

DDA ACTION	
Approved	
Denied	
Date	

Douglas Downtown Development Authority Community Events Grant Program Application

	EVENT PRESENTER INFORMATION
	Name: Helen F. DeGeatano
	Name of Organization(s): Douglas Duttchens Base Ball Club
	Address: PO Box 825/ Bouglas, MI. 49406
- 1111 - 1	Phone: 269-257-7055 Email: 2000 phobins nest eyahoo, com
	How many years have you been in the Douglas Downtown Development Authority District? 214eurs
	EVENT INFORMATION (use additional sheets if needed)
1024/10	Event Name: Base Ball Games- Jothen Corns nauc UNL 22nd/Cepm: 7-13/2pm and already bosh submitted Event Date(s): Little City
	Event Location: Booky Field 8-17th/2pm-101100
	Describe your event in detail and how it will benefit the DDA District. Games pright 1845 Intage Play.
	· 10[1]
	Ω 22 1 Ω Ω Ω Tanc
	Anticipated Number of Attendees: © 30 to 200 Fans
	Attendees Demographics (ages, special interests, where are the coming from, etc.)
	Clubs coming to play from MI. and IL.
	THE RESIDENCE OF THE PROPERTY OF THE PARTY O
	Estimated Number of Volunteers: @ 30 each Game.
	Estimated Date/Time for Set-Up: Estimated Date/Time for Clean-Up:
	Estimated Date/Time for Set-Up: Estimated Date/Time for Clean-Up: Loopm Set up Por June 22nd Same 1200/cm set up For July 13 and Aug 17th Game
C 1 - 14	1206 for set up for July 13 and Hug 1751 Charles

	List the local businesses involved and include how businesses are participating in the event:
	N/A
	List your methods to advertise and promote the event as well as downtown and local businesses: On the ubba, org and doylasolutchus, org web sites, tourist books, newspapers, and Face Book
	Funding amount requested: (Include an itemized budget for the total costs of the event)
	(metade an itemized budget for the total costs of the event)
· 4	DDA FUNDING HISTORY 1. Is this the first time you have applied for DDA funding for an event? Yes □ No ☑ 2. If yes, how many times have you applied previously? ○□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
	Have you submitted a Special Event Application to City Council for approval? Yes No If yes, was it approved? Yes No The live that all 3 Games & Dates were signature of Applicant Date Date
	ALL DECISIONS CONCERNING THE COMMUNITY EVENTS FUNDING PROGARM APPLICATION PROCESS, INCLUDING ELIGIBILITY AND/OR CONTAINING ELIGIBILITY FOR FUNDING, ARE WITHIN THE SOLE DISCRETION OF THE DDA BOARD AND ARE FINAL.
	Please return application and supporting documentation to:
	Please return application and supporting documentation to: City of Douglas Downtown Development Authority 86 West Center, PO Box 757 Douglas, Michigan 49406 Nest Marketing Money Sent to City of Douglas Approved in Dec. 2023 Approved in Dec. 2023 Sent to City of Doce is to City of Doce is to City in San. 2024
Reg in or	Sadler Insurance - along with Certificate of
,,_ ,	COMPLETE THIS APPLICATION IN ITS ENTIRETY: INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

PLEASE RETAIN A COPY OF THIS ENTIRE APPLICATION FOR YOUR RECORDS.

15 RECEIPT FOR PAID TINSURGINE

assistant 2013

base balls

baseball

basket stuff

BASKETS

brett

Chicago Move!

cooking

coupons

Cousins

DDA, ETC

ddastuff

DIRECTIONS TO AWA...

DOCTOR INFORMATI...

Dutcher Board of Dire...

dutchers

dutcherspersonal

el about 6pm,

Family - Italian

financial stuff

GAMES 2022

Grants!!!!!!

GVSU

in box

Italian Club - SW MI

Italy

Marvwood

Marywood Academy

Marywood Alum

MDA

mstewartstuff

non profit items

Notes

ohiocupetc

personal assistant

RON

SAM

SAUGATUCK WOMA...

SEASON 2022

Sent Messages

TECH

VBBA Board

vbbf

web stuff

winter trip









matthewgritter@gmail.c Helen

Hi Helen.

Below is the receipt for the insurance payment. Attached is the certificate c can just drop a check in the mail to me....

Thanks! Matt

----- Forwarded message -----

From: Auto-Receipt < noreply@mail.authorize.net >

Date: Fri, Mar 29, 2024 at 10:55 AM

Subject: Transaction Receipt from Sadler & Company Inc for \$668.66 (USD)

To: Matthew Gritter < matthewgritter@gmail.com >

This confirms that you have successfully submitted payment information to Sadle

Order Information

Description:

Payment for soda

Invoice Number 415858 Customer ID

415858

Billing Information

Shipping Information

Matthew Gritter 4621 Pine Dr Holland, MI 49423

matthewgritter@gmail.com

Item Name Description

Qty Taxable

N

Item 1 Payment for soda

Unit Pric \$668.66 (USI

Tota

to matt Gritters
Retired Player
and Captain ob
The Bouglas
Butchers
Base Bal Club

Payment Information

Date/Time:

29-Mar-2024 10:55:41 EDT

Transaction ID:

80360159429

Payment Method: Transaction Type:

Purchase 06265D

Auth Code:

Sadler & Company Inc.

Columbia, SC 29205

US

sadlersports.com

It has been our pleasure providing you this automated payment option serviced t you have any questions, please call Sadler Sports Insurance at 1-800-622-7370.



Download all attachments as a zip file













yahoo!mail



Helen



Your order is on its w Fwd: Transaction Re-

New Subject

Deliver

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Compose

Fwd: Transaction Receipt from Sadler & Company Inc for

\$668.66 (USD) 3





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2007 Schedule

2007 VBBA CONVEN...

2007 VBBA Matches (...

2008 Season

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2011 Season 2012 Disney

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AARP

APPLE



Find messages, documents, photos or peor Advanced >



Helen



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Sadler Sports















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2007 Schedule

2007 VBBA CONVEN...

2007 VBBA Matches (...

2008 Season

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2015 Season 2016 Season

2017 Season

2018 Season

2019 Season 2020

2020 Season

2021

2021 Season

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2023

2024

2025

AARP

APPLE

[SODA Application] Verification of Coverage





Fri, Mar 29 at 10:55 AM &



sport3@sadlersports.com

ronrobbinsnest@yahoo.com

Congratulations, Your SODA Insurance Application Has Been Processed!

IMPORTANT---SAVE THIS EMAIL! You will not receive documents via the US mail, however, you will be able to access your information here 24/7.

CLICK HERE to access all of your necessary documents including

- · Verification of Coverage
- Certificates of Insurance
- Claim Forms
- Self-Issue Option for Future Certificates
- Add Teams

Please review all documents for accuracy and notify us immediately of any necessary changes.

CLICK HERE to access our Risk Management Library.

Free Starbucks Card! If you just click here, Ill explain it all.

Sadler Sports & Recreation Insurance PO Drawer 5866 Columbia, SC 29250 Docs@sadlersports.com

Like Us on Facebook

###If you'd like to unsubscribe and stop receiving these emails click here.













Sadler Sports Insurance

sport3@sadlersports.com (800) 622-7370 + Add to contacts

Sadler Sports: SODA

DATE (MM/ DD/ YYYY) ACORD CERTIFICATE OF LIABILITY INSURANCE 03/29/2024 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). CONTACT NAME: Sports Dept SADLER & COMPANY, INC. P.O. BOX 5866 PHONE (A/ C, No. Ext); 800-622-7370 FAX (A/ C, No): 803-256-4017 E- MAIL ADDRESS: soda@sadlersports.com COLUMBIA, SOUTH CAROLINA 29250-5866 PRODUCER CUSTOMER ID#: INSURED NAIC # **INSURER(S) AFFORDING COVERAGE** D/ B/ A SPORTSPLEX OPERATORS AND DEVELOPERS ASSOCIATION INSURER A: State National Insurance Company 12831 Douglas Dutchers Base Ball Club INSURER B: SeriousPoint America Company PO Box 885 38776 Douglas , MI 49406 Club #: C.94507 INSURER D CERTIFICATE NUMBER **REVISION NUMBER** 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. TYPE OF INSURANCE ADDL SUBR INSR WVD POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE \$2,000,000 COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES \$1,000,000 ☐ CLAIMS MADE ☐ OCCUR MEDICAL EXPENSES (other than 12:01AM ET 12:01AM ET \$5,000 OVE-0000286-01 П. 04/11/2024 04/11/2025 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$3,000,000 POLICY PROJECT LOC PRODUCTS- COMP/ OP AGG \$1,000,000 **MOTHER** AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea \$1,000,000 ☐ ANY AUTO TALL OWNED AUTOS BODILY INJURY (Per person) n/a n/a n/a SCHEDULED AUTOS BODILY INJURY (Per accident) ☐ HIRED AUTOS TINON-OWNED AUTOS PROPERTY DAMAGE (Per accident SEXUAL ABUSE / MOLESTATION EACH OCCURRENCE \$1,000,000 n/ a n/a n/ a AGGREGATE \$2,000,000 ☐UMBRELLA LIAB ☐OCCUR EACH OCCURRENCE n/ a ☐EXCESS LIAB ☐ CLAIMS- MADE n/a n/a AGGREGATE n/a n/a □ DEDUCTIBLE RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUE ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER OTHER Y/N E.L. EACH ACCIDENT N/A EXCLUDED? EXCLUDED:
(Mandatory in NH)
(If yes, describe under DESCRIPTION OF
OPERATIONS below E.L. DISEASE - EA EOMPLOYEE E.L. DISEASE - POLICY LIMIT PARTICIPANT ACCIDENT PHSA-12:01AM ET 12:01AM ET BAMH-10089-23 EXCESS MEDICAL \$100,000 04/11/2024 04/11/2025 C.94507 \$10,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: COVERED Team(s) - Adult - Accident & General Liability Baseball - 1 Team(s) - [Maximum 20 players per team] Team Names: · Baseball Teams: Douglas Dutchers Base Ball Club (Adult Team Accident As Part of Package: \$100,000 Excess Medical; \$10,000 Accidental Death or Dismemberment; \$500 per claim deductible; Physical Therapy & Chiropractic Visits - 5 Visits Maximum @ \$50 Per Visit; Hospitalization - Inpatient & Outpatient - \$1,000 Maximum; Surgeon's Benefits - \$2,500 Maximum; Anesthesia And Assistant Surgeon - Maximum of 25% Surgeon's Benefits; Emergency Room - \$500 Maximum; Physician Visits - \$50 Maximum Per Visit) (Adult Team General Liability as Part of Package: \$2,000,000 Each Occurrence; \$1,000,000 Participant Legal Liability Sublimit; \$1,000,000 Neurodegenerative Sublimit; Waiver/ Release Recommended)
The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above CERTIFICATE HOLDER 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. RELATIONSHIP Property Owner/ Lessor

AUTHORIZED REPRESENTATIVE (company A)

City of the Village of Douglas 86 W Center St Douglas, MI 49406

Jul. 1800.

Sadler Sports: SODA
AUTHORIZED REPRESENTATIVE (company B)

Coverage is only extended to U.S. events and activities

***NOTICE TO TEXAS INSUREDS: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

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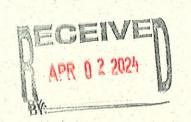
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Douglas Dutchers Base Ball Club

02-29-2024

To The Coty Manager, The City Council, and The Bowntown Development Authority,

HS we look towards another exating year of Vintage Ball in the Village of the City of Bouglas, we hope that you will be able to provide marketing money to our Club, We will once again have three Home Games, but will represent our great City in other locations in 2024.

Paid receipt for The Bouglas Butchers Base Ball Club to The Village of The City of Douglas. Also enclosed is the paid receipt for

the Insurance paid on 03-29-2024.

Douglas as soon as is possible. Thank you for June continued Supposed! Hurrah,

PO Box 885 • Douglas, MI 49406 • 269.857.7055 Founder / Dumer ronrobbinsnest@yahoo.com • www.douglasdutchers.org Of The Dorig las Dutchees Basi Bull Club







04-04-2024

Laura,

Please attach poperwork and Centificate of Ensurance with recoupt of paid insurance to this application.

Please repletto me following presentation to Committee.

Thank you,

Helen F. DeGastano