



Town of Simsbury

933 HOPMEADOW STREET

P.O. BOX 495

SIMSBURY, CONNECTICUT 06070

Thomas J. Cooke - Director of Administrative Services

BOARD OF SELECTMEN MEETING AGENDA SUBMISSION FORM

- Title of submission: Fidelco Guide Dog Foundation Fundraising Dog Walk and Family Fun Day
- Date of submission: January 29, 2013
- Date of Board Meeting: February 11, 2013
- Individual or Entity making the submission:

Fidelco Guide Dog Foundation, Inc.
103 Vision Way
Bloomfield, CT 06002 860-243-5200
- Action requested of the Board of Selectmen (Acceptance of gift, creation of reserve, approval of contract, information only, etc. Be as specific as possible with respect to the desired action of the Board.):

The Individual or Entity making the submission requests that the Board of Selectmen:

Approval of a Public Gathering Permit for Fidelco's Fundraising Walk and Family Fun Day.
Use of town property to promote the event.
- Individual(s) responsible for submission (Please include complete contact information. The identified individual(s) should be prepared to present information to the Board of Selectmen at the Board Meeting.):

Julie Unwin, COO
103 Vision Way
Bloomfield, CT 06002

office 860-243-4041
cell- 860-308-5323
junwin@fideleo.org

7. Summary of Submission (Include in your summary (i) relevant dates and timelines; (ii) parties involved; (iii) a description of financial terms and conditions specifically identifying the financial exposure/commitment of the Town of Simsbury; (iv) whether or not contracts, licenses and other legal documents have been reviewed by the Town's counsel; and (v) other information that will inform the Board of Selectmen's consideration of your submission. Include any additional information in an attached memorandum.):

asdfadsf

<u>Dates and Times</u>		
9/29/13	10am - 7pm	Event and clean up
9/28/13	Time TBD	set up
9/15/13 - 9/29/13	Banner	Displayed
August - event promotion, confirmation, final details		
June - July } event promotion		
April May }		
March - approval of all town permits/applications		

Parties Involved
Fidelco Guide Dog Foundation, Town of Simsbury

Financial Terms - Fidelco to provide insurance certificate - no anticipated financial exposure for the town of Simsbury

8. Description of documents included with submission (All documents must be in final form and signed by the appropriate party.):

The following documents are included with this submission and attached hereto:

asdfadsfas

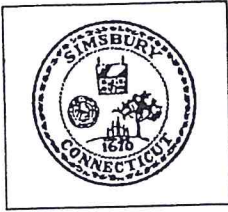
- Public Gathering Application
- Required Sign off Form
- Application Checklist
- Map of proposed Area
- Narrative memorandum
- Certificate of Insurance
- Non-Profit Sign Application
- Declaration

FIDELCO GUIDE DOG

- 2013 -

- 9/29/2013 -

(SUNDAY)



SIMSBURY ZONING COMMISSION
PUBLIC GATHERING PERMIT APPLICATION

Applicant's Name (PRINT): Fidelco Guide Dog Foundation, Inc.

Applicant's Address: 103 Vision Way
Bloomfield, CT 06002

Applicant's Telephone including office, home and cell phone: 860-243-5200
860-308-5323

Applicant's emergency Telephone number: 860-308-5323

Email address: junwin@fidelco.org

Property Owner's Name (PRINT): N/A

Property Owner's Address: N/A

Property Owner's Telephone: N/A

Property Owner's (Original) Signature giving permission to make this application:
(Use Blue Ink) [Signature]

Exact Date(s) of proposed Public Gathering: (These dates MUST include all required "set up" and "tear down" time as well as the actual dates of the Public Gathering.)

Exact Time(s)/Date: Begin: 9/29/13 7am End: 9/29/13 7pm

Location of proposed Public Gathering: (Complete Description and marked as shown on attached map): Simsbury Meadows Fields, Walk Route Iron Horse Blvd & Rt. 10/202

Is the event located on or does it utilize property owned by the Town of Simsbury? Yes Yes No

If Yes applicant MUST attach a Certificate of Insurance for \$1,000,000 in a form acceptable to the Town Attorney. (See Instruction sheet for directions).

Applicant must attach a complete narrative description of the event. This description MUST include ALL aspects and features of the event.

Anticipated Attendance at Public Gathering: 2,000 +/-

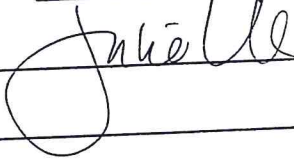
Public Gathering Permit Required Declaration

I declare, under the penalties of revocation of permit and forfeiture of the required Bond, that the information provided on this application is true and correct to the best of my knowledge and belief.

Applicant Name(s) (Printed): Julie Unwin, COO

103 Vision Way

Bloomfield, CT 06002

Applicant(s) Signature: 

Date Signed: 1-28-2013

PLEASE NOTE:
Same location... **NEW** address
103 Vision Way
Bloomfield, CT 06002

Share the Vision®



Office 860-243-5200
Fax 860-769-0567
103 Old Ips. Cr. Road Bloomfield, CT 06002
www.fidelco.org

The Fidelco Guide Dog Foundation invites the Town of Simsbury to *Share the Vision* by sponsoring the 32nd Annual Dog Walk Fundraising Event and Family Fun Day for the second year in a row.

This serves as an overview of the vision and key components of the event.

Vision and Opportunity – A High Value Event Partnership and Meaningful Message

To create an engaging, single day event in Simsbury, supported by six months of advance promotion that not only provides financial support for Fidelco's Mission but also showcases the Town of Simsbury, supports Simsbury businesses and engages the community.

Event Key Components

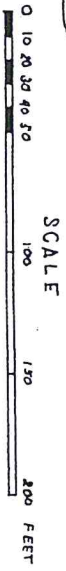
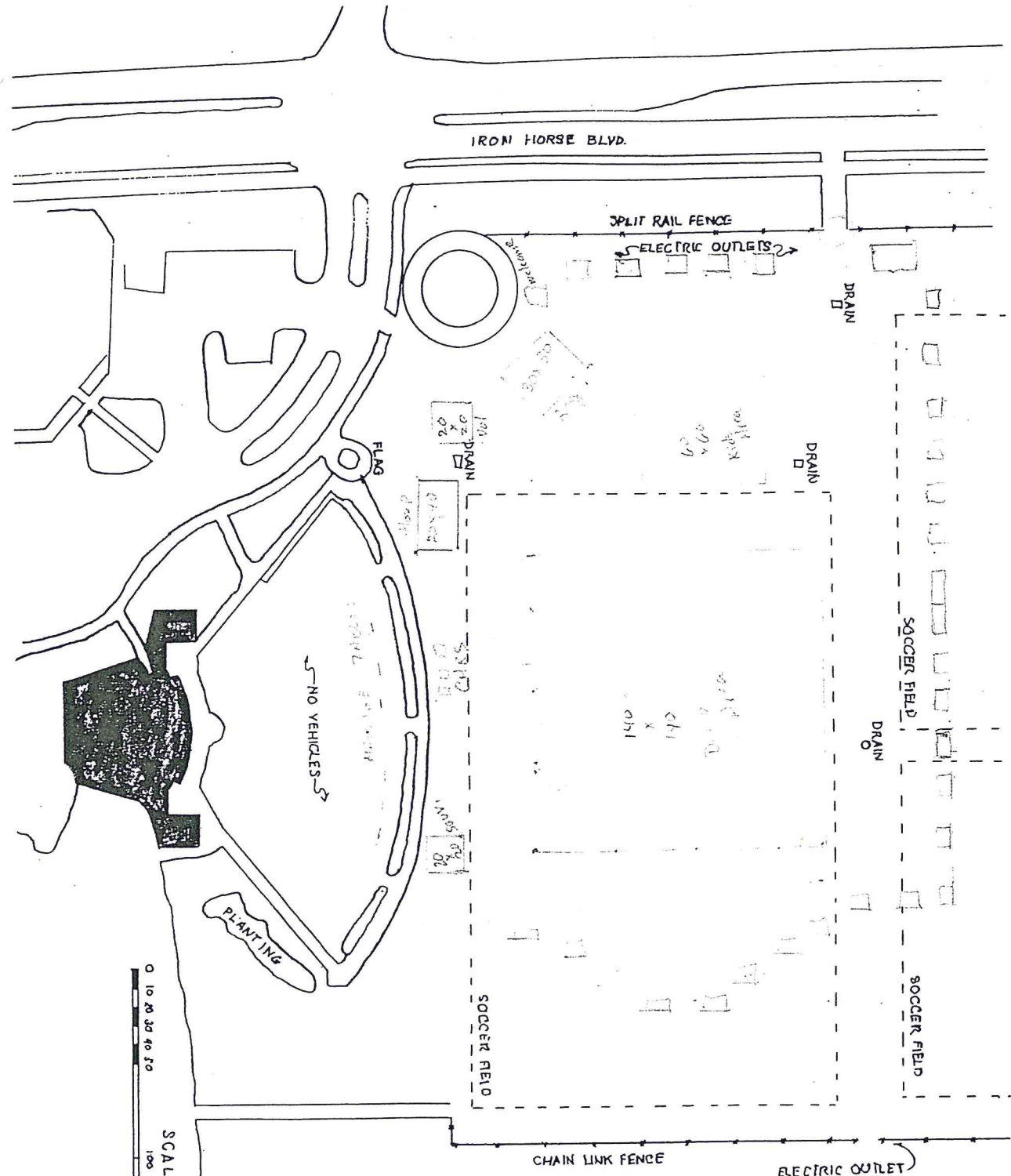
Event Schedule: The event will run five hours (10:00am-3:00pm)

Event Format: Walk/festival venue combined with a family-oriented "country fair" featuring local business, food service providers, vendor booths, entertainment, and informative and exciting canine demonstrations.

Attached map describes current walk route through the Town of Simsbury. An additional route will be developed with the assistance of the police department.

Map of last years event included for approximate layout of event.





- NOTES
- 40 X 60 TENT
 - 20 X 20 TENT
 - 10 X 10 TENT

VEHICLES MAY NOT ENTER THE SEATING AREA INSIDE THE ROCK WALL.

THERE IS A SPRINKLER SYSTEM ON THE FIELD. CHECK WITH THE FIELD COORDINATOR BEFORE DRAWING TENT STAKES.

ONLY THOSE VEHICLES NECESSARY FOR UNLOADING OR LOADING OF EQUIPMENT ARE PERMITTED ON THE FIELD. CHECK WITH THE FIELD COORDINATOR FOR SAFE PATHWAYS.

FIDELCO GUIDE DUT EVEN.

9/29/2013
 (SUNDAY)
 walk time 10:30 AM - 2:30 PM

LEGEND

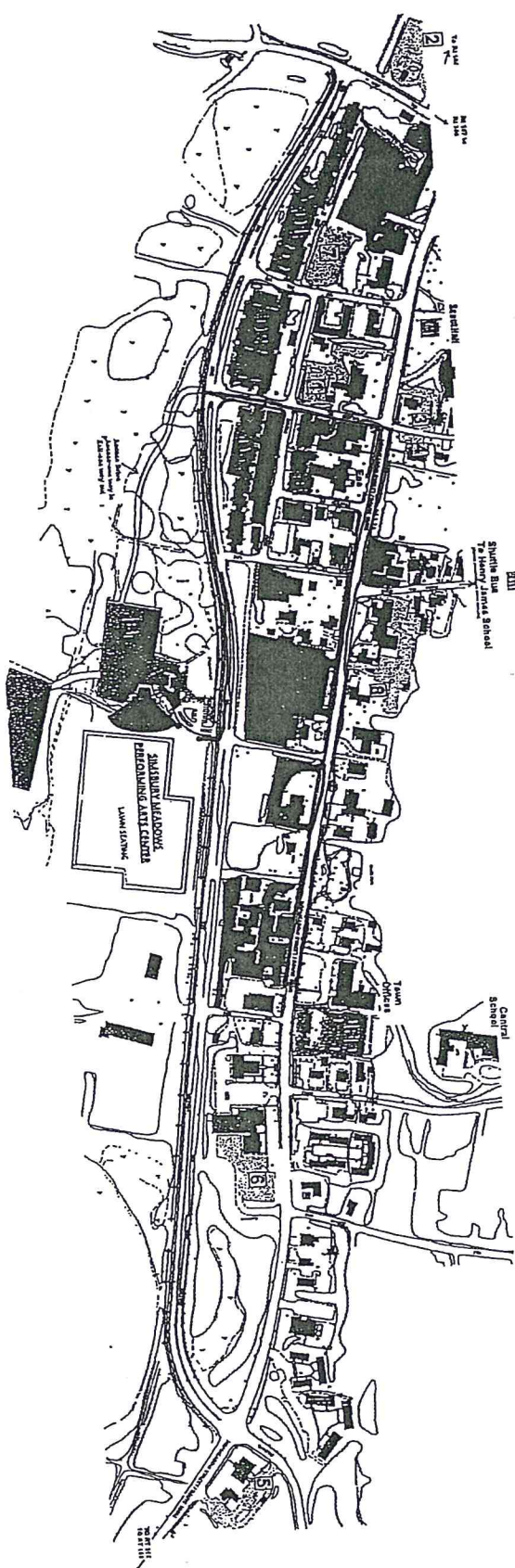
- Public Parking
- Private Parking
- No Event Parking

Public/Event Capacity

10-150	11
150-250	14
250-350	18
350-500	24
500-750	32
750-1000	42
1000-1500	56
1500-2000	74
2000-3000	100
3000-4000	133
4000-5000	177
5000-6000	230
6000-7000	297
7000-8000	376
8000-9000	467
9000-10000	560
10000+	667

Town Of Simsbury
 SIMSBURY PERFORMING ARTS CENTER AT SIMSBURY MIDDLEBURY
 Parking and Access

PHYSIC CENTER
 Access: Center/Production



Iron Horse Blvd
 Wilcox Street / Mall Way / Drake Hill Rd.
 10/2012
 Cross at Town Hall
 Return at 10/2012 to Wilcox

* Route maybe long distance
 to Drake Hill Road Loop.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/22/2013

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

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

PRODUCER MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454 Attn: Morristown.Certrequest@marsh.com/Fax:212-948-0979 052187-ALL-CAS-12-13	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Transportation Insurance Co</td> <td>20494</td> </tr> <tr> <td>INSURER B : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER C : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Transportation Insurance Co	20494	INSURER B : N/A	N/A	INSURER C : N/A	N/A	INSURER D :		INSURER E :		INSURER F :
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INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** NYC-006375739-03 **REVISION NUMBER:** 4

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC			2088987408	04/01/2012	04/01/2013	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/POP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS			2088986646	04/01/2012	04/01/2013	EACH OCCURRENCE	\$ 15,000.0
							AGGREGATE	\$ 15,000.0
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	
							OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

updated certificate will be given after 4/1/2013

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 TOWN OF SIMSBURY AND STATE OF CONNECTICUT, CONNECTICUT DEPARTMENT OF TRANSPORTATION, CONTRACT ADMINISTRATION, 2800 BERLIN TURNPIKE, NEWINGTON, CT 06111 IS INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO THE 2013 WALK FOR FIDELCO FUNDRAISING EVENT.

CERTIFICATE HOLDER TOWN OF SIMSBURY 933 HOPMEADOW STREET SIMSBURY, CT 06070	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee
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