



CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE 6/27/06

SUBJECT: TO CO-SPONSOR AND WAIVE A PORTION OF THE FEES FOR THE ATLANTIC SHORES VELO CLUB'S 9TH ANNUAL SPRING CRITERIUM BICYCLE RACE AROUND CITY CENTER SUNDAY, July 23, 2006.

DEPARTMENT: Parks and Recreation

ATTACHMENTS: Ordinance Resolution Budget Resolution

Other Support Documents/Contracts Available for Review in Manager's Office

RECOMMEND MOTION: To co-sponsor and waive \$5,616.10 in rental fees for the Atlantic Shores Velo Club's 9th Annual Spring Criterium Bicycle Race to be held around City Center on July 23, 2006, charging the Club only the rental and application fee of \$225.00 for the use of the Circle.

SUMMARY: The Atlantic Shores Velo Club has requested the City to co-sponsor their 9th Annual Spring Criterium Bicycle Race to be held July 23, 2006.

They are requesting waiver of fees for the use of City Center and costs associated with electrical, bleachers, portable staging, set-up, supervision and security for the event.

Staff is recommending a \$225.00 charge to the Club for the use of City Center and the application fee, waiving the remainder of the costs amounting to \$5,616.10 (list attached).

DEPARTMENT HEAD	Glen T. Walker	<i>Glen T. Walker</i>	Date:	June 16, 2006
FINANCE DEPARTMENT		Approved as to Budget Requirements		Date
CITY ATTORNEY		Approved as to Form and Legality		Date
CITY MANAGER	<i>[Signature]</i>	Approved Agenda Item for:		6/27/06

COUNCIL ACTION: Approved as Recommended Disapproved

Tabled Indefinitely Continued to Date Certain

Approved with Modification:



City of Port Orange
Parks and Recreation Dept.

6/7/06

On behalf of Atlantic Shores Velo I would like to thank you for allowing us to continue the great tradition of bike racing in the City of Port Orange. 2006 marks our 9th consecutive year of racing there. Every one of those race editions has been made possible through the city involvement and co-sponsoring of the event. We would request that you continue that tradition of co-sponsorship as well and help us keep bringing these amateur athletes to your great city.

Thank you for your time,
Tim Molyneaux
Atlantic Shores Velo

EVENT COST ESTIMATES

Port Orange Spring Criterium- Bike Races 2006 Date July 23, 2006 Time 6:00am-6:00pm

RENTAL ITEM	UNIT COST	RENTAL FEE
Application Fee	\$ 25.00	\$ 25.00
Amphitheater		
City Center Circle	\$ 200.00	\$200.00
City Center Plaza		
Light Tower		
Trash Cans	\$2.00 @ 6	\$12.00
Barricades	\$2.00 @8	\$16.00
Veteren's Park		
Tents		
SUB TOTAL		\$ 253.00
SERVICE ITEMS		
Road Closures	yes	
Electrical hook up (pedastools)	\$50.00 @ 1	\$50.00
Power supply		
Golf Carts		
Bleachers		
Stage(portable)		
Water Hook Up		
Insurance	need	
SUB TOTAL		\$ 50.00

PERSONEL	Reg. Man Hrs	Reg. Labor Cost	O.T. Man Hrs	O.T. Labor Cost
Parks & Recreation:				
Event Supervisor	18	\$ 469.98		
Parks Supervisor	12	\$ 288.12		
5 Parks Employees			70	\$ 1,400.00
Police:				
1 Sgt.			12	\$ 420.00
2 Patrol Officers			24	\$ 720.00
8 VIPS	96	\$ 1,440.00		
Fire:				
ERV- 2 men	24	\$ 720.00		
Public Works:				
2 staff	4	\$ 80.00	0	\$ -
SUB TOTAL	154	\$ 2,998.10	106	\$ 2,540.00
GRAND TOTAL		\$ 5,841.10		

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 05/02/2006	
PRODUCER PHILADELPHIA INSURANCE COMPANIES 3939 BELT LINE ROAD #850 ADDISON, TX 75001	972-488-8535	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 USA CYCLING, INC. #1101 ATLANTIC SHORES VELO 413 S ALDERWOOD ST WINTER SPRINGS, FL 32708	INSURERS AFFORDING COVERAGE		NAIC #
	INSURER A: PHILADELPHIA INSURANCE COMPANIES		
	INSURER B:		
	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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JCT <input type="checkbox"/> LOC	PHPK150397	12-31-2005	12-31-2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS / COMPROP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> Hired AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: FA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUS <input type="checkbox"/> OTH ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 CERTIFICATE HOLDER IS AN ADDITIONAL INSURED WITH RESPECTS TO EVENT ID#2006-1101 ATLANTIC SHORES VELO PRESENTS BEAT THE HEAT IN PORT ORANGE, FL ON 7/23/06, BUT ONLY WITH RESPECTS TO THE LIABILITY ARISING OUT OF THE NAMED INSURED'S OPERATIONS.

CERTIFICATE HOLDER CITY OF PORT ORANGE 1000 CITY CENTER CIR PORT ORANGE, FL 32129	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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
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