	<b>AGENDA ITEM EXECUTIVE SUMMARY</b>		<b>Agenda Item number: 5a</b>
	<b>Title:</b>	Recommendation to approve amplification and the parking lot closure of City Lot B for the CF Cycle for Life Bicycle Event	
	<b>Presenter:</b>	<b>Police Chief Keegan</b>	
<b>Meeting:</b> Government Operations Committee		<b>Date:</b> July 1, 2024	
<b>Proposed Cost:</b> \$300 (PW)		<b>Budgeted Amount:</b> \$	<b>Not Budgeted:</b> <input type="checkbox"/>
<b>TIF District:</b> Choose an item.			
<b>Executive Summary</b> (if not budgeted, please explain):			
<p>Bicycle enthusiasts supporting the Cystic Fibrosis Foundation will be meeting and ending at City Parking Lot B for this fundraiser on Saturday, September 28, 2024.</p> <p>The event will kick-off at 9am and is expected to end around 2pm. Parking lot closure is requested from 6:30am – 3pm. Participants are invited to stay after they return from their bicycle ride and the group has partnered with Pollyanna for that portion of their event.</p> <p>Event organizers do wish to have this continue as an annual event.</p>			
<b>Attachments</b> (please list):			
<b>Recommendation/Suggested Action</b> (briefly explain):			
Recommendation to approve the City Lot B parking lot closure and amplification for CF Cycle for Life bicycle event.			

# SPECIAL EVENT APPLICATION



\$50 Application Fee     Cash     Check No. \_\_\_\_\_    Date: \_\_\_\_\_

## Event Information

Name of Event: CF Cycle for Life	
Date(s) of Event: 09-28-2024	Hours of Event: 6:30am-3pm (event is from 9am-2pm)
Type of Event: <input type="checkbox"/> Parade <input checked="" type="checkbox"/> Walk/Run/Bike <input type="checkbox"/> Festival <input type="checkbox"/> Other	
Location(s) of Event: Parking lot of Pollyanna Brewing Company, 106 S. Riverside Ave, St. Charles, IL 60174	
Event Website: <a href="https://fightcf.cff.org/site/TR/Cycle/45_Greater_Illinois_Chicago?fr_id=10128&amp;pg=entry">https://fightcf.cff.org/site/TR/Cycle/45_Greater_Illinois_Chicago?fr_id=10128&amp;pg=entry</a>	
Is this an annual event? <input checked="" type="radio"/> Yes <input type="radio"/> No	Estimated Attendance: 75
If yes, date(s) for next year: 09-27-2025	Last year's actual attendance: 75
Purpose of Event: Fully supported, non-profit cycling event benefitting the Cystic Fibrosis Foundation.	
Name(s) of Sponsoring Organization(s): Cystic Fibrosis Foundation	
Organization Type: <input type="checkbox"/> Government/D303 Entity <input type="checkbox"/> Private/For Profit <input checked="" type="checkbox"/> Not-for-Profit	

## Contact Information

Contact Person: Naomi Ishihara	Cell Phone: 224-578-1225
Address (city/state/zip): 200 N. LaSalle St., Suite 2300, Chicago, IL 60601	
E-mail Address: nishihara@cff.org	
Secondary Contact: Hannah Willkomm	Cell Phone: 440-525-4511
Address (city/state/zip): 200 N. LaSalle St, Suite 2300 Chicago IL 60601	
E-mail Address: hwillkomm@cff.org	

## Event Permits & Details

Will this event include any of the following – if yes, please refer to the **Special Event Guide** for the required documentation to support any of these event specifics:

Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Amplification <input checked="" type="radio"/> Yes <input type="radio"/> No	Tents <input type="radio"/> Yes <input checked="" type="radio"/> No	Electricity <input type="radio"/> Yes <input checked="" type="radio"/> No
Drone <input type="radio"/> Yes <input checked="" type="radio"/> No	Fireworks <input type="radio"/> Yes <input checked="" type="radio"/> No	Food Service <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
Raffle(s) <input type="radio"/> Yes <input checked="" type="radio"/> No	Retail Sales <input type="radio"/> Yes <input checked="" type="radio"/> No	Amusement Rides <input type="radio"/> Yes <input checked="" type="radio"/> No	
Closure of City-owned property (i.e. parking lots) <input checked="" type="radio"/> Yes <input type="radio"/> No		Police Services <input type="radio"/> Yes <input checked="" type="radio"/> No	
Closure of City-owned streets <input type="radio"/> Yes <input checked="" type="radio"/> No		EMS Services <input type="radio"/> Yes <input checked="" type="radio"/> No	

## Emergency Phone Tree

### Emergency Contact Information

Primary Contact: Naomi Ishihara	Secondary Contact: Hannah Willkomm
Title: Event Support Specialist	Title: Senior Development Director
Phone No.: 224-578-1225	Phone No.: 872-265-1009
Tertiary Contact: Meg Schneider	Operations Manager: Sarah Evans
Title: Executive Director	Title: Associate Executive Director
Phone No.: 872-265-1003	Phone No.: 872-265-1004

### Site Managers and Miscellaneous Contacts

Location:	Location:
Date(s):	Date(s):
Name:	Name:
Phone No.:	Phone No.:
Location:	Location:
Date(s):	Date(s):
Name:	Name:
Phone No.:	Phone No.:
Location:	Location:
Date(s):	Date(s):
Name:	Name:
Phone No.:	Phone No.:

## Emergency or Crisis Management Procedures

Please submit your Emergency Crisis Management Procedures for your event or use the provided example. If you need additional space, please attach a separate document.

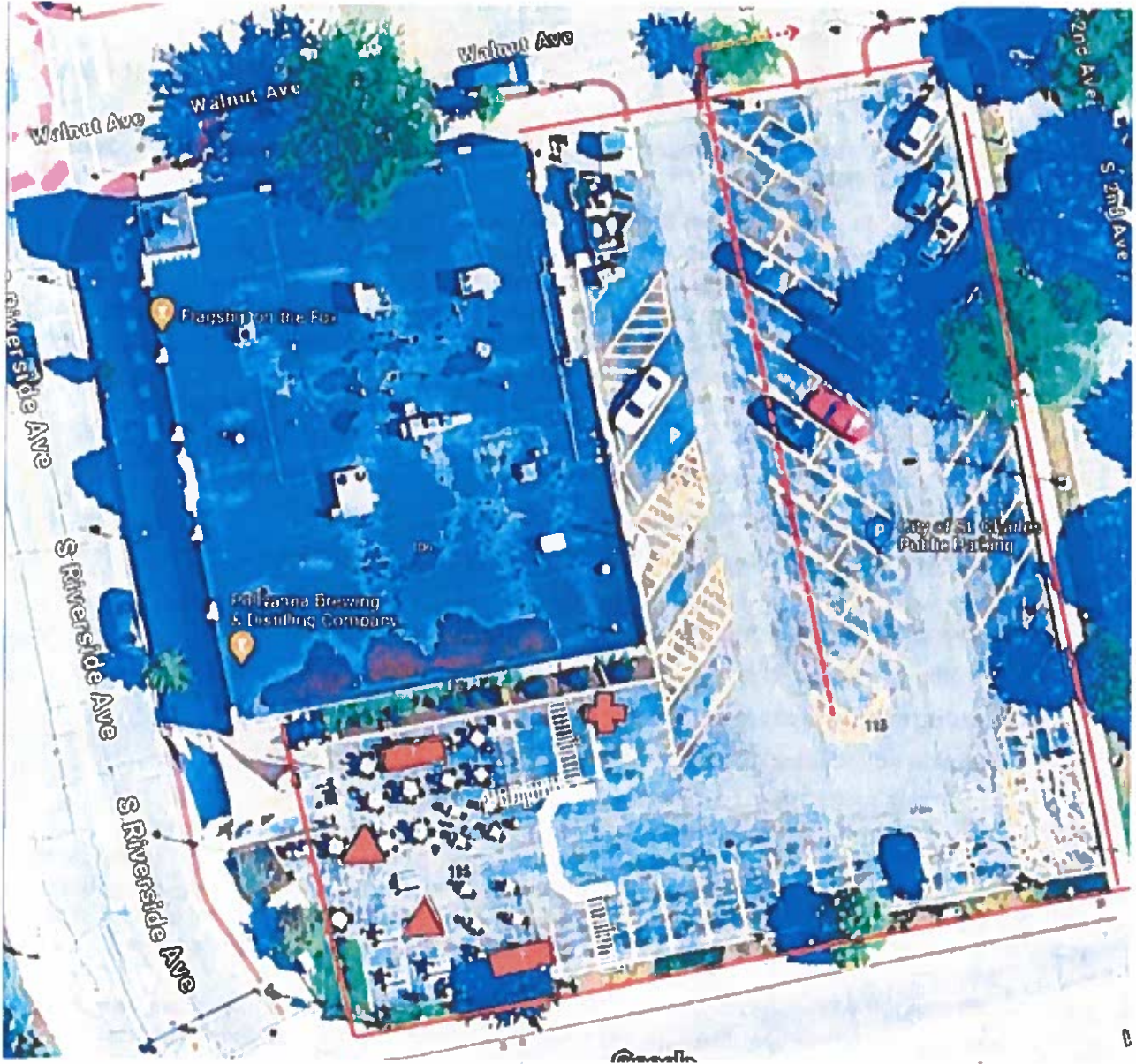
### Emergency/Crisis Management Procedures

- In the case of any incident, accident or anything deemed "out of the ordinary" (including inclement weather and its potential effects on patrons, property and/or equipment).  
**Cystic Fibrosis Foundation** has designated Meg Schneider with the responsibility of being the CRISIS MANAGER (CM). This position will empower the designated person to make decisions on behalf of Cystic Fibrosis Foundation coordinate with local authorities for an action plan and to make any statements to the press (if applicable).

2. In the case of any incident, accident or anything deemed "out of the ordinary" (including inclement weather and its potential effects on patrons, property and/or equipment) ALL staff will be instructed to:
  - a. Act as quickly and professionally as possible;
  - b. To contact their immediate supervisor and/or the on-site management representative;
  - c. Have as much factual information available as possible - not to speculate as to the cause of the incident, accident, etc., unless requested by the CM;
  - d. Follow the directions of the immediate supervisor and/or the on-site management representative explicitly;
  - e. If applicable, recommend that people leave the area, seek shelter, or go to their vehicles. If unable to evacuate (staff, disabled, families, etc.) use the lower levels of the parking decks (West Side, Walnut St & 1<sup>st</sup> St), (East Side, Walnut Ave & 3<sup>rd</sup> Ave). In the event of Tornado Warnings on Saturday or Sunday, Park District staff will open the Pottawatomie Park Community Center so people can seek shelter there, if desired. If at a location with food, vendors and/or ride operators: turn off all power, gas and grills so unattended energy sources do not catch on fire.
3. These steps should be taken immediately following any incident/accident:
  - a. Get medical help to the parties involved (if applicable);
  - b. Call the police or other authorities and report any accident;
  - c. Work with sound/announcer, lighting, etc. to inform the patrons of necessary information and/or divert the patrons' attention;
  - d. Identify witnesses to the incident(s) to obtain statements if necessary;
  - e. Contact a Site Manager for an Incident Report;
  - f. Resume scheduled activity as soon as possible (subject to #5 below).
4. The CM will communicate to all staff, volunteers, and other personnel that all communication with the press, police, or any other authority will be handled solely by the CM. Police may request information from event personnel and everyone will cooperate with the police department. We will not interfere with police investigations and/or action plans and we will provide the police with materials available upon their request.
5. The CM will consult with the local authorities. If it is determined conditions are so extreme the festival cannot continue, the CM will consult with the Police and Fire Departments to discuss alternatives.
6. An official statement will be written and given to the CM as soon as it can be formulated. No personnel or staff should offer any information to any media other than the provided statement. No media questions should be answered unless otherwise instructed.

## Site Plan and/or Route Map

Please use the space provided to accurately outline the event's site plan. If requesting or using any of the resources shown, please indicate as such with the corresponding symbol below.



▲ Tent / Covered Structure	— Event Perimeter	R Restrooms	----- Race / Walk Route
E Electric / Power Generation	T Tables	B Barricade	FV Food Vendor
⊕ Paramedics/Aid Station	xox Liquor Sales/Consumption Area	→ FL Fire Lane	→ Directional
V volunteer	★ Security Checkpoint	G Garbage Can	D Dumpster
S Stage	WS Water Station	C Carnival / Midway Rides	

**Indemnification / Hold Harmless**

In consideration of the City of St. Charles permitting the Cystic Fibrosis Foundation  
*(name of organization)*  
("Organization") to conduct CF Cycle for Life  
*(name of event)* ("Event"), the Organization

recognizes, acknowledges and assumes any and all risks arising from or in any way related to the Event.

To the fullest extent permitted by law, the Organization hereby agrees to defend, indemnify and hold harmless the City of St. Charles, its officers, officials, employees and agents from and against all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, cost, and expenses (including all attorney's fees and costs), arising from, or resulting from or in any way related, directly and/or indirectly to the Event, except that arising out of the sole legal cause of the City of St. Charles, its officers, officials, employees, and agents.

The Organization shall, at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising there from or incurred in connection therewith, and, if any judgment shall be rendered against the City of St. Charles, its officers, officials, employees and/or agents, in any such action, the Organization at its own expense shall *satisfy and discharge same*.

The invalidity of any provision(s) of this INDEMNIFICATION/HOLD HARMLESS or unenforceability of any of its provisions shall not affect the validity or enforceability of the remainder of this INDEMNIFICATION/HOLD HARMLESS.

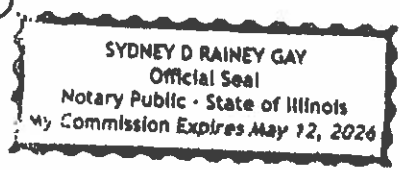
The Organization and the authorized signatory below warrant and represent that the authorized signatory below has full authority to execute and submit this application, including, but not by way of limitation, the INDEMNIFICATION/HOLD HARMLESS provisions contained herein.

The Organization and the authorized signatory below agree to inform the City of St. Charles of any changes in the application at least thirty (30) days prior to the event.

Cystic Fibrosis Foundation 5/3/24 by Moe Schneider  
*Name of Organization* *Date* *Authorized Signatory Signature*

Signed and sworn to before me this 3 day of May, 2024

Sydney D Rainey Gay  
Notary Public Signature



**All applications must be signed and notarized.**

After submitting all forms, your application will be reviewed by City staff. All departments that will be involved in providing services or permits for the event will be notified. **Please do not assume that all aspects of the event will be approved. You may be asked to make some changes to your plan based on the availability of services and scheduling of other events.**

The City of St. Charles reserves the right to cancel any event at any time for reasons deemed necessary by the City Council and/or City Administrator.

**Deliver all completed items to:** St. Charles Police Department, Attn: Special Events, 1515 W. Main Street, St. Charles, IL 60174 or [sicspecialevents@stcharlesil.gov](mailto:sicspecialevents@stcharlesil.gov).

