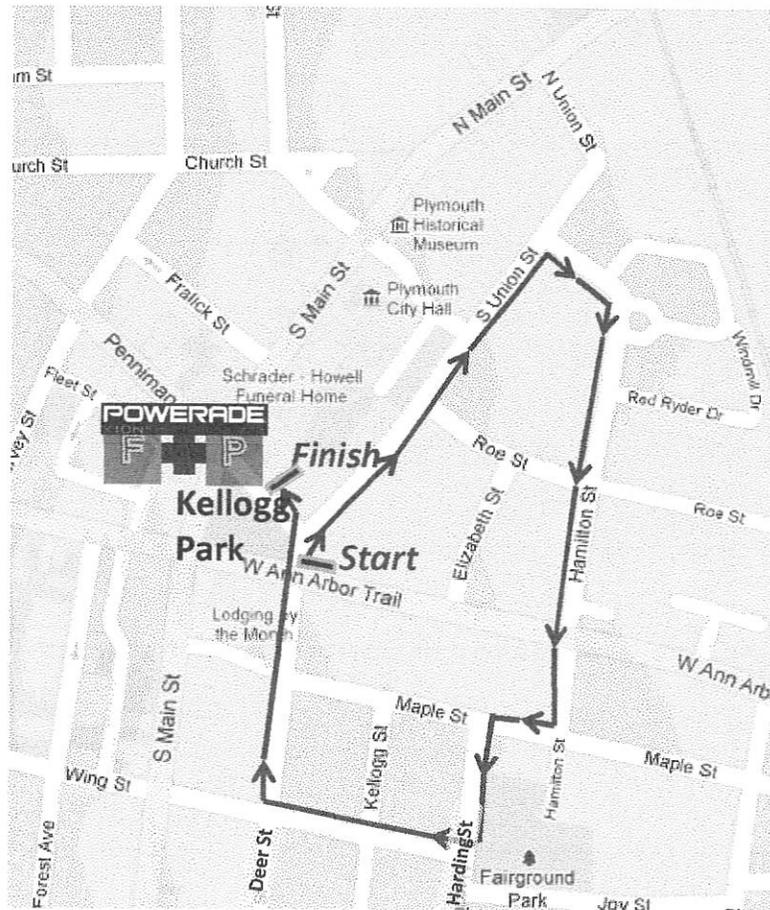


Map Keys:

- Mile Marker
- Course Route
- Fluid Station
- First Aid
- Porto-Johns

ND: Sep. 2013

Wicked Halloween Monster Mile Run



Map Keys:

-  Course Route
-  Fluid Station
-  First Aid
-  Porto-Johns

EVENT REVIEW

EVENT NAME: WICKED HALLOWEEN RUN

(note: all fees are only initial estimates and can increase upon assessment of services after the close of the event).

MUNICIPAL SERVICES: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>GA</u>			
<u>LABOR @ 1800</u>		<u>@ / RUNNER FEE TO BE ADDED</u>	
<u>EQUIP 400</u>			
<u>PORT-A-JOHN 1,000</u>			
\$250 Bathroom Cleaning Fee Per Day of Event? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Regular Time Costs:	\$	Overtime Costs:	\$
		Equipment & Materials Costs:	\$
POLICE: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>QEC</u>			
<u>4 - COMMAND OFFICERS > 4 HAS EACH</u>			
<u>11 - PATROL OFFICERS</u>			
Regular Time Costs:	\$	Overtime Costs:	\$ <u>4720-</u>
		Equipment & Materials Costs:	\$
FIRE: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>JD</u>			
<u>6 Firefighter / EMTs</u>		<u>5hrs Each</u>	
<u>6 30A - 1130A</u>		<u>30hrs TOTAL</u>	
Regular Time Costs:	\$ <u>Estimate 500.00</u>	Overtime Costs:	\$
		Equipment & Materials Costs:	\$
HVA: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>[Signature]</u>			
<u>Dedicated Unit For Event Estimated @ 4400.00</u>			
DDA: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>B</u>			
Regular Time Costs:	\$ <u>0</u>	Overtime Costs:	\$
		Equipment & Materials Costs:	\$
RISK MANAGEMENT: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> (list reason for denial) Initial <u>MB</u>			
Class I - Low Hazard	<input type="checkbox"/>		
Class II - Moderate Hazard	<input checked="" type="checkbox"/>	<u>Out of scope.</u>	
Class III - High Hazard	<input type="checkbox"/>		
Class IV - Severe Hazard	<input type="checkbox"/>		
APPROVED:	NOT APPROVED:	DATE:	

1. **TYPE OF EVENT:** Based on Policy 12.2, this event is: *(Weddings Ceremonies - Please Review Section 12.2 f.)*

City Operated Co-sponsored Event Other Non-Profit Other For-Profit Political or Ballot Issue

2. **ANNUAL EVENT:** Is this event expected to occur next year? YES NO

If Yes, you can reserve a date for next year with this application (see Policy 12.15). To reserve dates for next year, please provide the following information:

Normal Event Schedule (e.g., third weekend in July): 3 weeks after Halloween

Next year's specific dates: Nov, 2017

See section 12.13 for license & insurance requirements for vendors *no change to participants*

3. **FOOD VENDORS/ CONCESSIONS?** YES NO **OTHER VENDORS?** YES NO

4. **DO YOU PLAN TO HAVE ALCOHOL SERVED AT THIS EVENT?** YES NO

5. **WILL ALCOHOL BE SERVED ON PRIVATE PROPERTY AS PART OF THIS EVENT?** YES NO

6. **WILL YOU NEED ELECTRICITY AND/OR WATER?** Electricity YES NO

CITY SERVICES REQUIRED? If needed, please attach a letter indicating all requests for City Services. (see Attachment B)

Porta John, police support & trash cans in Kellogg Park

7. **AN EVENT MAP IS** **IS NOT** attached. If your event will use streets and/or sidewalks (for a parade, run, etc.), or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and the route plan. Also show any streets or parking lots that you are requesting to be blocked off.

8. **EVENT SIGNS:** Will this event include the use of signs? YES NO
If Yes, refer to Policy 12.8 for requirements, and describe the size and location of your proposed signs: **Please complete a sign illustration / description sheet and include with the application.** mile markers only

Signs or banners approved by the City of Plymouth for Special Events shall be designed and made in an artistic and workman like manner. THE CITY MANAGER MUST APPROVE ALL SIGNS. SIGNS CANNOT BE ERECTED UNTIL APPROVAL IS GIVEN.

Signs and/or Banners may be used during the event only. Please refer to Special Event Policy for information related to the installation of banners on Downtown Street Light Poles in advance of event. NO SIGNS ARE ALLOWED IN THE PARK IN ADVANCE OF THE EVENT.

9. **UNLIMITED PARKING:** Are you requesting the removal of time limits on parking (see Policy 12.5)? YES NO
If Yes, list the lots or locations where/why this is requested:

10. **CERTIFICATION AND SIGNATURE:** I understand and agree on behalf of the sponsoring organization that

- a. A Certificate of Insurance must be provided which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.10 for insurance requirements)
- b. Event sponsors and participants will be required to sign Indemnification Agreement forms (refer to Policy 12.12).
- c. All food vendors must be approved by the Wayne County Health Department, and each food and/or other vendor must provide the City with a Certificate of Insurance which names the City of Plymouth as an additional named insured party on the policy. (See Policy 12.13)
- d. The approval of this Special Event may include additional requirements and/or limitations, based on the City's review of this application, in accordance with the City's Special Event Policy. The event will be operated in conformance with the Written Confirmation of Approval. (see Policy 12.11 and 12.16)
- e. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the City, and will promptly pay any billing for City services which may be rendered, pursuant to Policy 12.3 and 12.4.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event, affirm the above understandings, and agree that my sponsoring organization will comply with City's Special Event Policy, the terms of the Written Confirmation of Approval, and all other City requirements, ordinance and other laws which apply to this Special Event.

11/9/16
Date

Alan J. Whithead
Signature of Sponsoring Organization's Agent

RETURN THIS APPLICATION at least twenty (21) days prior to the first day of the event to:

**City Manager's Office
City Hall
201 S. Main Street
Plymouth MI 48170**

Phone: (734) 453-1234 ext. 203

11. INDEMNIFICATION AGREEMENT

INDEMNIFICATION AGREEMENT

The Kona Running Co. (organization name) agree(s) to defend, indemnify, and hold harmless the City of Plymouth, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the WICKED HALLOWEEN RUN (event name) by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Plymouth or by third parties, or by the agents, servants, employees or factors of any of them.

Signature Adam D. Whitehead

Date 11/8/16

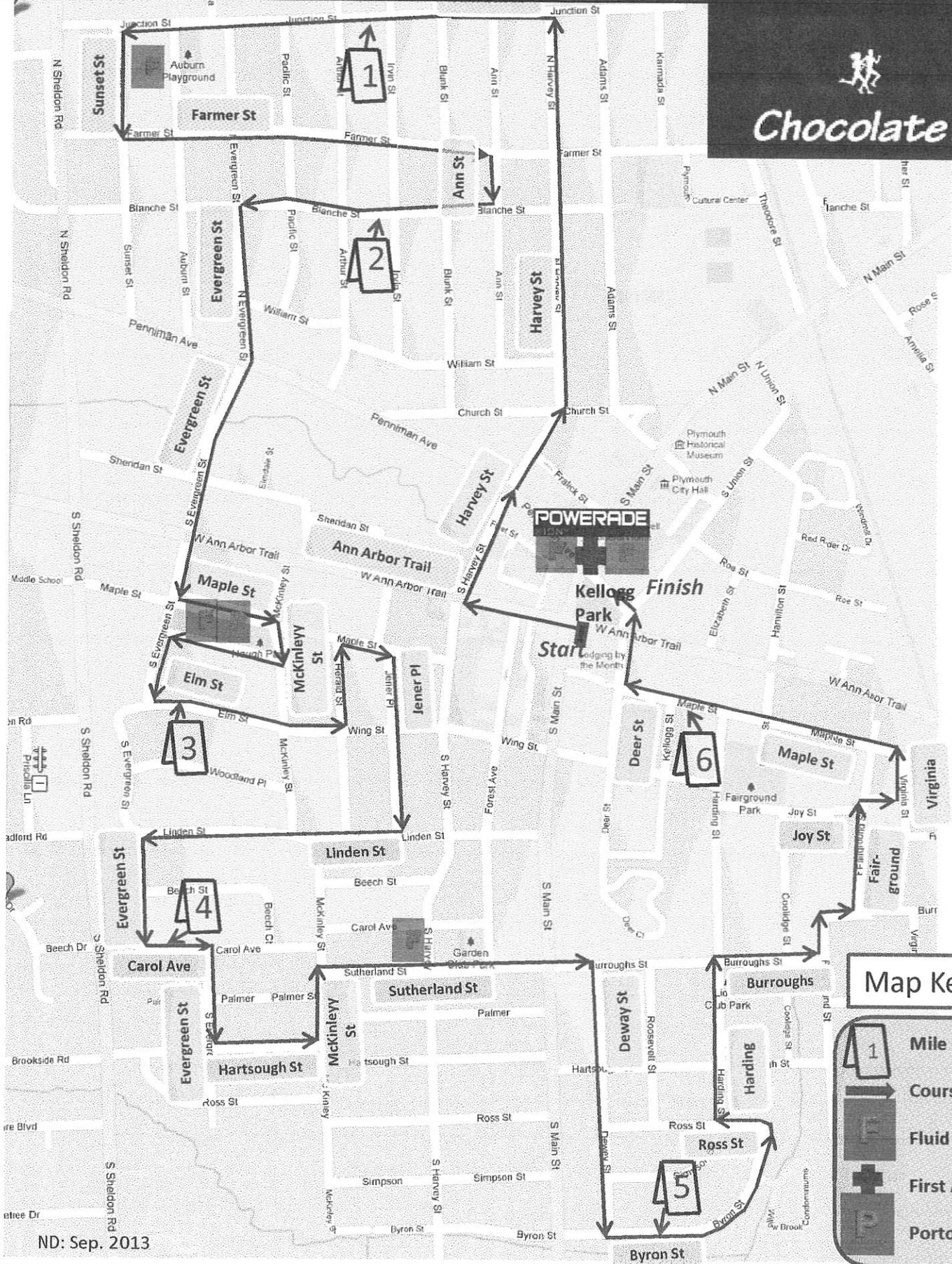
Witness _____

Date _____

Chocolate 10K Run



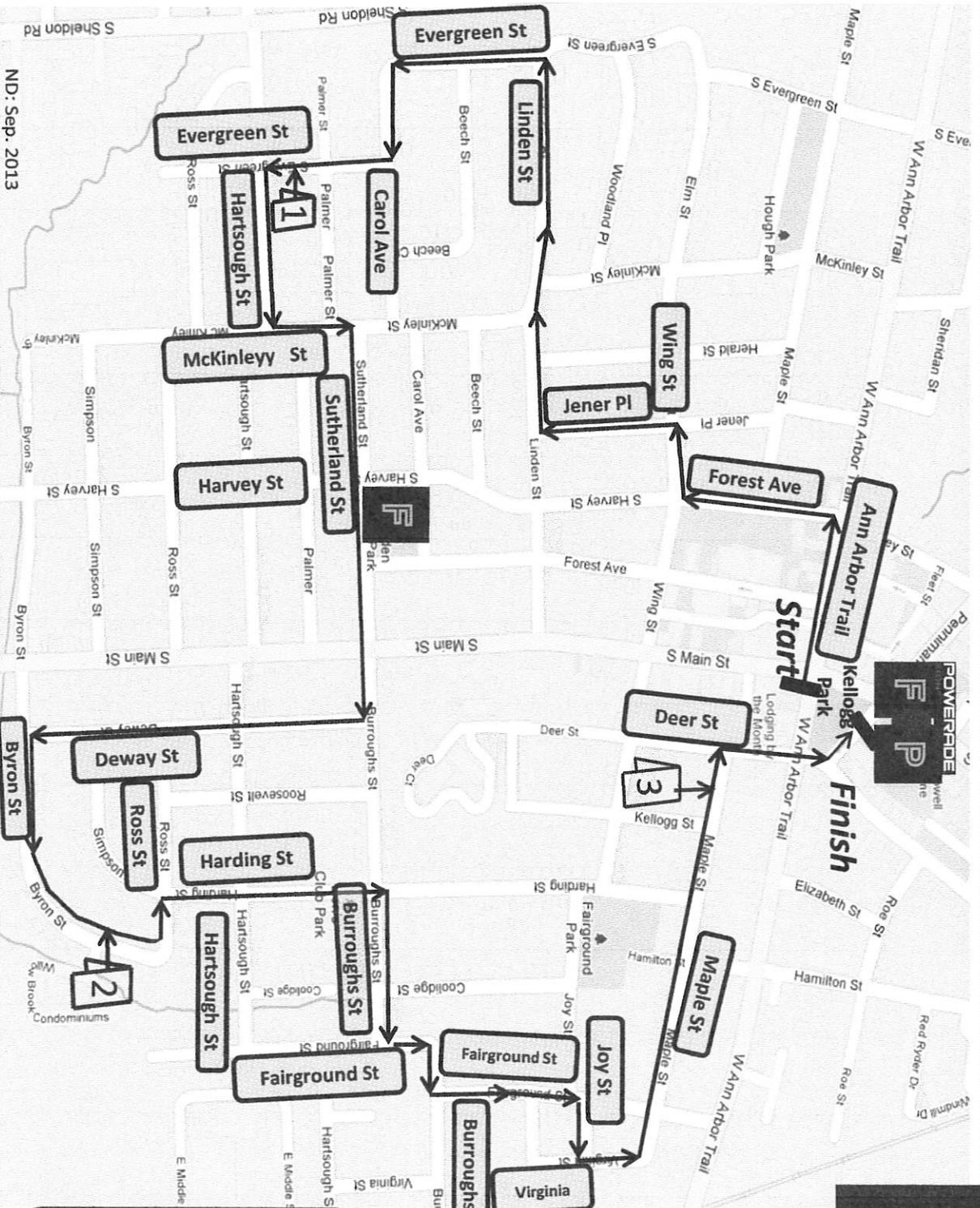
Chocolate Run



Map Keys:

-  Mile Marker
-  Course Route
-  Fluid Station
-  First Aid
-  Porto-Johns

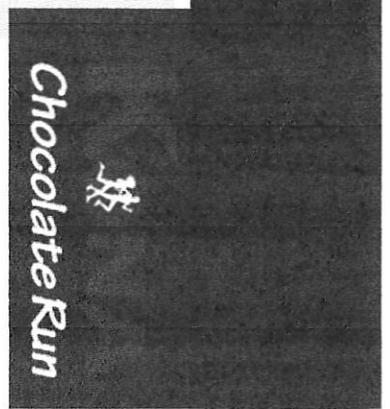
Chocolate 5K Run



Map Keys:

- Mile Marker
- Course Route
- Fluid Station
- First Aid
- Porto-Johns

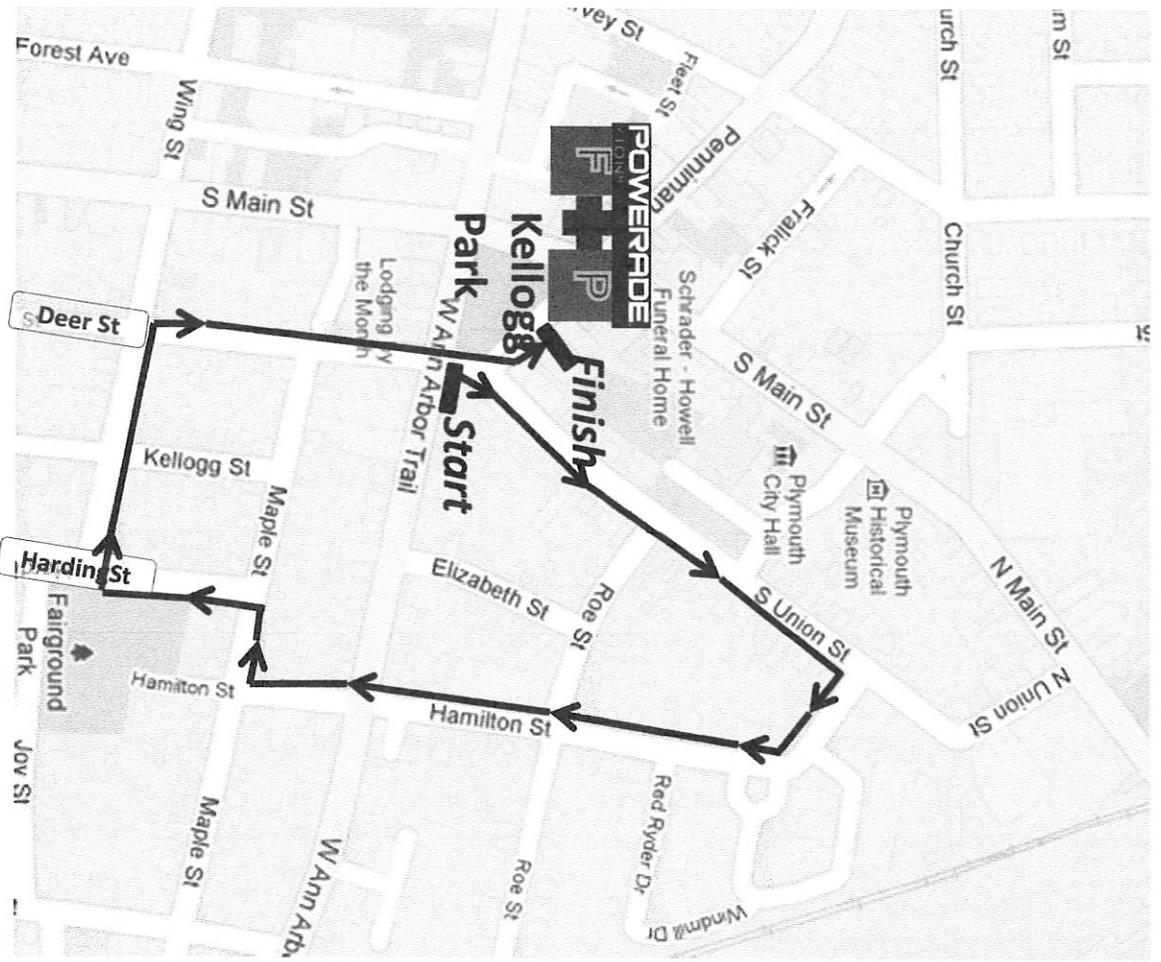
ND: Sep. 2013



Hot Cocoa Mile



Chocolate Run



Map Keys:

-  Course Route
-  Fluid Station
-  First Aid
-  Porto-Johns

EVENT REVIEW

EVENT NAME: KONA CHOCOLATE RUN

(note: all fees are only initial estimates and can increase upon assessment of services after the close of the event).

MUNICIPAL SERVICES:		Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <u>CP</u>
LADON @ 1800		6 / 1 / NUMBER FEES TO BE ADDED		
EQUIP 400				
PORT-A-TOILETS 1,000				
\$250 Bathroom Cleaning Fee Per Day of Event? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Regular Time Costs:	\$	Overtime Costs:	\$	Equipment & Materials Costs: \$
POLICE:		Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <u>Dec</u>
4 - COMMAND OFFICERS > 4 HRS EACH				
11 - PATROL OFFICERS				
Regular Time Costs:	\$	Overtime Costs:	\$ 4720-	Equipment & Materials Costs: \$
FIRE:		Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <u>JCE</u>
6 Firefighter/Emit's 5hrs		30hrs TOTAL		
6:30 - 11:30				
Regular Time Costs:	\$ 500.00 ESTIMATE	Overtime Costs:	\$	Equipment & Materials Costs: \$
HVA:		Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <u>[Signature]</u>
Estimate \$420.00				
Dedicated UNIT for EVENT 3.5 HOURS				
DDA:		Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <u>TB</u>
Regular Time Costs:	\$ 0	Overtime Costs:	\$	Equipment & Materials Costs: \$
RISK MANAGEMENT:		Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> (list reason for denial)	Initial <u>MB</u>
Class I - Low Hazard	<input type="checkbox"/>	<u>Art of Ins.</u>		
Class II - Moderate Hazard	<input checked="" type="checkbox"/>			
Class III - High Hazard	<input type="checkbox"/>			
Class IV - Severe Hazard	<input type="checkbox"/>			

APPROVED:	NOT APPROVED:	DATE:
------------------	----------------------	--------------

CITY OF PLYMOUTH
201 S. MAIN
PLYMOUTH, MI
48170
www.ci.plymouth.mi.us

ADMINISTRATIVE RECOMMENDATION

To: Mayor & City Commission
From: Paul J. Sincock – City Manager
CC: S:\MANAGER\Sincock Files\Memorandum - Block Grant Program 16 - 17 1st Hearing 02-15-16.doc
Date: 2/11/2016
Re: Block Grant Public Hearing

BACKGROUND:

Each year the City participates in the Wayne County Community Development Block Grant Program. The effort by a majority of the municipal governments in Wayne County is to form a partnership with the County to accept and disperse funds. Funds are dispersed to the municipalities on the basis a population. For the 2016 - 17 Federal Fiscal Year we anticipate that we will receive authorization for \$49,754.00 in funding, this represents \$13,000 cut in Federal Funding, in addition there are are severe federally imposed restrictions on the use of these funds.

The scope of the projects is required to meet the objectives of the program, which include; benefits senior citizens, provide direct benefits to persons of low to moderate income or to areas which include low to moderate income areas. The third objective is to maintain management of the projects.

For the upcoming year we have proposed to use funds for Public Facility Improvements - ADA and Public Services including senior transportation. We have attached a memorandum from John Buzuvis, who is our grant administrator, which will provide additional background on this subject matter.

The City Commission will have to open a public hearing to hear any comments from the public related to the proposed plan. This year Wayne County is requiring two Public Hearings on the Block Grant Program. The first Hearing is to hear comment on the proposed use of funds and the second to hear comment on the final determination of the use of funds. Once the first hearing is completed the Commission should act to adopt the various programs in order to allow us to complete the documentation to the County by the application deadline and then prepare for the second Hearing.

RECOMMENDATION:

The City Administration recommends that the City Commission hold the first of two public hearings related to the Block Grant Program and adopt the proposed spending program. If there are no changes to the proposed plan we would recommend that the Commission adopt the attached Resolution related to these funds.

Should you have any questions in advance of the meeting please feel free to contact me.

ADMINISTRATIVE RECOMMENDATION

To: Paul J. Sincock, City Manager
From: John Buzuvis, Community Development Director 
CC: S:\DDA\Shared Files\John\Community Development\John\CDBG\2016-17
Date: 2/11/2016
Re: 2016 Community Development Block Grant (CDBG)

BACKGROUND:

The City of Plymouth is a sub-recipient of Wayne County for Community Development Block Grant (CDBG) funds administered by the Department of Housing and Urban Development (HUD). The City is required to submit a CDBG funding application on an annual basis to the county. Two public hearings are required as part of the application process. The first public hearing is to receive comments and input related to the use of anticipated 2016 CDBG funding. Wayne County has estimated that the City should expect to receive approximately \$49,754.60 for the 2016 CDBG program year. This is a decrease of approximately \$13,000 in allocation from the previous program year. The cause of the lower funding level is based on a funding formula used by HUD and allocated to Wayne County based on national objectives for the program and population. It's important to note that the majority of the funding reduction is anticipated in the Public Facility Improvements category which has historically been a challenge for the City to productively utilize due to the City's lack of low to moderate income census tract areas. A breakdown of the estimated funding follows:

Public Facility Improvements-ADA	\$ 32,849.60
Public Services- Senior Transportation	\$ 11,929.58
<u>Administration/Planning- Grant Admin Salary</u>	<u>\$ 4,975.46</u>
TOTAL	\$49,754.60

Wayne County requested sub-recipients to submit the 2016 CDBG applications on February 1, 2016 with the understanding that two public hearings at the community level were necessary. The County has requested sub-recipients to submit the public hearing meeting minutes early in March. A second public hearing will be scheduled for the first City Commission meeting in March to announce the Final and Determined Uses of 2016 CDBG allocations based on feedback and comments from the first public hearing.

CDBG funding is awarded for an 18 month period, the 2016 CDBG program year will begin on July 1, 2016 and all funds must be spent by December 31, 2017. All CDBG funding received by the City must meet one of the national objectives (benefiting low to moderate income persons, eliminating slums or blight, or meeting urgent community needs) the Federal Government has placed restrictions on the percentage of CDBG funding spent on any particular program or project. Guidelines require that the majority of CDBG funding received by the County from HUD and passed onto their sub-recipients be allocated to Public Facility Improvement (ADA) projects (\$32,849.60) approximately 19% allocated to public services (\$11,929.58-Senior Transportation), 10% of the funding for Planning/Administration (\$4,975.46). Based on the projected allocations, and because the 19% cap for public service expenditures is an aggregate cap for the county and all sub-recipients the City anticipates approximately 24% of total funding to be used for Senior Transportation services. The Wayne County CDBG Administration team has indicated that reallocation of funds will no longer be allowed to other funding categories. Meaning, authorization to transfer money from the public facility improvement category to the Senior Transportation program is unlikely.

However, historically the City has requested that any and all eligible additional funding be allocated to Senior Transportation and we will do the same this year as well. The administration is working to identify ADA improvement projects that may leverage other funding sources such as capital improvement funds and/or other grant funding for the upcoming CDBG program year. For example, the upcoming ADA bleacher retrofit project at the Plymouth Cultural Center will utilize public facility improvement funding from the 2014 and 2015 CDBG program years as well as capital improvement funds.

RECOMMENDATION:

At the conclusion of the public hearing the City Administration would recommend that the City Commission adopt the estimated allocations for the 2016 CDBG funding as presented:

Attached please find a proposed Resolution for the City Commission to consider regarding this matter. Should you have any questions in advance of the meeting please feel free to contact me.

**Wayne County Health, Veteran & Community Wellness
Community Development Block Grant (CDBG) Program
2016 Grant Year Application**

Submit Electronically to, voucher@waynecounty.com

Due Date: February 1, 2016 at 5:00PM

Verification of Public Hearing is Due By:

Tuesday, February 16, 2016

Please complete the application in full. Use "0" or "N/A" instead of leaving a space blank. For additional assistance, please contact the Wayne County Community Wellness (CDBG) office at (313) 224-6418

Community Name: City of Plymouth **Contact Person:** John Buzuvis

TAX ID No.: A38-600004726 **Contact Number:** 734-453-1234

FUNDING

Estimated 2016 CDBG Allocation	\$49,754.60
Estimated 2016 CDBG Program Income	\$ 0
Total Estimated 2016 Funding	\$49,754.60

ACTIVITIES

*The Wayne County CDBG Program allows up to **three (3)** activities in addition to Planning and Administration. Wayne County will not approve more than three (3) Public Service, Economic Development or Infrastructure Improvement projects. Total public service activities may not exceed fifteen percent (15%) of the CDBG Allocation and total Planning/Administration may not exceed ten percent (10%) of the CDBG Allocation.*

Communities can elect to have Wayne County retain Demolition or Housing rehabilitation funding to facilitate on the communities behalf through a subcontractor. Please specify in the appropriate category if you would like to retain Housing Rehabilitation and/or Demolition funds or if you elect Wayne County to retain those funds. If you elect to have Wayne County retain funding for Demolition, please specify each address and attach documentation showing that there is site control. If you elect to have Wayne County retain Housing Rehabilitation and/or Demolition funds, Wayne County will be responsible for Program Income and deed recordation.

		Contract Amount	Wayne County to Retain for Administration of the program	Estimated PI Costs	Total CDBG Costs
1	Public Facility Improvements/ADA	32,849.60	-	0	32,849.60
2	Senior Transportation	11,929.58	-	0	11,929.58
3					
4	Administration*	4,975.46	-	0	4,975.46
5	Planning*				
	Total Estimated 2016 Costs	49,754.60	0	0	49,754.60

***Combined total of Administration and Planning cannot exceed 10% of your total allocation**

If additional funds are granted, please identify which activity that funds should be awarded to:Please award any and all additional funding to the Senior Transportation Activity

PROGRAM INCOME

Program Income includes but is not limited to the following: CDBG loan repayments, proceeds from a CDBG-assisted property or equipment sale, and gross income from the use of property improved or built with CDBG less costs incidental to the generation of the income.

Revolving Funds may be established to carry out specific activities that, in turn, generate payments to carry out the same activities. Revolving funds must be maintained in an interest-bearing account and the earned interest remitted to HUD soon after the end of the CDBG grant year on June 30.

All program income must be expended first, unless identified for a specific project that has been approved by Wayne County.

If you are electing to have Wayne County retain Demolition or Housing Rehabilitation funds to facilitate within your participating area, Wayne County will be responsible for all program income and deed recordation.

How will program income be treated if it is received (anticipated or not – select one)?

- Returned to Wayne County
- Retained in Revolving Fund(s) - specify the CDBG activity/activities:

-
- Retained in a separate interest-bearing account to pay the next incurred CDBG cost.

PUBLIC PARTICIPATION CHECKLIST

The U.S. Department of Housing and Urban Development (HUD) requires that the public is given opportunities to participate in planning activities to be funded by CDBG. Please include documentation of the following.

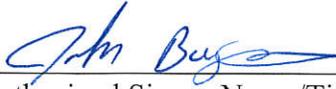
- Notice of Public Hearing # 1 Date of Notice: 1-24-16
The Notice must be published 10 days prior to the public hearing. Attach a copy of Public Notice or Affidavit of Publication.
- Notice of Public Hearing # 2 Date of Notice:
The Notice must be published 10 days prior to the public hearing. Attach a copy of Public Notice or Affidavit of Publication.
- Proposed Statement Notice Date of Notice:
The Proposed Statement must identify all the proposed funding and activity information including dollar amounts. Attach a copy.
- Public Hearing Date of Hearing: 2-15-2016
Attach a copy of the public hearing minutes and a summary of the comments received and responses given.

Final Statement Notice

Date of Notice:

The Final Statement Notice must identify all the funding and activity information including dollar amounts reported earlier in this application. Attach a copy of the notice and a summary of the comments received and responses given.

Was the Final Statement Notice published after the activities were given final approval by your council or board? Yes No



John Buzovis

2-1-16

Authorized Signor Name/Title:

Community Development
Director

Date

1 ACTIVITY

Project Name: Public Facility Improvements/ADA

Matrix Code (Please see Matrix Chart handout): **16-03**

CDBG Allocation Amount: \$32,849.60

Estimated CDBG Program Income (Revolving Funds): 0

Other Funds: \$ _____ Identify: _____

Total Activity Budget: \$32,849.60

As a reminder, CDBG is not eligible for maintenance of public facilities. The purchase of equipment, fixtures, motor vehicles, furnishings, or other property that is not an integral structural fixture is generally ineligible. CDBG funds may be used, however, to purchase such items when necessary for use in the administration of activities assisted with CDBG funds or when such items constitute all or part of a public service.

Activity Description and Outcome Statement (please give accurate proposed description of project and quantify the proposed outcome)

Define, plan and complete ADA facility improvements at various City of Plymouth owned locations that are accessible by the general public. Approximately 1,000 elderly and/or disabled residents will have access to a more suitable living environment due to the facility improvements

Housing Rehabilitation:

If choosing Housing Rehabilitation as a project, please check one of the following options:

Please only choose one option:

Wayne County Housing Rehabilitation Program (elect Wayne County to retain Housing Rehabilitation funds to facilitate Housing Rehabilitation within your community)

Community Wide Housing Rehabilitation Program (retain funds to facilitate Housing Rehabilitation within your community)

Please only choose one option:

Housing Rehabilitation Forgivable Grant _____

Housing Rehabilitation Loan with Affordability Period (please identify the affordability period)
➤ Affordability Period _____

Lien in Perpetuity _____

Demolition:

If choosing Demolition as a project, please check one of the following options:

Please only choose one option:

Wayne County will retain Demolition funds (elect Wayne County to retain Demolition funds to facilitate Demolition within your community)

Community Demolition Program (retain funds to facilitate Demolition within your community)

National Objective:

Specify one objective. Be sure to use the same objective in the Accomplishment Report for each activity. **Please attach the Low to Moderate Income Map for your community.**

_____ LMA (Low and Moderate Income Area) Benefit
 Examples: Parks, Neighborhood Centers, and General Public Improvements
 The target area must consist of block groups that are 51% Low/Mod Income.

Census Tract(s)	Block Group(s)	Low/Mod %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LMC (Low and Moderate Income Limited Clientele) Benefit
 Examples: Public Services, Removal of Architectural Barriers for the Disabled
 Specify **only one** primary group of persons to benefit.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Severely Disabled Adults | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Illiterate Adults | <input type="checkbox"/> Battered Spouses |
| <input type="checkbox"/> Abused Children | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Migrant Farm Workers | <input type="checkbox"/> Persons Living with AIDS |
| <input type="checkbox"/> Persons with Documented Low/Mod Income | |

_____ LMH (Low and Moderate Income Housing) Benefit
 Examples: Housing Rehabilitation, Homebuyer Assistance

_____ SBA (Slum and Blight Area) Benefit
Attach a board or council resolution approving a slum and blight designation.

Percentage of Deteriorated Buildings in the Area _____%

_____ SBS (Slum and Blight Spot) Benefit

_____ LMJ (Low and Moderate Income Job) Benefit
 Activities designed to create or retain permanent jobs of which at least 51% involve employment of low/mod persons

_____ Other _____

Location and Target Area:

Attach a street map identifying the location and target area.

List the location address or cross streets of the activity. For a public service activity, list the office address. If project is community-wide, specify the qualifying census tracts and block groups with LMI percentages above.

Please identify the target area with cross streets: Plymouth City Hall (201 S. Main St.), Plymouth Cultural Center (525 Farmer St.), Department of Municipal Services (1231 Goldsmith), Tonquish Creek Manor (1160 Sheridan), Fire Station #2 (201 S. Main St.), Fire Station #3 (186 E. Spring St.)

Eligible Activity: Check the one that primarily describes the activity.

- | | |
|--|---|
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Disposition |
| <input checked="" type="checkbox"/> Public Facilities and Improvements | <input type="checkbox"/> Clearance Activities |
| <input type="checkbox"/> Public Services | <input type="checkbox"/> Interim Assistance |

- Relocation
- Privately Owned Utilities
- Housing Rehabilitation
- Historic Preservation
- Section 108 Loan Repayments

- Housing Services
- Homeownership Assistance
- Code Enforcement
- Fair Housing
- Other _____

Performance Measures

Grantees must consider how HUD’s performance measures system may impact their administrative practices and implement any changes needed to collect and report the data. As part of HUD’s system, please create an Outcome Statement as follows:

Objectives: Please select the one that most describes the purpose.

- Enhance Suitable Living Environment Through New/Improved Accessibility: Activities designed to benefit communities, families, or individuals by addressing issues in their living environment.
- Create Decent Housing with New/Improved Availability: Housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort (such as would be captured under Suitable Living Environment).
- Promote Economic Opportunity Through New/Improved Sustainability: Activities related to economic development, commercial revitalization, or job creation.

Outcomes: Please select the one that most applies.

- Availability/Accessibility: Activities that make services, infrastructure, housing, or shelter available or accessible to low- and moderate- income people, including persons with disabilities.
- Affordability: Activities that provide affordability in a variety of ways in the lives of low- and moderate- income people. It can include the creations or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
- Sustainability: Activities aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefits to low- and moderate income persons or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

Outputs: Please select and quantify the one that most applies.

- No. of Households Assisted
- No. of New Businesses Assisted
- No. of Jobs Created/Retained
- No. of Units made 504-Accessible
- No. of Years of Affordability Guaranteed
- No. of Jobs with Health Care Benefits
- No. of Units Meeting Energy Star Standards
- No. of Persons Stabilized
- Acres of Brownfields Remediated
- Amount of Money Leveraged
- No. of Affordable Units
- No. of Housing Units for HIV/AIDS
- No. of Units for Chronically Homeless
- No. of Units Made Lead Safe
- Other, please indicate Approximately 1,000 elderly and/or disabled residents will have access to a more suitable living environment due to the facility improvements

Other Information:

- Does the activity prevent homelessness? Yes No
- Does the activity help those with HIV/AIDS? Yes No
- Does the activity primarily help the disabled? Yes No
- Does the activity primarily help the elderly? Yes No
- Is the activity expected to generate program income? Yes No

Is this activity being carried out by the grantee (either directly and/or through contractors)?

X Yes _____ No

If Yes, Enter "X" in the appropriate category.

Activity is being carried out by the grantee through:

_____ Grantee employees

_____ Contractors

X Grantee employees and contractors

If No, Enter "X" by the appropriate category:

Activity is being carried out by:

_____ A subrecipient only

_____ A HUD-designated Community Based Development Organization (CBDO) only

_____ A HUD-designated CDBO acting as a subrecipient

_____ Another public agency _____

Enter "X" by the appropriate subrecipient designation:

_____ Non-profit organization

OR

_____ For-profit authorized under 570.201 (o) for economic development activities

Enter "X" by all that apply:

Subrecipient is:

_____ A faith-based organization

_____ An institution of higher education

2 ACTIVITY

Project Name: Public Services- Senior Transportation _____

Matrix Code (Please see Matrix Chart handout): **16-05E** _____

CDBG Allocation Amount: \$11,929.58

Estimated CDBG Program Income (Revolving Funds): 0

Other Funds: \$ 58,500 Identify: City of Plymouth General Fund _____

Total Activity Budget: \$70,429.58

As a reminder, CDBG is not eligible for maintenance of public facilities. The purchase of equipment, fixtures, motor vehicles, furnishings, or other property that is not an integral structural fixture is generally ineligible. CDBG funds may be used, however, to purchase such items when necessary for use in the administration of activities assisted with CDBG funds or when such items constitute all or part of a public service.

Activity Description and Outcome Statement (please give accurate proposed description of project and quantify the proposed outcome)

Approximately 6,000 senior residents of the City of Plymouth will be provided transportation to and from basic necessities ranging from doctor appointments, the grocery store, physical therapy appointments etc. as well as some organized recreational activities for the purpose of creating a suitable living environment.

Housing Rehabilitation:

If choosing Housing Rehabilitation as a project, please check one of the following options:

Please only choose one option:

Wayne County Housing Rehabilitation Program (elect Wayne County to retain Housing Rehabilitation funds to facilitate Housing Rehabilitation within your community)

Community Wide Housing Rehabilitation Program (retain funds to facilitate Housing Rehabilitation within your community)

Please only choose one option:

Housing Rehabilitation Forgivable Grant _____

Housing Rehabilitation Loan with Affordability Period (please identify the affordability period)

➤ Affordability Period _____

Lien in Perpetuity _____

Demolition:

If choosing Demolition as a project, please check one of the following options:

Please only choose one option:

Wayne County will retain Demolition funds (elect Wayne County to retain Demolition funds to facilitate Demolition within your community)

Community Demolition Program (retain funds to facilitate Demolition within your community)

National Objective:

Specify one objective. Be sure to use the same objective in the Accomplishment Report for each activity. **Please attach the Low to Moderate Income Map for your community.**

Grantee Name: City of Plymouth 2016 CDBG Grant Year

_____ LMA (Low and Moderate Income Area) Benefit
 Examples: Parks, Neighborhood Centers, and General Public Improvements
 The target area must consist of block groups that are 51% Low/Mod Income.

Census Tract(s)	Block Group(s)	Low/Mod %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

X LMC (Low and Moderate Income Limited Clientele) Benefit
 Examples: Public Services, Removal of Architectural Barriers for the Disabled
 Specify **only one** primary group of persons to benefit.

- | | |
|--|--------------------------------|
| _____ Severely Disabled Adults | _____ Homeless |
| _____ Illiterate Adults | _____ Battered Spouses |
| _____ Abused Children | <u>X</u> _____ Elderly |
| _____ Migrant Farm Workers | _____ Persons Living with AIDS |
| _____ Persons with Documented Low/Mod Income | |

_____ LMH (Low and Moderate Income Housing) Benefit
 Examples: Housing Rehabilitation, Homebuyer Assistance

_____ SBA (Slum and Blight Area) Benefit
Attach a board or council resolution approving a slum and blight designation.

Percentage of Deteriorated Buildings in the Area _____%

_____ SBS (Slum and Blight Spot) Benefit

_____ LMJ (Low and Moderate Income Job) Benefit
 Activities designed to create or retain permanent jobs of which at least 51% involve employment of low/mod persons

_____ Other _____

Location and Target Area:

Attach a street map identifying the location and target area.

List the location address or cross streets of the activity. For a public service activity, list the office address. If project is community-wide, specify the qualifying census tracts and block groups with LMI percentages above.

Please identify the target area with cross streets: Community Wide- Office located at

Eligible Activity: Check the one that primarily describes the activity.

- | | |
|--|--------------------------------|
| _____ Acquisition | _____ Disposition |
| _____ Public Facilities and Improvements | _____ Clearance Activities |
| <u>X</u> _____ Public Services | _____ Interim Assistance |
| _____ Relocation | _____ Housing Services |
| _____ Privately Owned Utilities | _____ Homeownership Assistance |
| _____ Housing Rehabilitation | _____ Code Enforcement |
| _____ Historic Preservation | _____ Fair Housing |

_____ Section 108 Loan Repayments

_____ Other _____

Performance Measures

Grantees must consider how HUD’s performance measures system may impact their administrative practices and implement any changes needed to collect and report the data. As part of HUD’s system, please create an Outcome Statement as follows:

Objectives: Please select the one that most describes the purpose.

- Enhance Suitable Living Environment Through New/Improved Accessibility: Activities designed to benefit communities, families, or individuals by addressing issues in their living environment.
- _____ Create Decent Housing with New/Improved Availability: Housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort (such as would be captured under Suitable Living Environment).
- _____ Promote Economic Opportunity Through New/Improved Sustainability: Activities related to economic development, commercial revitalization, or job creation.

Outcomes: Please select the one that most applies.

- Availability/Accessibility: Activities that make services, infrastructure, housing, or shelter available or accessible to low- and moderate- income people, including persons with disabilities.
- _____ Affordability: Activities that provide affordability in a variety of ways in the lives of low- and moderate- income people. It can include the creations or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
- _____ Sustainability: Activities aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefits to low- and moderate income persons or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

Outputs: Please select and quantify the one that most applies.

- | | |
|--|---|
| _____ No. of Households Assisted | <input checked="" type="checkbox"/> No. of Persons Stabilized |
| _____ No. of New Businesses Assisted | _____ Acres of Brownfields Remediated |
| _____ No. of Jobs Created/Retained | _____ Amount of Money Leveraged |
| _____ No. of Units made 504-Accessible | _____ No. of Affordable Units |
| _____ No. of Years of Affordability Guaranteed | _____ No. of Housing Units for HIV/AIDS |
| _____ No. of Jobs with Health Care Benefits | _____ No. of Units for Chronically Homeless |
| _____ No. of Units Meeting Energy Star Standards | _____ No. of Units Made Lead Safe |
| _____ Other, please indicate _____ | |

Other Information:

- Does the activity prevent homelessness? Yes No
- Does the activity help those with HIV/AIDS? Yes No
- Does the activity primarily help the disabled? Yes No
- Does the activity primarily help the elderly? Yes No
- Is the activity expected to generate program income? Yes No

Is this activity being carried out by the grantee (either directly and/or through contractors)?
X Yes _____ No

If Yes, Enter “X” in the appropriate category.
Activity is being carried out by the grantee through:

Grantee Name: City of Plymouth 2016 CDBG Grant Year

- Grantee employees
- Contractors
- Grantee employees and contractors

If No, Enter "X" by the appropriate category:

Activity is being carried out by:

- A subrecipient only
- A HUD-designated Community Based Development Organization (CBDO) only
- A HUD-designated CDBO acting as a subrecipient
- Another public agency _____

Enter "X" by the appropriate subrecipient designation:

Non-profit organization

OR

For-profit authorized under 570.201 (o) for economic development activities

Enter "X" by all that apply:

Subrecipient is:

- A faith-based organization
- An institution of higher education

Planning/Administration Activity

Project Name: Administration

Matrix Code (Please see Matrix Chart handout): **16-21A**

CDBG Allocation Amount: **\$4,975.46**

Estimated CDBG Program Income (Revolving Funds):0

Other Funds: \$ 0 **Identify:** _____

Total Activity Budget:**\$4,975.46** _____

As a reminder, CDBG is not eligible for maintenance of public facilities. The purchase of equipment, fixtures, motor vehicles, furnishings, or other property that is not an integral structural fixture is generally ineligible. CDBG funds may be used, however, to purchase such items when necessary for use in the administration of activities assisted with CDBG funds or when such items constitute all or part of a public service.

Activity Description and Outcome Statement (please give accurate proposed description of project and quantify the proposed outcome)

CDBG Sub-recipient program administration

Is this activity being carried out by the grantee (either directly and/or through contractors)?

X Yes _____ No

If Yes, Enter "X" in the appropriate category.

Activity is being carried out by the grantee through:

- Grantee employees
- Contractors
- Grantee employees and contractors

If No, Enter "X" by the appropriate category:

Activity is being carried out by:

- A subrecipient only
- A HUD-designated Community Based Development Organization (CBDO) only
- A HUD-designated CDBO acting as a subrecipient
- Another public agency _____

Enter "X" by the appropriate subrecipient designation:

Non-profit organization

OR

For-profit authorized under 570.201 (o) for economic development activities

Enter "X" by all that apply:

Subrecipient is:

- A faith-based organization
- An institution of higher education

RESOLUTION

The following Resolution was offered by Commissioner _____ and seconded by Commissioner _____.

WHEREAS The City Commission of the City of Plymouth did post and hold a Public Hearing for the purposes of allocating Community Development Block Grant funds for the program year 2016, and

WHEREAS It was determined after the public hearing that the City Commission would adopt the estimates for CDBG allocations given by Wayne County, and

WHEREAS The City Commission will hold an additional public hearing to announce the Final and Determined uses for the 2016 CDBG allocation,

NOW THEREFORE BE IT RESOLVED THAT the City Commission of the City of Plymouth does hereby adopt the following Community Development Block Grant estimates and allocations provided by Wayne County:

Public Facility Improvements (ADA)	\$32,849.60
Public Services- Senior Transportation	\$11,929.58
<u>Administration/Planning-Grant Admin Salary</u>	<u>\$4,975.46</u>
TOTAL (Estimated)	\$49,754.60

CITY OF PLYMOUTH
201 S. MAIN
PLYMOUTH, MI 48170
www.ci.plymouth.mi.us

ADMINISTRATIVE RECOMMENDATION

To: Mayor & City Commission
From: Paul J. Sincock – City Manager
CC: S:\MANAGER\Sincock Files\Memorandum - Bandshell Repairs 02-15-16.doc
Date: 2/11/2016
Re: Repairs to Portable Bandshell

BACKGROUND:

The City Commission is aware that we own a Portable Bandshell that is used extensively during the summer months for many events in our community. This unit was purchased in 1998 with a State Grant representing 50% of the original purchase price, which was approximately \$100,000. A replacement unit today would be in the area of \$150,000+. Considering the amount of use the unit has experienced there is a need to provide for annual maintenance on the unit. That annual maintenance has been provided by the Department of Municipal Service.

In addition, from time to time there is a need to complete a major maintenance; much like a roof on your house you only do a major maintenance on a limited basis. We have come to the point where we need to complete a major maintenance on the bandshell. We need to replace the deck or "floor" of the bandshell. The decking has begun to lose its structural integrity and with people dancing, bands and so on there is need to maintain the certified structural integrity of the stage floor.

The Department of Municipal Services has had numerous conversations with the original manufacturer and after review it was determined that a full replacement of the deck would be the best solution and would bring the stage floor back to original specs. Deck materials have a six to seven week lead time, with repairs taking an additional three to four weeks.

While we originally anticipated making these repairs in the 16 – 17 Fiscal Year, we found that during the recent Ice Festival we had to provide additional bracing support under one section of the stage in an effort to maintain a safe surface. It became apparent that the repairs were needed to be completed this year and in order to meet our event schedule we needed to proceed as quickly as possible. The cost of the repairs is \$16,890.38 and this would come from the City Equipment Fund and not the General Fund. Funding is available in the Equipment to handle these repairs.

We have attached a memorandum from Director of Municipal Service Chris Porman which will provide additional information on this issue.

RECOMMENDATION:

The City Administration recommends that the City Commission authorize repairs to the Bandshell in the amount of \$16,890.38, with funding from the City Equipment Fund. These are critical repairs to the unit and without the repairs we most likely would have to take the unit out of service. This is a single vendor as Century Industries of Sellersburg, Indiana is the manufacturer of the unit.

We have prepared a proposed Resolution for the City Commission to consider regarding this matter. Should you have any questions in advance of the meeting please feel free to contact either Chris Porman or myself.



Department of Municipal Services

1231 Goldsmith Plymouth, MI 48170 734-453-7737 phone 734-455-1666 fax

Date: February 4, 2016
To: Paul Sincock, City Manager
From: Chris Porman, Director of Municipal Services
Re: Repair to Portable Bandshell – DMSTRL 6

Background

The City purchased a 36' ShowMaster mobile bandshell from Century Industries of Sellersburg, IN in 1998. Over the last 18 years the bandshell has been used at hundreds of events in the community. The bandshell is used in all seasons throughout the year from the summer concert series to the Ice Festival in the winter. The wear from this intense, year-round use has become extremely evident in the last season. The wear has reached a point that the deck of the bandshell has begun to lose its structural integrity. During the Ice Festival the bandshell required an additional bracing support under one section to maintain a safe, stable surface.

Following numerous conversations with the original manufacturer, it has been agreed that a full replacement of the deck would be the best solution due to the amount of wear. An addition of a protective metal perimeter band has been proposed to help prolong the life of the new deck and keep the edges less prone to damage.

Century Industries has indicated the deck materials are custom made and have a 6 to 7 week lead time. The repairs are estimated to take an additional 3 to 4 weeks. The manufacturer also has provided transportation of the bandshell from the City as soon as 4 weeks from now. Based on the timeline provided from the manufacturer it is estimated the bandshell will be repaired and returned to the City at the beginning of May. The first scheduled event is Friday, May 27th. Time is of the essence in scheduling this repair, this is the only block of time available all year without scheduled events. In the event the bandshell is not repaired and returned in time, a local rental company has been contacted to serve as a contingency.

Recommendation

It is my recommendation that the City Commission authorize the repairs to the mobile bandshell to be completed by Century Industries in the amount of \$16,890.38. The quote is inclusive of all labor and materials to replace all the decking and transport. The repair of the bandshell was planned to be added to the budget request for the 2016-2017 fiscal year. However, due to the current condition of the decking the timeline has been moved up to the current fiscal year to ensure the bandshell is ready for the upcoming season.

Funding for these repairs will come from the Equipment Fund, account number 661-290-930.

Should you have any questions, please feel free to contact me.

Century Industries

P.O. Box U, Sellersburg IN 47172-0919 USA
 Phone 812/246-3371 FAX 812/246-7338

Quote ID	
QU02169	
Date	Customer ID
1/26/2016	PLYM001

Customer:

DEPARTMENT OF MUNICIPALITIES
 1231 GOLDSMITH
 PLYMOUTH, MI 48170
 USA

Ship Via	Quote Terms
	Due on receipt

Part ID	Vendor Part	Description	Qty.	Unit Price	Total Price	
FRP8004		MUSCLE DECK INNER1-15/16 -83" X 431"/40'	1.00	\$4,773.6855	\$4,773.6855	
FRP8005		MUSCLE DECK OUTER 1-15/16-86" X 431"/40'	1.00	\$4,773.6855	\$4,773.6855	
		STAINLESS STEEL DECK CAP	1.00	\$1,963.00	\$1,963.00	
	LABOR	REMOVE DECKS/INSTALL SS CAP/INSTALL NEW DECKS	1.00	\$3,500.00	\$3,500.00	
		SHIPPING/HANDLING	1.00	\$1,880.00	\$1,880.00	
Notes:					Grand Total:	\$16,890.371

LIMITED WARRANTY AND REMEDY: Century warrants to the original Purchaser that those products manufactured by Century and used in the manner for which they are intended shall be free from defects in materials and workmanship for a period of one (1) year after delivery. Notwithstanding the foregoing, purchaser is responsible for return shipping for service. Items manufactured by others are subject to their respective manufacturer's warranty, if any. Century does not make any other representations or warranties, express or implied, and disclaims all other warranties including, but not limited to, any implied warranty of merchantability and warranty of fitness for a particular purpose. Purchaser agrees that Century is not liable for incidental, consequential, or special damages of any kind.

EXCLUSIVE VENUE/ APPLICABLE LAW: Purchaser agrees to the exclusive venue and jurisdiction of the State and Federal Courts located in Clark County, Indiana for any action involving this Agreement or the goods which are the subject matter of the same. This Agreement shall be construed according to the laws of the State of Indiana. The parties hereto each knowingly and voluntarily agree to waive any right to a trial by jury with respect to any action involving this Agreement or its subject matter, including without limitation any manufactured goods.

PURCHASER AGREES that a 1 1/2% per month service charge or the maximum legal rate, whichever is less, shall be added to unpaid invoices from the due date thereof, plus reasonable collection and attorneys' fees if placed for collection. Upon default by Purchaser, Century shall be entitled to retain any Deposit and enforce all remedies available to it as a seller under I.C. 26-1-2-703. Purchaser acknowledges that the goods manufactured by Century constitutes specially manufactured goods and are not suitable for sale to others in the ordinary course of business. Purchaser agrees to maintain these goods in a safe condition and to operate the same in a safe manner. Purchaser agrees to indemnify and hold harmless Century and its officers, directors, employees, agents or subcontractors from and against any and all claims, demands and causes of action asserted by any other person or entity, and all resulting damages, liabilities, costs, losses and expenses of any kind (including reasonable attorney's fees), arising directly or indirectly from any acts by the purchaser or any of its employees, agents, or customers in connection with the purchase, ownership or use of the subject matter of this Agreement. All estimates for production time are estimates only and Century makes no warranty or representation concerning production times. Purchaser agrees receipt and use of manufactured product(s) constitutes agreement to these terms. This represents the entire agreement of the parties; any changes, amendments, modifications, additions or alterations made by Purchaser without the express written acceptance of Century are rejected.

Accepted by: _____

Date: _____

RESOLUTION

The following Resolution was offered by Comm. _____ and seconded by Comm. _____.

WHEREAS The City of Plymouth owns a Portable Bandshell as part of our equipment for
The many special events that are held in the City in an effort to promote the
Public welfare and to help create "Place", and

WHEREAS The Bandshell was originally purchased in 1998 and has been in regular use
Ever since that time, and

WHEREAS From time to time there is a need for annual and major maintenance on the unit
And the decking material is in need of replacement in order to maintain the
Structural integrity of the unit, and

WHEREAS The original manufacturer has provided a sole source repair estimate in the
Amount of \$16,890.38 to replace the decking material and structure as needed to
Bring the unit back to its original specifications.

NOW THEREFORE BE IT RESOLVED THAT the City Commission of the City of Plymouth does hereby authorize the repairs to the Bandshell in the amount of \$16,890.38 by Century Industries in Sellersburg, Indiana. Funding for these repairs is authorized from the City Equipment Fund 661-290-930.

CITY OF PLYMOUTH
201 S. MAIN
PLYMOUTH, MI 48170
www.ci.plymouth.mi.us

ADMINISTRATIVE RECOMMENDATION

To: Mayor & City Commission
From: Paul J. Sincock – City Manager
CC: S:\MANAGER\Sincock Files\Memorandum - Fire Truck Aerial Bucket to Schoolcraft 02-15-16.doc
Date: 2/11/2016
Re: Disposition of 1980 Aerial Ladder Truck

BACKGROUND:

The City Commission is aware of the fact that we jointly purchased a new aerial ladder truck for the Fire Department with the City of Northville. The current 1980 ladder truck is 100% owned by the City of Plymouth and as such we are required to determine the disposition of that piece of equipment.

The truck itself is fully depreciated for several years, but is in relatively good overall mechanical condition due to its limited use. However, it is difficult to maintain the certifications and parts maintenance on a truck that is approaching 40 years old to keep it in active fire fighting. Due to the fact, that we are fortunate to have few major fires the truck has had very little "fire scene" use and even fewer miles.

Related to the disposition of the truck we really have two options; sell to a collector or assign the truck to Schoolcraft College for their Fire Fighter Academy for use as a training vehicle. A sale process on a truck that large will involve significant time and in the meantime we will need to continue to insure it and maintain it. Due to the truck's size finding a collector who would be willing to pay any significant amount of money is not likely and the truck would end up most likely stored in a pole barn and used for an occasional parade or fire equipment muster. On the other hand, if we provide the truck to Schoolcraft College, it would be regularly used as a part of the Fire Academy training. It should be noted that the majority of our fire fighters have come through the Schoolcraft Program. In addition, we would be able to open up some of the Schoolcraft facilities to our Fire Department for additional training opportunities. The facilities at Schoolcraft are excellent and having the opportunity to use their driving pads or live training mazes would be an excellent training tool for the Department.

The City of Plymouth has a history of providing fully depreciated Fire Equipment to Schoolcraft and in 1998 the City provided an American LaFrance Pumper truck to the program. We have attached a newspaper story from December 20, 1998 as additional background information.

While not related to this specific situation a larger issue related Capital Purchases is our limited use of major pieces of apparatus and perhaps we should investigate the possibility of turning over our equipment earlier while it still has significant cash value. This issue could be a discussion for the future, but it is something that we may want to provide a detailed review as we progress with discussions related to Capital Purchases. This would be clearly different than the "way we have always done it," but it should be a part of future review of Capital Purchases.

RECOMMENDATION:

The City Administration recommends that the City Commission authorize the transfer of the 1980 Aerial Ladder Truck to the Schoolcraft College Public Safety Programs for use as a training apparatus. This is the best use of the truck and it will serve as an excellent training tool for our future Fire Fighters. In addition, we will be able to use some of the Schoolcraft facilities for training of our current Fire Fighters. The City Administration is of the opinion that this is a win for Schoolcraft, giving them a "new" training tool. It is also a win for the City as we will have the opportunity to have better trained future fire fighters as well as being able to use some of Schoolcraft's facilities for training of current Fire Fighters. It is also a win for the truck itself as this is the best use of the truck in its later years of life.

We have attached a proposed Resolution for the City Commission to consider regarding this matter. Should you have any questions in advance of the meeting please feel free to contact either Commissioner Pobur or myself.

Fire truck goes to good use

Truck donation: Plymouth Assistant City Manager Paul Sincock (from left) and Commissioner Dave McDonald present an old fire truck to Clyde Rivard, coordinator for the Fire Technical Program at Schoolcraft College and Sharon Braun, director of College Centers at Schoolcraft Wednesday at the Plymouth City Services building. The city of Plymouth donated the old 1976 city fire truck to Schoolcraft College after failing to find a buyer for the fire truck. It will be used by the Fire Technology Program, which trains nearly 300 firefighters each year in basic and in-service class-

es.



STAFF PHOTO BY PAUL HURSCHEMANN

RESOLUTION

The following Resolution was offered by Comm. _____ and seconded by Comm. _____.

- WHEREAS The City of Plymouth has a 1980 Aerial Bucket Fire Truck to protect the public Health safety and welfare, and
- WHEREAS It has been fully depreciated and determined that this vehicle is no longer used for regular fire fighting services, and it has been deemed as surplus equipment, and
- WHEREAS The Schoolcraft College Public Safety Program has a need for a Aerial Bucket Fire Truck for use as a training tool for their Fire Academy, and
- WHEREAS The truck has been reviewed by the Schoolcraft College Public Safety Programs Leadership group and it was determined that this vehicle would meet the needs of The program, and
- WHEREAS A majority of the Fire Fighters serving the City of Plymouth have come through the Schoolcraft Fire Academy, and there on on-going training opportunities with Schoolcraft College for our current Fire Fighters, and
- WHEREAS The City of Plymouth has a history of providing surplus fully depreciated Fire Equipment to Schoolcraft College.

NOW THEREFORE BE IT RESOLVED THAT the City Commission of the City of Plymouth does hereby recognize the value of the Schoolcraft College Public Safety Programs Fire Academy as a training ground for the majority of the Fire Fighters serving the City of Plymouth and the City Commission does hereby authorize the transfer of title of the Stuphen Aerial Fire Truck to Schoolcraft College Public Safety Programs Fire Academy.

CITY OF PLYMOUTH
201 S. MAIN
PLYMOUTH, MI 48170
www.ci.plymouth.mi.us

ADMINISTRATIVE RECOMMENDATION

To: Mayor & City Commission
From: Paul J. Sincock – City Manager
CC: S:\MANAGER\Sincock Files\Memorandum - Water System Reliability Study and Plan 02-15-16.doc
Date: 2/11/2016
Re: Water Distribution Reliability Study

BACKGROUND:

The City of Plymouth operates a Water Distribution System and according to the Michigan Department of Environmental Quality (MDEQ) we are required to update our plan every five years. This is an important tool in operating our system and it will help provide a road map for certain future capital expenditures that may be needed in the future. In addition, having a current plan is a part of the Insurance Services Organization (ISO) review of our water system, which is a part of the Fire Insurance Rating system for the entire City.

The plan will focus on a complete hydraulic analysis of the system and will use the water model to identify system deficiencies. The final report will also contain recommendations and preliminary cost estimates for future Capital Expenditures.

This project would be funded by the Water Fund and it has no impact on the General Fund. The cost of the project is \$27,500 and this includes the full report and filings with the State of Michigan. To use another Engineer for this project would cost us additional time and materials as they would have to "learn" our systems and develop their own water model program.

We have attached a short memorandum from Municipal Services Director and Chief Licensed Operator of our Water System and an outline of the scope of services from City Engineer Shawn Keough as additional background information.

RECOMMENDATION:

The City Administration recommends that the City Commission authorize Wade Trim to complete a Water Distribution System Reliability Study and Plan. This is a requirement of the State MDEQ that the City have an updated plan every five years. In addition, this plan is an important element to the City's Fire Service Rating from the ISO, which impacts resident and business fire insurance costs.

Funding for this report is contained in the Water and Sewer Fund and is paid for by water/sewer rates on customers. This authorization will have no impact on water rates in the City.

We have attached a proposed Resolution for the City Commission to consider regarding this matter. Should you have any questions in advance of the meeting please feel free to contact either Chris Porman or myself.



Department of Municipal Services

1231 Goldsmith Plymouth, MI 48170 734-453-7737 phone 734-455-1666 fax

Date: February 11, 2016
To: Paul J. Sincock, City Manager
From: Chris S. Porman, Director of Municipal Services
Re: Professional Engineering Services for Reliability Study and General Plan

Every five years, the City is required to update its water distribution system General Plan and Reliability Study. Our previous plans were last updated in 2009 and 2010 respectively. In 2016, we are looking to put these items on the same schedule, instead of performing these related tasks in subsequent, multiple years.

The General Plan and Reliability Study are tools used in planning for improvements to the overall distribution of the City's water system. They project incrementally into the future the needs of the system and identify and suggest improvements and recommendations.

The City's Engineering Consultant has provided the following cost estimate to complete both of these tasks in the amount of \$27,500. Attached is a letter from Shawn Keough, which further outlines the tasks, as well as the deliverables associated with the project.

I have attached the proposed Professional Engineering Services Proposal for review.

Should you have any questions, please feel free to contact me.



WADE TRIM

February 8, 2016

City of Plymouth
1231 Goldsmith
Plymouth, MI 48170

Attention: Mr. Chris Porman
Municipal Services Department Director

Re: Professional Engineering Services Proposal for
Water Distribution System Reliability Study and General Plan

Dear Mr. Porman:

We are pleased to present this proposal to prepare a Water Distribution System Reliability Study and General Plan for the City of Plymouth. Wade Trim has completed numerous reliability studies for our clients including the Cities of Taylor, Dearborn Heights and Highland Park, and the Townships of Canton, Van Buren, Harrison and East China. The experience and relationships we have gained through these previous projects will enable us to prepare your reliability study in an efficient and cost-effective manner.

Reliability Studies are required to be updated every five years. We understand that the previous Reliability Study and General Plan were completed in 2010 and 2009, respectively. A letter from the Michigan Department of Environmental Quality (MDEQ) dated June 3, 2014 stated that the next Reliability Study was due in 2015 and the General Plan was requested to be completed back in 2014.

The Water Distribution System Reliability Study and General Plan are important tools used in managing and developing the overall water system. The Reliability Study focuses on three different planning periods. The reliability study analyzes water use today, five years into the future, and 20 years into the future.

The General Plan focuses on a complete hydraulic analysis of the system and will utilize the water model to identify system deficiencies and recommend capital improvement projects (i.e., CIP) to address the deficiencies. Deficiencies may include problems with dead-end mains and poor water quality, low pressure zones, and areas that do not have adequate water supply for fire protection. The demands evaluated include both customer water consumption and system water loss during average and peak demand periods. The final report will contain recommendations and cost estimates for improving the water distribution system.

Scope of Services

We have put together a scope of services for reliability studies that we have used in many of our client communities. This process has been successful in producing documents that are accepted and approved by the MDEQ staff. We propose to use a similar process for the City of Plymouth, including the following specific tasks:

Wade Trim Associates, Inc.	734.947.9700
25251 Northline Road	800.482.2864
P.O. Box 10	734.947.9726 fax
Taylor, MI 48180	www.wadetrim.com



- Update the City's water system model previously developed by Wade Trim for the 2002 Water Distribution System Reliability Study. The water system network in the model will be updated with as-built information and consulting with City staff to ensure the system is modeled accurately.
- Review and analyze current zoning maps to determine present and future levels of development and changes. Population data provided by SEMCOG will be reviewed to determine possible changes in the water consumption requirements. Projected future developments and population trends will be used to predict future water consumption for 5-year and 20-year planning periods.
- Obtain meter data from DWSD for the previous two years. This data will be used to determine average day and peak period water supply and delivery pressures to the City.
- Obtain and analyze the City's water billing records to determine water use patterns. The demands for the highest users will be entered directly into the model. Remaining system demands will be uniformly allocated throughout the system, thereby, producing a model that accurately represents the current water usage for the City.
- Conduct fire hydrant flow and pressure tests throughout the City in order to calibrate the water model. This will be conducted and coordinated with City staff in the spring of 2016.
- Review existing water utility maps to identify areas of concern within the system (e.g., identification of dead-end water mains, looping deficiencies, etc.).
- Meet with City staff to collect system data and discuss the model results, areas of concern, problem areas, projected needs, and verify valve closure locations (if any) within the system.
- Perform the computer hydraulic analysis. The analysis will include average day, maximum day, maximum day plus fire flow, and maximum hour demand conditions.
- Identify potential improvements and evaluate the impact of the improvements on the system.
- Develop a water shortage response plan for emergencies, if necessary.
- Prepare the Water Distribution System Reliability Study and General Plan report. The report will present recommendations and planning level cost estimates for future development of the water distribution system. This plan will project out to the 2036 design situation.
- Meet with City staff to refine and finalize the plan.

Deliverables

The following deliverables will be provided as they are developed throughout the project:

- Population projections for the existing, 5-year and 20-year planning periods
- Summary of water demands (average day, maximum day and peak hour) for the existing, 5-year and 20-year planning periods
- Analysis of unaccounted for water (i.e., system water loss)
- Updated water model files
- Existing water distribution system maps (e.g., pipe diameters, materials, etc.)
- Pressure contour maps for average day, maximum day and peak hour water demands for existing, 5-year and 20-year planning periods
- Fire flow (fire protection) maps for existing, 5-year and 20-year planning periods (based on maximum day scenario)
- Map of proposed recommended improvements
- Summary of recommended improvements
- Planning level cost estimates for recommended improvements
- Final report (six hard copies and a pdf)

Schedule

Wade Trim is prepared to begin work by March 1, 2016. We will begin the project by having a kick-off meeting with you so that we can discuss the most efficient way to get updated water use data from the City. We anticipate that we will have the Reliability Study and General Plan report complete by June 1, 2016.

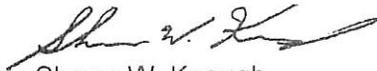
Compensation

We propose to provide the above services associated with the Water Distribution System Reliability Study and General Plan for a lump sum fee in the amount of \$27,500.

Please feel free to contact our office if you have any questions or require further information on this Proposal. We look forward to working with you on the Water System Reliability Study and General Plan.

Very truly yours,

Wade Trim Associates, Inc.



Shawn W. Keough
Vice President

SWK:TAV:ka
AAA 8140-16

Plymouth Water Study Prop Ltr 2-8-16.docx

cc: Mr. Paul Sincock, City Manager

RESOLUTION

The following Resolution was offered by Comm. _____ and seconded by Comm. _____.

WHEREAS The City of Plymouth operates a water distribution system and as a part of Operations there is regular scheduled testing of the water supply as well as Certain reports related to system reliability and plans, and

WHEREAS The System Reliability and Plan needs to be updated approximately every Five years in order to help manage and develop the water system, and

WHEREAS There is significant work from the City Engineer that is required for the reports That needs to be completed and filed with the State of Michigan and to be of use For future capital improvements in the system.

NOW THEREFORE BE IT RESOLVED THAT the City Commission of the City of Plymouth does hereby authorize a contact of work with City Engineer Wade Trim in the amount of \$27,500 to complete a Water Distribution System Reliability Study and General Plan as outlined with the Scope of Work on February 8, 2016. Funding for this report shall be authorized from the City's Water and Sewer Fund.