greatergold foundation
greatergold.org

June 2, 2026

Mayor Norie Gonzalez Garza and Honorable Members of the Mission City Council
City of Mission
1201 E. 8th Street
Mission, Texas 78572

Dear Mayor Garza and Members of the City Council,

On behalf of the Greater Gold Foundation, I respectfully request the use of the Mission Event Center for our annual Childhood Cancer Awareness Walk, scheduled for **Monday, September 7, 2026, at 7:00 p.m.**

This year marks the ninth consecutive year that the City of Mission and the Greater Gold Foundation have partnered to bring this meaningful event to our community. What began as a small gathering of fewer than 100 participants has grown into the largest childhood cancer advocacy event in South Texas, welcoming more than 1,500 participants last year. The event brings together childhood cancer warriors, survivors, families, healthcare professionals, community leaders, schools, businesses, and supporters united in the fight against childhood cancer.

We are incredibly grateful for the City of Mission's longstanding partnership and unwavering support of our mission. The Mission Event Center provides a beautiful and welcoming venue that allows us to honor local childhood cancer warriors while raising awareness of the challenges faced by children and families affected by this disease. Its accessibility, visibility, and exceptional facilities help create an experience worthy of the courageous children and families we serve.

As we continue to grow this event, our goal is to further establish Mission as the epicenter of childhood cancer advocacy in South Texas. Through this annual walk, we hope to continue building awareness, inspiring action, and uniting our community around the shared mission of ending childhood cancer.

Thank you for your consideration of this request and for your continued commitment to supporting the children and families of our region. We look forward to working alongside the City of Mission once again to make the 2026 Childhood Cancer Awareness Walk our most impactful event yet.

With sincere appreciation,

Maritza Venecia

Maritza Venecia
President & Founder
Greater Gold Foundation

MISSION, TEXAS

100% Fee Waiver Application Form

Please Note: All applications must be submitted at least six (6) months in advance of the event or requested service date to allow for proper review. Submission of this form does not guarantee approval. Only one (1) request per organization can be submitted annually to request the 100% Fee Waiver.

SECTION 1: ORGANIZATION INFORMATION

Legal Name of Organization: Greater Gold Foundation

Is your organization a non-profit? (Please check one)

[✓] Yes [ ] No

If yes, please provide your 501(c)(3) tax ID number and attach proof of your non-profit status. **(REQUIRED)**

Primary Contact Person: Maritza Venecia

Title: President

Mailing Address: 2910 N Stewart Road

City, State, ZIP Code: Mission, TX 78574

Phone Number: 956 792 3253

Email Address: mleevenecia@gmail.com

Website (if applicable): greatergold.org

SECTION 2: EVENT/PROJECT INFORMATION

Name of Event/Project: Walk for Warriors

Date(s) of Event/Project: Sept. 7, 2024

Time(s) of Event/Project (Start & End):

1:00 pm set-up
7 pm Program
9 pm. Conclusion

Purpose/Description of Event: (Please provide a clear and concise summary)

One mile walk & rally for childhood cancer.

Expected Number of Attendees/Participants: Over 1000

Will this event be open to the public?

[] Yes [ ] No

Will there be an admission fee or charge for participation?

[] Yes [ ] No

SECTION 3: CITY SERVICES REQUESTED

Please check all that apply and provide specific details:

Facilities:

Which facility is being requested: [ ] Event Center [ ] Historical Museum [ ] Golf Course

[ ] Library [ ]Boys & Girls Club Gymnasium(s) [ ] Other

Specific request is for use of room/area, tournament/permit fee?
Outside & bathrooms

[ ] Parks & Trails:

Which park/trail is being requested?

Specific area within the park?

Equipment:

List all requested equipment being requested (e.g., tables, chairs, sound system, etc.): ~~tents~~ chairs, stage, sound system, podium, golf carts, barricades, skywatch tower

Staffing:

Please describe the type of staffing needed (e.g., event security, special services):

Parks - set-up crew
Police - onsite personnel
Fire - onsite personnel

Estimated Total Cost of Services (if known):

$_____

SECTION 4: JUSTIFICATION FOR WAIVER/DISCOUNT

Please provide detailed justification for your request. Explain the community benefit of your event and why your organization requires a fee waiver or discount. (You may attach a separate sheet if needed.)

SECTION 5: INSURANCE & INDEMNIFICATION

The City of Mission will require that organization/applicant purchase general liability coverage for the event, naming the City of Mission as an additional insured. The organization/applicant assumes liability including cost of defense and attorney's fees for all bodily injury, personal injury, property damage or theft that may occur on the premises/equipment as a result of organization's/applicant's activities.

Organization/applicant agrees to hold the City of Mission harmless and further agrees to indemnify for any and all injuries or damages to the premises/equipment arising from organization's/applicant's use or occupation of the premises or from any act or negligence of organization/applicant, its agents, contractors, employees, licenses, or invitees in or about the premises.

Organization/applicant will indemnify and hold the City of Mission harmless from all costs arising out of any and all claims, suits, causes of action, and liability resulting from any damage and/or injury resulting from the presentation of any copyrighted work or material or violation of any other proprietary rights, any of which arise in conjunction with or are occasioned by organization's/applicant's use of the premises/equipment.

If the organization/applicant serves, sells, arranges or provides for the serving or sale of food or alcohol, then organization/applicant, representing all the event guests and participants, accepts full liability and holds the City of Mission harmless from and all liabilities, including but not limited to litigation brought due to the sale or donation, as well as damages arising from consumption, of such food or alcohol.
Insurance requirements are as follows, with limits of at least:

1. $1,000,000 coverage against the claims of any and all persons for personal or bodily injury (including wrongful death) arising out of the work and services to be performed hereunder by organization's/applicant's third-party vendors, its officers, agents, employees, subcontractors, licensees or invitees, whether or not caused in whole or in part by the alleged negligence of the officers, servants, employees of the City.

TEXAS LAW TO APPLY

This agreement shall be construed under and in accordance with the laws of the State of Texas. All obligations and disputes related to this Agreement are subject to the jurisdiction of Hidalgo County, Texas, and any litigation shall be exclusively heard in Hidalgo County, Texas.

SECTION 6: AGREEMENT & AUTHORIZED AGENT SIGNATURE

The signer of this 100% Fee Waiver Application for the Organization/applicant hereby represents and warrants that he/she has full authority to execute this 100% Fee Waiver Application on behalf of the organization/applicant.
I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the denial of this application and may impact future requests. I also agree to comply with all City of Mission rules, regulations, and policies related to the use of City services.

AUTHORIZED AGENT

The signer of this 100% Fee Waiver Application for the Organization/applicant hereby represents and warrants that he/she has full authority to execute this 100% Fee Waiver Application on behalf of organization/applicant.

Organization/Applicant: greater gold Foundation

Maritza Venecia

Printed Name of Authorized Agent

Signature of Authorized Agent

6/18/24
Date

Please submit the completed form and all supporting documentation to:

City Manager's Office
1201 E. 8th St., Mission, Texas 78572

For more information, please call (956) 580-8662.

FOR CITY OF MISSION USE ONLY

Date Received: 6/18/24

Received By: Cinde Lerma

Decision:

Presented before Mission City Council
on _____

[ ] Approved [ ] Denied

[ ] Other details or special considerations/NOTES (Please explain):

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