

To: City Council Special Events Committee  
Re: Mountain Lion 5K and Fun Run

The Longfellow Parents Association is requesting to host the Mountain Lion 5K and Fun Run on May, 6, 2023 at 2:00 pm. The event will be a fundraiser for the LPA and is open to the entire community. The majority of the event will be held at Longfellow Elementary School with the race leaving from the school, running 1.5 miles west on the Monarch Spur Trail and then returning to the school. The event will begin at around 1:00 pm with registration and participants gathering at Longfellow Elementary. The race will begin at 2:00 pm and end around 3:00 pm. The race itself will begin on 8th and J Streets, turn left on the sidewalk on 7th street and go up the Monarch Spur Trail for 1.5 miles (just past the turn to Walmart). The after party (award ceremony, raffle prizes) will take place solely on the LES campus. We are requesting street closure on J Street between 7th and 8th streets and have received approval from the police department regarding this closure. There are no businesses or residences on this part of the street (Atmos has a secondary entrance that can be used). Parking for the event will be at the Longfellow Elementary School parking lot and adjacent streets. Bathrooms for the event are located in the school and adequate trash receptacles will be provided by the school.

Thank you for your consideration. If needed, a member of our committee can be present for the Special Events Meeting on Thursday.

Many thanks,

*Renee Duricy*

## View results

Respondent

12

Anonymous

07:33

Time to complete

1. Event Name \*

Mountain Lion 5K and Fun Run

2. Event Contact Name \*

Renee Duricy

3. Event Contact Email Address \*

Lpa@salidaschools.org

4. Event Contact Phone Number \*

3104039666

5. If you are requesting on behalf of an organization, is it a nonprofit (501c3)?

\*

☒ Yes

☐ No

☐ N/A

6. If you have rented a park or registered for a program with Salida Parks & Rec, please indicate the name of the account in our software system (SmartRec/Amilia). \*

N/A

7. Event Location \*

Longfellow Elementary School and 1.5 miles of monarch spur trail

8. Event Start Date \*

5/6/2023



9. Event Start Time \*

1:00 pm

10. Event End Date \*

5/6/2023



11. Event End Time \*

4:00 pm

12. Estimated Number of People in Attendance \*

200

13. Please provide a short description of the event \*

This is a 5k and fun run to raise money for the LPA. It will begin around 1pm at Longfellow Elementary with people gathering and registering. The race will begin at 2pm on the corner of 8th st and J St and will turn left on the sidewalk on 7th street and go out and back west on the monarch spur trail. Then there will be awards and an after party at the school until about 4pm

14. Will food or merchandise be available from any vendor? \*

☐ Yes

☒ No

☐ Maybe

15. If yes, then food and sale tax licenses must be obtained and possibly a multi-vendor permit. Contact the Colorado Department of Revenue for sales tax licenses at 303-232-2416, and the Chaffee County Public Health Department for Food Licenses at 719-539-2124. Vendors must have a fire extinguisher on site. Vendor booths are subject to inspection by the Salida Police and Fire Departments.

Multiple Vendor Permit Application:

[https://www.cityofsalida.com/sites/default/files/fileattachments/parks\\_and\\_recreation/page/10061/4.\\_multiple\\_vendor\\_event\\_permit\\_application.pdf](https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/4._multiple_vendor_event_permit_application.pdf)

Chaffee County Public Health form:

<https://www.chaffeecounty.org/EndUserFiles/57096.pdf>

16. Will alcohol be sold or distributed at your event? \*

- ☐ Yes
- ☒ No
- ☐ Maybe

17. If yes, please fill out the Application for Special Events Liquor License (available at the link below) and submit it along with the necessary fees. A State of Colorado Special Event Liquor License permit is ONLY issued to incorporated nonprofit organizations. EVENTS REQUIRING ALCOHOL LICENSES MUST SUBMIT THEIR APPLICATION AT LEAST 90 DAYS IN ADVANCE OF THE EVENT.
- [https://www.cityofsalida.com/sites/default/files/fileattachments/parks\\_and\\_recreation/page/10061/5.\\_special\\_events\\_liquor\\_license\\_application.pdf](https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/5._special_events_liquor_license_application.pdf)

18. Will there be amplified sound at your event \*

- ☐ Yes
- ☒ No
- ☐ Maybe

19. If yes, complete the Amplified Sound Permit Application available at the following link:

[https://www.cityofsalida.com/sites/default/files/fileattachments/parks\\_and\\_recreation/page/10061/noise\\_permit\\_application\\_-\\_salida\\_02-15-2022\\_2.pdf](https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/noise_permit_application_-_salida_02-15-2022_2.pdf)

20. Are any streets, sidewalks, or other right-of-way closures required for your event? \*

- ☒ Yes
- ☐ No
- ☐ Maybe

21. If yes, it is your responsibility to circulate and submit a petition signed by abutting residents/merchants as to their support or non-support of the closure. Click on the following link to access the petition form:

[https://www.cityofsalida.com/sites/default/files/fileattachments/parks\\_and\\_recreation/page/10061/6\\_street\\_closure\\_petition.pdf](https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/6_street_closure_petition.pdf)

If yes, please describe the closure request.

Closing J street between 7th and 8th street from 1:50 - 2:10 on 5/6. Having someone at Holman and the monarch spur trail to stop traffic as needed.

22. Will you require any security or law enforcement services specific to your event? \*

- ☒ Yes
- ☐ No
- ☐ Maybe

23. If yes, for what purpose (security, traffic, parking, public control, Salida Trail System crossings, etc.)?

Officer at Holman and the spur trail to direct traffic

24. If additional City of Salida Police Officers are requested, they must be requested directly through the Salida Police Department (719-539-6880).

Discussed with PD

25. Where will people park for your event? \*

LES parking lot and adjacent streets

26. How many additional trash cans are needed for your event? \*

None, provided by school

27. Is a quote from a trash service included in your application packet? \*

- ☐ Yes
- ☒ No

28. Is the Emergency Action Plan included in your application packet? \*

☒ Yes

☐ No

29. Have you obtained insurance for your event that lists the City of Salida as additionally insured? \*

☒ Yes

☐ No

30. Please check that you understand and will adhere to the following requirements: \*



Any violation of the City of Salida Municipal Code or agreements made in the application process are grounds for denial of the Special Events permit in the future.



You will be required to have insurance and name the City of Salida as an additionally insured party. Because this is often a lengthy process, the City will accept and approve applications pending receipt of proof of insurance.



Applicants are also responsible for meeting any other agency requirements. For example, if you are serving food, you must meet all Health Department requirements.



Chaffee County Department of Health requires at least one restroom for every fifty people attending the event.



1 trash can per 50 people is required.



The event is responsible for emptying ALL trash within the event, including pre-existing city trash cans.



All clean up must be completed within 24 hours after the event concludes. If the City of Salida staff has to clean up after the event, a fee will be billed to the organizer.



31. Digital Signature: \*

Renee Duricy

### Salida Special Event Emergency Action Plan

I, the undersigned, agree to compile with the following Emergency Action Plan to the best of my ability. The first person on this list will be the designated Emergency Manager and will take responsibility for public addresses and instruction to the event participants

| Emergency Manager (1 lead, 2 alternates) | Contact info 1      | Contact info 2 | Signature        |
|--|---------------------|----------------|------------------|
| 1. <u>Renee Duricy</u>                   | <u>310-453-9166</u> |                | <u>Renee Dur</u> |
| 2. <u>Anthony Duricy</u>                 | <u>801-230-6176</u> |                | <u>Anthony</u>   |
| 3.                                       |                     |                |                  |
| 4.                                       |                     |                |                  |

Please complete the following template according to your Events plan and location. The following procedures should be followed in the event of an emergency.

#### Communications

- The manager or designee will communicate the designated evacuation space to participants at the beginning of the event.
- The Emergency Manager will communicate to the event participants in an emergency with a
  - ☐ Bull Horn
  - ☐ PA system
  - ☒ Emergency level voice

Please enter your evacuation destination into the box in each of the follow scenarios

#### Fire

- Call 911
- Assist injured or disabled personnel.
- Evacuate the building. Activate emergency shut offs if available.
- Attempt to use a fire extinguisher only if you have been trained.
- Evacuate participant to Grass Field or Parking Lot

#### Medical Emergency

- Identify the medical emergency.
- If life threatening, call 911.
- Administer first aid if properly trained.
- Evacuate the injured person to Grass Field or Parking lot

#### Violent Incident

- Call 911.
- Attempt to avoid the situation – move participants away
- Try to deny contact-evacuate to Grass Field or Parking lot  
lock/block doors, turn off lights, silence phones.
- If necessary defend - distract, attack, subdue.

#### Severe Weather/Natural Incident

- Move participants away from threat if possible.
- Evacuate to Covered Structure on Play ground
- Call 911

#### Urgent Situation (suspicious person, package, activity or bomb threat)

- Call 911.

2. State who, what, where, when, why, and how the situation occurred.
3. If there is a bomb threat, turn off all electronics.

**CITY COUNCIL MEMO**

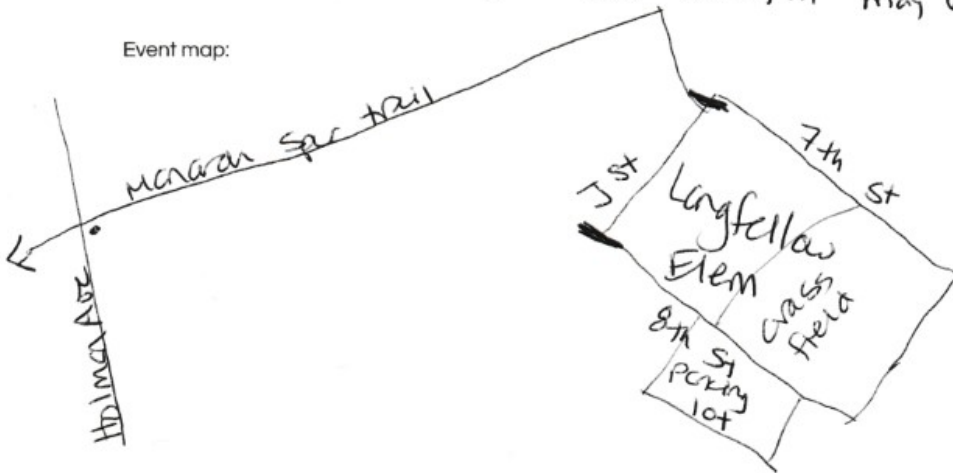
|                                    |   |  |
|------------------------------------|---|--|
| <b>Special event</b><br>5K Fun Run | <b>Presented by</b><br>Longfellow Parent Assoc. | <b>May 6, 2023</b> <b>Date</b><br><small>Replace with accurate date of meeting</small> |
|------------------------------------|---|--|

Event Overview: 5K Fun Run / mile walk. Starts at Longfellow Elementary with an out and back on monarch Spur trail

Event intent: LPA Fundraiser

Event timeline: Start 1:00 PM End 3:00 PM May 6, 2023

Event map:



Requesting road closure on J between 7th & 8th

[illegible]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/3/2023

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).

| <b>PRODUCER</b><br>R.V. Nuccio & Associates Insurance Brokers, Inc.<br>10148 Riverside Drive<br>Toluca Lake, CA 91602 | <b>CONTACT NAME:</b> Robert V. Nuccio<br><b>PHONE (A/C, No. Ext):</b> (800) 364-2433<br><b>E-MAIL ADDRESS:</b> support@rvnuccio.com<br><b>FAX (A/C, No):</b> (818) 980-1595  |                               |  |        |            |                                  |       |            |                                   |       |            |  |  |            |  |  |            |  |  |            |  |  |
|---|--|-------------------------------|--|--------|------------|----------------------------------|-------|------------|-----------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| <b>INSURED</b><br>Longfellow Parent Association<br>425 West 7th Street<br>Salida, CO 81201                            | <table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Fireman's Fund Insurance Company</td><td>21873</td></tr><tr><td>INSURER B:</td><td>Nationwide Life Insurance Company</td><td>66869</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A: | Fireman's Fund Insurance Company | 21873 | INSURER B: | Nationwide Life Insurance Company | 66869 | INSURER C: |  |  | INSURER D: |  |  | INSURER E: |  |  | INSURER F: |  |  |
| INSURER(S) AFFORDING COVERAGE   |  | NAIC #                        |  |        |            |                                  |       |            |                                   |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER A:  | Fireman's Fund Insurance Company   | 21873                         |  |        |            |                                  |       |            |                                   |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER B:  | Nationwide Life Insurance Company  | 66869                         |  |        |            |                                  |       |            |                                   |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER C:  |  |                               |  |        |            |                                  |       |            |                                   |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER D:  |  |                               |  |        |            |                                  |       |            |                                   |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER E:  |  |                               |  |        |            |                                  |       |            |                                   |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER F:  |  |                               |  |        |            |                                  |       |            |                                   |       |            |  |  |            |  |  |            |  |  |            |  |  |

**COVERAGES****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.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSR                           | SUBR WVD | POLICY NUMBER                | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-------------------------------------|----------|------------------------------|-------------------------|-------------------------|---|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | <input checked="" type="checkbox"/> |          | UST021067220<br>NANPO0059376 | 4/1/2023                | 4/1/2024                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES \$ 100,000<br>MEDICAL EXPENSE \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |                                     |          |                              |                         |                         | COMBINED SINGLE LIMIT \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br>DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>  |                                     |          |                              |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N <input type="checkbox"/> N/A   |                                     |          |                              |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| A        | Sexual Misconduct Liability   |                                     |          | NANPO0059376                 | 4/1/2023                | 4/1/2024                | 1,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured: Additional Insureds include: City of Salida, its officers, agents and employees / Sexual Misconduct Liability included.  
Event Description: Mountain Lion 5K Fundraiser - 5K fun run/walk to raise funds for the LPA Start Date: 05/06/2023 End Date: 05/06/2023

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| City of Salida<br><br>448 E. First Street<br>Salida, CO 81201 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>Robert V. Nuccio |
|---|---|

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