

TAB 3



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: H.I.P.P.Y. Family Field Trip/Picnic EVENT DATE: 4-22-08
 APPLICANT: Resource Connection for Kids EVENT TIME: 6:00-8:00 PM.
 ADDRESS: 302 Manatee Ave. E., Ste 200 PHONE: 941.745-5949 X3020
Bradenton, FL. 34208
 CONTACT: Carol Hunt, Director RC4K PHONE: _____

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Pot Luck Dinner with H.I.P.P.Y. Program Families, Child friendly activities

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
 PUBLIC WORKS: Barricades: _____ Clean-up: _____ Set-up: _____ Other: _____

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
 Proposed location(s): _____

INSURANCE REQUIREMENT: Organized events open to the public require insurance naming the City of Palmetto as an "Additional Insured" and the insurance policy must be provided to the City Clerk ten (10) days prior to the event. If you have entered into a rental agreement for a City facility for a private event, no insurance is required. **Please review Exhibit A for insurance coverage requirements.**

The Special Function Permit Application must be submitted to City Commission for approval at least 30 days prior to the event. Sale or consumption of alcoholic beverages on City property is strictly prohibited. If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

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Special Function Permit Application
Page 2

EVENT: H.L.P.P.Y. Family Field Trip/Picnic Event Date: 4-02-2008

INDEMNITY

Resource Connection for Kids (Permittee)

agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Mary B. Swartz 4/1/08
Permittee

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	Date	_____
Planning & Zoning	<u>[Signature]</u>	Date	<u>4/4/08</u>
Risk Management	<u>[Signature]</u>	Date	<u>4/7/08</u>
Parks Department	<u>[Signature]</u>	Date	<u>4/2/08</u>
Police Department	<u>[Signature]</u>	Date	<u>4/09/08</u>
North River Fire	_____	Date	_____
APPROVED BY COMMISSION:	_____	Date	_____

Internal use only
Date Received: _____

4:38p City of Palmetto

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2008 10:22 9417500591

RC4K

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Special Function Permit Application
Page 2

EVENT: H.I.P.P.Y. Family Field Trip / Picnic Event Date: 4-22-2008

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CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	Date	_____
Planning & Zoning	<u>[Signature]</u>	Date	4/4/08
Risk Management	<u>[Signature]</u>	Date	4/7/08
Parks Department	<u>Gail Sager</u>	Date	4/2/08
Police Department	_____	Date	_____
North River Fire	<u>[Signature]</u>	Date	4/19/08
APPROVED BY COMMISSION:	_____	Date	_____

Internal use only
Date Received: _____

Client#: 1118860

73MANATCOM2

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 3/20/08
PRODUCER BB&T Wyman, Green & Blacklock 1111 8th Avenue W P.O. Box 9029 Bradenton, FL 34205		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Manatee Community Action Agency Inc. 302 Manatee Ave E, Suite 150 Bradenton, FL 34208		INSURERS AFFORDING COVERAGE INSURER A: Market Insurance Company NAIC# 38970 INSURER B: FCCI Insurance Company 10178 INSURER C: INSURER D: INSURER E:

COVERAGES

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

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES FOR: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. TEST <input type="checkbox"/> LOC	3602SS2997140	08/04/07	08/04/08	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP. (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	1002SS2674213	08/04/07	08/04/08	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ ACC \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	4602SS2558324	08/04/07	08/04/08	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	001WC07A49097	05/16/07	05/16/08	<input checked="" type="checkbox"/> WC STAT/LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Palmetto is named as Additional Insured with respect to General Liability, for the HIPPI Picnic to be held on 4/22/2008 at Sutton Park, from 8:00 p.m. to 8:00 p.m.

CERTIFICATE HOLDER

City of Palmetto
 316 8th Avenue West
 Palmetto, FL 34221

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD_(R)

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
03-26-2008

PRODUCER
Markel Insurance Company
P.O. Box 3870
Glen Allen, VA 23058-3870

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

CODE SUB-CODE

- COMPANY LETTER **A** MARKEL INSURANCE COMPANY
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
Manatee Community Action Agency, Inc.
302 Manatee Avenue East, Suite 150
Bradenton, FL 34208

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	3802SS299714-0	08-04-2007	08-04-2008	GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADVERTISING INJURY \$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MEDICAL EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Certificate holder is included as additional insured for operations conducted by the named insured.
RE: Hippy Picnic to be held on 4/22/2008 at Sutton Park from 6:00 p.m. to 8:00 p.m. one day only

CERTIFICATE HOLDER

City of Palmetto
516 8th Avenue West
Palmetto, FL 34221

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Bruce A. Kay

Bruce A. Kay

PAR

City of Palmetto Parks & Recreation Department 600 17 th Street West Palmetto, Florida 34221	Phone: (941) 721-2138 Fax: (941) 721-2139 E-Mail: pmartin@palmettofl.org
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CITY FACILITY RENTAL APPLICATION / AGREEMENT

Please complete this application with as much detail as possible. Return completed application with ALL appropriate rental fees via mail to the address above or in person at 910 16th Street West.

Name of Applicant: Resource Connection for Kids (H.I.P.P.Y. Program)		Name of Organization Manatee Community Action Agency, Inc. <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Not For Profit	
Address: Suite 200 302 Manatee Ave. East	City: Bradenton	Zip Code: 34208	
Phone (daytime): (941) 745-5949	Phone (evening): —	Phone (cell): —	E-Mail Address:
Contact 1 (if other than applicant): Karen Stewart	Phone (daytime): 745-5949 x 2040	Phone (evening): —	
Contact 2 (if other than applicant): Toni Blaise	Phone (daytime): 745-5949 x 3100	Phone (evening): —	
Anticipated attendance:	Minimum	Maximum	
Date(s) of Use: Tuesday, April 22, 2008	Day(s) of week: Tuesday evening		
Start time (include decorating/setup time): 5:15 PM	End time (include cleanup time): 8:15 PM		
Is this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is an entry fee, ticket or registration fee required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are any other fees associated with this event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to any of the above, please explain how funds will be used.			

Please check all that apply to this event:

- Baby/Bridal Shower Birthday Party Church Function/Social Family Gathering/Reunion
- Field Use (Games or Practices) Field Use (Recreational) Meeting Picnic Clinic
- Political Function Tournament Wedding or Reception Youth League Meeting
- Electric (if available) Water (if available) Other (describe):

Building/Facilities & Rental Fees

Please check ALL facilities being requested for use and circle the application fees.

Sutton Park

- Pavilion FEES: \$65.00 First 3 Hours/ \$20.00 each additional hour
- Pavilion Per Day FEES: \$175.00 First Day/\$100.00 each additional day
- Ball Field FEES: \$30.00 First 3 Hours/ \$ 5.00 each additional hour
- Ball Field Per Day FEES: \$55.00 All Day/\$45.00 each additional day
- Pavilion & Ball Field per Day FEES: \$200.00 First Day/\$100.00 each additional day

Lamb Park

- Tennis Courts FEES: \$20.00 First 3 Hours/ \$ 5.00 each additional hour
- Picnic Grounds FEES: \$50.00 First 3 Hours/ \$ 5.00 each additional hour
- Celebration Center FEES: \$90.00 First 3 Hours/ \$20.00 each additional hour
- Celebration Center FEES: \$225.00 All Day/ \$150.00 each additional day

17th Street Park

- Pavilion FEES: \$55.00 First 3 Hours/ \$15.00 each additional hour
- Pavilion FEES: \$150.00 All Day/\$100.00 each additional day

Palmetto Historical Park

Carnegie Library

- Basement Floor Only
- Basement Floor & Grounds
- Chapel \$100.00 Security deposit

FEES: \$130.00 First 3 Hours/ \$40.00 each additional hour
 FEES: \$140.00 First 3 Hours/ \$45.00 each additional hour
 FEES: \$50.00 an hour

Soccer Field

FEES: \$45.00 First 3 Hours/\$15.00 each additional hour

Riverside Park West

Pavilion

FEES: \$60.00 First 3 Hours/\$20.00 each additional hour

Green Bridge Fishing Pier (Tournaments)

FEES: \$150.00 Per day
 FEES: \$200.00 Security deposit

NOTE: A SPECIAL FUNCTION PERMIT AND ADDITIONAL SECURITY DEPOSIT ALSO MAY BE REQUIRED PURSUANT TO CHAPTER 19, ARTICLE VI OF THE CITY CODE OF ORDINANCES. RENTAL OF CITY FACILITIES FOR MORE THAN FIVE (5) DAYS IN ANY THIRTY (30) DAY PERIOD SHALL REQUIRE CITY COMMISSION APPROVAL. FEES FOR LONG TERM RENTAL OF CITY FACILITIES SHALL BE BASED ON THE ADDITIONAL OPERATION AND MAINTENANCE COSTS INCURRED BY THE CITY IN CONNECTION WITH SUCH LONG TERM USE.

Security Deposit: \$50.00 per facility unless a different amount is specified above. This amount is payable at time of reservation and is refundable upon the Completion of a favorable inspection. Up to 100% of the security deposit may be retained for damage and/or clean up if deemed necessary by management. In addition, the applicant shall be responsible for payment of cleaning/damage charges in excess of the security deposit.

Total Fees Enclosed: \$ 115.00 Cash or Check # _____ for Rental Fees 65.00 for Deposit(s) 50.00
 A Drivers License # is required for ALL checks for the person whose name is on the check:
 State _____ # _____

Applicant fully understands that submittal of this application does not confirm my/our request and that **ALL Rental Fees and Taxes Must Be Included With This Application.** I/We further understand that ALL requests are subject to staff approval and are processed on a first come first served basis. Upon review, a designated staff member will notify me or one of my contacts regarding the status of this request and whether or not there is any additional information required, or if any rental fees and/or deposits still remain to be paid. I/We also acknowledge that I/We have received a copy, read, understand and fully agree to all of the items and terms outlined in the Facility Rental Agreement, including how to proceed in the event of any emergency needing immediate attention during the event. I/We further affirm that the information contained in this application is true and correct to the best of my/our knowledge.

Signature of Applicant: Mary B. Jewell, Sr. by Di McAN Date: 2/27/08
Resource Connection for Kids, Director
 Please make ALL checks payable to the City of Palmetto

FOR OFFICE USE ONLY

Date Rec'd:	Approved or Denied
Fees Collected:	Receipt #/s:
Palmetto Historical Commission	_____
Palmetto Parks and Recreation Department	_____

**CITY OF PALMETTO
FACILITY RENTAL APPLICATION
APPLICANT ACKNOWLEDGEMENT**

The Applicant, Resource Connection for Kids, hereby acknowledges and agrees to the following:

- All rental fees and taxes must be included with this application
- Submittal of the application does not confirm reservation dates
- Reservation requests are subject to City approval and are processed on a first come, first served basis
- Applicant has been provided with a copy of the City Facility Rental Rules and Regulations and agrees to abide by same

Applicant hereby affirms that the information contained in this application is true and correct, acknowledges receipt of a copy of the application, and agrees to all of the terms and conditions as outlined in the Facility Rental Agreement, including how to proceed in the event of an emergency during the event.

In the case of an emergency contact the Palmetto Police Department at 941-723-4587.

The applicant hereby agrees to indemnify and hold harmless the City of Palmetto ("City"), its agents and employees against any and all claims, demands, costs, expenses and liability of every kind, nature and description directly or indirectly arising from or related to the use of the City Facility permitted under this rental agreement. The undersigned applicant certifies that he or she accepts responsibility on behalf of his/her organization / group and it's guests for any damage or theft sustained by the City (premises, landscaping, equipment, furniture) because of occupancy of the City Facility by the organization. I have read and agree to comply with the rules and regulations stated in or incorporated into this rental agreement. The cost of any special cleaning or damage to the City Facility, equipment of grounds due to the scheduled activity or event will be deducted from the security deposit provided for herein. In the event that such costs exceed the amount of the security deposit, the undersigned agrees to be personally responsible for the payment to the City of any overages.

By: Carol Hunt

Print name: Carol Hunt, Resource Connection for Kids
Director

Date: 2-26-2008