



HISTORIC
FRANKLIN
TENNESSEE

ITEM #6
WRKS 07/10/2012

MEMORANDUM

June 29, 2012

TO: Board of Mayor and Aldermen

FROM: Eric Stuckey, City Administrator
Special Events Advisory Team

SUBJECT: Turkey Trot Event Application

Purpose

The purpose of this memo is to outline recommendations for the Turkey Trot 5K sponsored by Graceworks Ministries.

Background

Graceworks Ministries has submitted an application for their annual Turkey Trot 5K on November 22nd (Thanksgiving Day). The event begins and ends at D1 Sports. Estimated attendance is 1500 participants and 1000 spectators. The route includes the Galleria Blvd, Mallory Lane, and Bakers Bridge. Street closure is from 7 a.m. until 9 a.m.

Recommendation

Staff recommends approval of the event application with the following recommendations:

- Applicant will provide a \$1,000 refundable damage deposit to City prior to event.
- Applicant will provide a Good Neighbor letter which will be distributed to affected neighborhoods.
- ***Risk Management:***
 - Applicant has already provided a certificate of insurance naming the City as additional insured.
- ***Police Department:***
 - Applicant will hire at least nine (9) extra-duty Franklin Police Officers to provide security and traffic control.
- ***Solid Waste Department:***
 - Applicant will provide volunteers to clean up during and after event.

OFFICE USE ONLY:
Permit No:

received
5-2-2012



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**CITY OF FRANKLIN
EVENT PERMIT APPLICATION**

*Application is Due 90 Days Prior to Scheduled Event.
Please read application carefully and fully complete each section.
A non-refundable application fee of \$100 is due at time of filing.*

Note: Filing this application does not guarantee that your request will be granted.

- Please check all that apply:
- street closure
 - parade
 - other special event
 - beer served (separate permit required)

Please supply the following information. For additional space, use separate sheets of paper and attach to the application.

1) Location requested (if Temporary Street Closure only, list major roads to be closed):

- _____ Aspen Grove Park
- _____ Liberty Park
- _____ Eastern Flank BattleField Park
- _____ Fieldstone Farms
- _____ Pinkerton Park
- _____ Jim Warren Park
- _____ Harlinsdale Farm
- Other: COOL SPRINGS MOB AREA

- 2) Name/purpose of event: 2012 TURKEY TROT BENEFITTING GRACEWORKS MINISTRIES, INC.
- 3) Date or dates of event: NOV. 22, 2012 (THURSDAY)
- 4) Time of Event: 6 AM - 10 AM
- 5) Time of Street Closure (if applicable): 7 AM - 9 AM
- Set-Up Date/Time: 11/22 6 AM Tear-down Date/Time: 11/22 9 AM

*Note: Two (2) hours will be added before set-up time and two hours (2) will be added after tear-down to allow time for clean-up. Event is responsible for payment of Franklin Police Officers during this time. Read Additional Requirements section for more information.

6) Name of Applicant and Organization Requesting Permit:

GRACEWORKS MINISTRIES, INC.

- a) Address: 104 SOUTHERST PKWY SUITE 100
- b) Phone: 615-794-9055 c) Cell: 615-425-6312 d) Fax: 615-794-2174
- e) E-mail address: kortlandfyqua@bellsouth.net
- 7) Person in charge on day of event: KORTLAND FYQUA
- Cell: 615-425-6312 E-mail address: kortlandfyqua@bellsouth.net



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8) Name and Cell Number of at least two others available on day of event:

Name: KEISTI SYLVESTER Cell: 473-9559 E-mail address: ksylvester@graceworksministries.net

Name: _____ Cell: _____ E-mail address: _____

9) DETAILED description of event (use additional sheets):

5K RUN/WALK w/ ADULT. 1K KIDS RUN AROUND
THE COOLSPRINGS MALL AREA BUT HOUSED OUT OF DT
SPORTS TRAINING CENTER.

10) **ENCLOSE A DETAILED MAP** of event site, detailing any temporary or permanent structures, street closures, parking, etc. If applicable, list the location, blocks, streets, and/or intersections in which such event will occur. *For large-scale events, map should be obtained from the City's GIS division.*

11) An estimated number of participants and an estimated number of attendees expected to attend during the course of the event:

1500 - RUNNERS 1000 - ATTENDANTS/FAMILY

12) Please **attach a list** containing the names, addresses, and phone numbers of the Chairperson of the organization and all other persons involved in the management or control of organization and/or committee.

13) Is your organization based in Williamson County? Circle Yes or No
(if no, please state where: _____)

14) Is your organization authorized to do business in Tennessee? Circle Yes or No

15) Is your organization a tax-exempt organization as described by the Internal Revenue Code Section 501(c)(3) or a not-for-profit organization? Circle Yes or No. If yes, please attach copy of IRS tax exemption letter providing proof of status.

16) Will you charge an admission/participation fee (including vendors)? If yes, please specify how much per person/vendor. RUNNERS PAY AN AVERAGE OF \$25

17) Will any charity, gratuity, or offers be solicited or accepted during the event? Circle Yes or No.

18) Is this event a fundraiser? Circle Yes or No. If yes, what organization will be benefactor of event? What percentage of funds will they receive? GRACEWORK MINISTRIES, INC
100% OF PROCEEDS

19) Will parking in the area of the event need to be restricted or prohibited? Circle Yes or No.



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29) *NOTE: Events that include deep frying cooking oil operations are required to have a grease pit on-site and contract with a grease waste hauler to handle the grease waste and removal of the grease pit. A copy of this agreement shall be filed along with this application. The primary event sponsor is required to remove all cooking grease from the site immediately after the event. Illegal dumping of cooking grease will be prosecuted. Please read *Additional Requirements* section of this application for more information.

N/A

30) Will you require a temporary water tap? Circle Yes or No If yes, please list exact locations:

31) Will alcohol, beer, and/or wine be given away or sold? Circle Yes or No If yes, a permit from the relevant board is required. Please read *Additional Requirements* section of this application for more information.

32) Will your event include tents or other temporary structures, propane use, or open flames? Circle yes or no. Events using tents of size 20 x 10 or larger require permitting from Franklin Fire Department. Safety measures must be provided on all tents, especially those set-up prior to the actual event. Tents should be taken down the date the event has ended. Please read *Additional Requirements* section of this application for more information.

33) Attach Good Neighbor Letter and Mailing List used. Please read *Additional Requirements* section of this application for more information.

N/A MEETINGS WILL BE HELD
W/ COOL SPRINGS MALL +
AFFILIATED STORES IN AREA

TITLE VI OF THE 1964 CIVIL RIGHTS ACT

"No person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The City of Franklin does not discriminate based on race, color or national origin in federal or state sponsored programs, pursuant to Title VI of the Civil Rights Acts of 1964 (42 U.S.C. 2000d). For more information or to file a complaint against the City of Franklin under Title VI of the 1964 Civil Rights Act, contact the Title VI Coordinator:

Rodney Escobar
Risk Manager
City of Franklin
109 Third Avenue South
Franklin, Tennessee 37064
615.791.3277

The City of Franklin is committed to providing reasonable access and accommodations upon request for people with disabilities. Please call the Risk Management Department at (615)791-3277 for specific requests.



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PLEASE READ ATTACHMENTS BEFORE SIGNING APPLICATION.

- 1) I/We agree to abide by all ordinances and regulations of the City of Franklin and all conditions placed upon the event by the City Administrator and the Board of Mayor and Aldermen.
- 2) I/We do swear or affirm that all of the information given in this application is true and complete.
- 3) I/We do hereby agree to assume the defense of and indemnify and save harmless the City, its aldermen, boards, commissions, officers, employees and agents, from all suits, actions, damages or claims to which the City may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of such event and the activities permitted in connection there with, and to submit a certificate of insurance prior to the event in an amount acceptable to the City Administrator.
- 4) I/We agree to provide a copy of this signed Event Application to any vendors, planners, and related parties associated with the event to ensure they are familiar with the guidelines set forth herein.
- 5) I/We understand that I/we assume the responsibility of the actions of any vendors, planners, and related parties for this event.
- 6) I/We understand that granting of Special Event Permit does not imply granting of other permit that is separately required.
- 7) The application for an event permit shall be filed not less than 90 days nor more than 364 days prior to the scheduled date of such event. Suggested filing is at least 180 days prior to scheduled event. Events should not be advertised or promoted until an event permit has been obtained from the City. Failure to file in a timely manner may result in denial of a permit.
- 8) The City reserves the right to require one or more City of Franklin police officers or other emergency personnel be present at any and all events that occur within the city limits. Please budget for this request at a rate of \$30 per hour at a minimum of two (2) hours.

BY Kristi Sylvest Development Director Date: 3/28/12
(Signature and title – must be officer of organization)

Approved by the Board of Mayor and Aldermen on _____, 20__.

Dr. Ken Moore, Mayor

Eric S. Stuckey, City Administrator

If you have questions concerning your request, please call 615-550-6606.

 *
 * *Return application to:* *
 * City Administrator's Office *
 * City Hall *
 * 109 Third Ave South *
 * Franklin, TN 37065 *
 * 615-791-3217 *
 * 615-790-0469 (FAX) *
 *
 *

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 20 1998

GRACEWORKS MINISTRIES INC
C/O CHERYL A KING
PO BOX 438
FRANKLIN, TN 37065-0438

Employer Identification Number:
62-1584204
DLN:
17053093815039
Contact Person:
THOMAS E O'BRIEN ID# 31187
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
August 1995
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

Letter 1050 (DO/CG)



GraceWorks Executive Team

104 Southeast Parkway, Franklin, TN

615-794-9055

Tina Edwards, Executive Director

Kristi Sylvester, Development Director

Joyce Appel, Retail Director

Steve Berning, Client Services Director

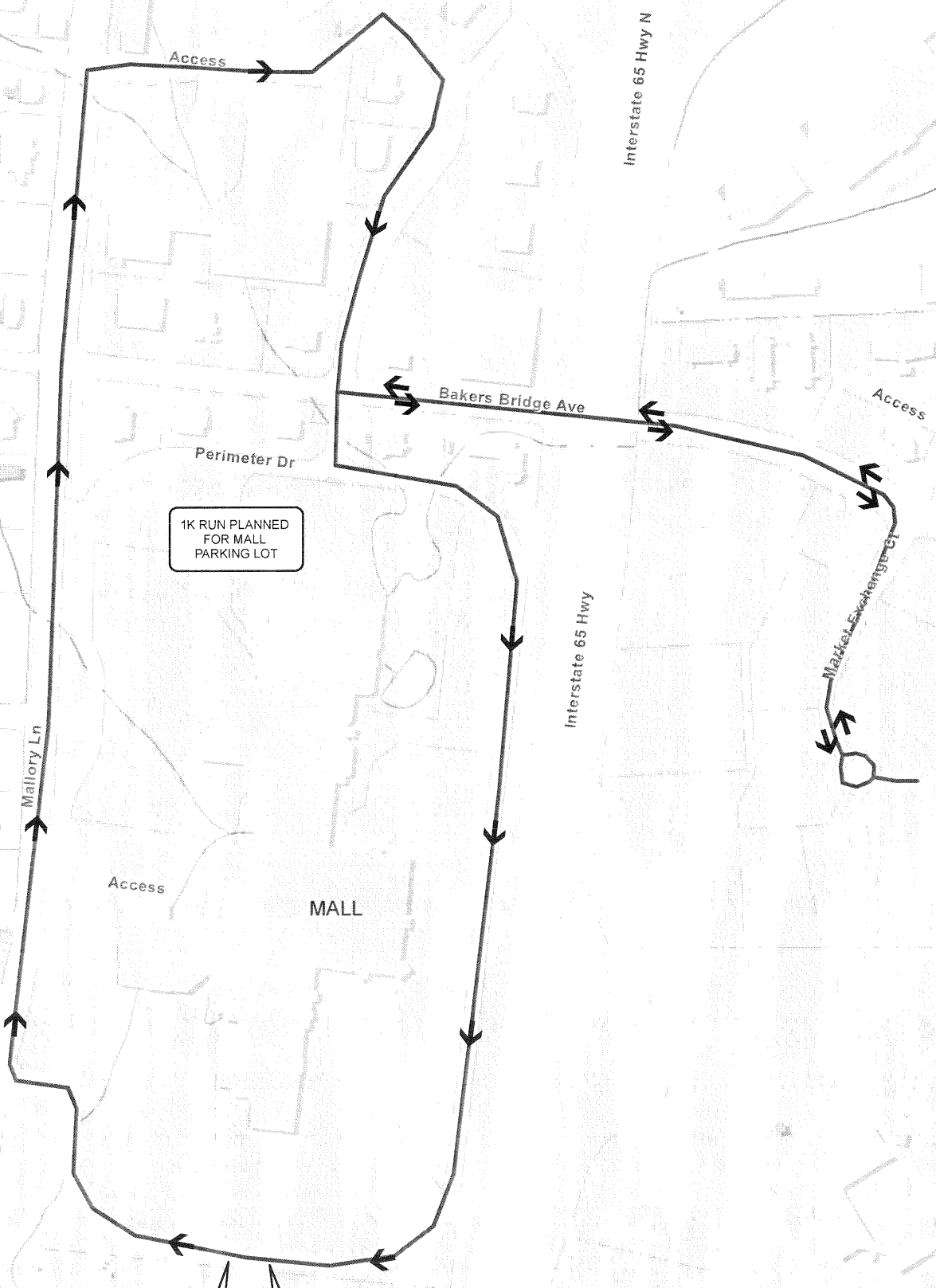
Carol Dublin, Operations Director

BOARD MEMBER BIOGRAPHICAL INFORMATION

(Please indicate principal officers with *)

1	Name: Nancy Baughman* Employer: Fourth Avenue Church of Christ	Street: 1069 Misty Morn Circle Email: nancy.baughman@fourthavechurch.org	City: Spring Hill Telephone: 615-604-1524	Zip: 37174 Yrs. on Board: 5
2	Name: James Warren Employer: Ellsworth Systems	Street: 103 Trace End Drive Email: james@ellsworthsystems.com	City: Franklin Telephone: 615-479-1118	Zip: 37069 Yrs. on Board: 4
3	Name: Donna Choate Employer: Retired Designer	Street: 4678 Harpeth Peytonsville Road Email: kdchoate@yahoo.com	City: Thompson's Station Telephone: 615-591-3660	Zip: 37179 Yrs. on Board: 2
4	Name: Mark Cawley Employer: Self	Street: 1067 Misty Morn Circle Email: markcawley@me.com	City: Spring Hill Telephone: 615-673-6760	Zip: 37174 Yrs. on Board: 2
5	Name: Edwin Trowbridge Employer: Retired	Street: 421 Logan's Circle Email: gobama@comcast.net	City: Franklin Telephone: 615-585-1758	Zip: 37067 Yrs. on Board: 5
6	Name: Tim Costello* Employer: Costello Construction	Street: 1694 Old Hillsboro Road Email: tjcksc@yahoo.com	City: Franklin Telephone: 615-456-5349	Zip: 37079 Yrs. on Board: 2
7	Name: Susan Ellis* Employer:	Street: 1335 Holly Hill Drive Email: sellis6088@gmail.com	City: Franklin Telephone: 615-636-3221	Zip: 37064 Yrs. on Board: 2
8	Name: Tom Hailey* Employer: Retired Nissan	Street: 1550 Lost Hollow Drive Email: tom.hailey@hotmail.com	City: Brentwood Telephone: 615-223-3506	Zip: 37027 Yrs. on Board: 2
9	Name: Art Herron Employer: Retired Pastor	Street: 228 Lighthouse Terrace Email: aherron64@bellsouth.net	City: Franklin Telephone: 615-403-4655	Zip: 37064 Yrs. on Board: 2
10	Name: John Meyer Employer: Retired Hospital Development Director	Street: 236 Karnes Drive Email: jrm17543@comcast.net	City: Franklin Telephone: 615-794-6897	Zip: 37064 Yrs. on Board: 1
11	Name: Employer:	Street: Email:	City: Telephone:	Zip: Yrs. on Board:
12	Name: Employer:	Street: Email:	City: Telephone:	Zip: Yrs. on Board:
13	Name: Employer:	Street: Email:	City: Telephone:	Zip: Yrs. on Board:
14	Name: Employer:	Street: Email:	City: Telephone:	Zip: Yrs. on Board:
15	Name: Employer:	Street: Email:	City: Telephone:	Zip: Yrs. on Board:

TURKEY TROT 5K

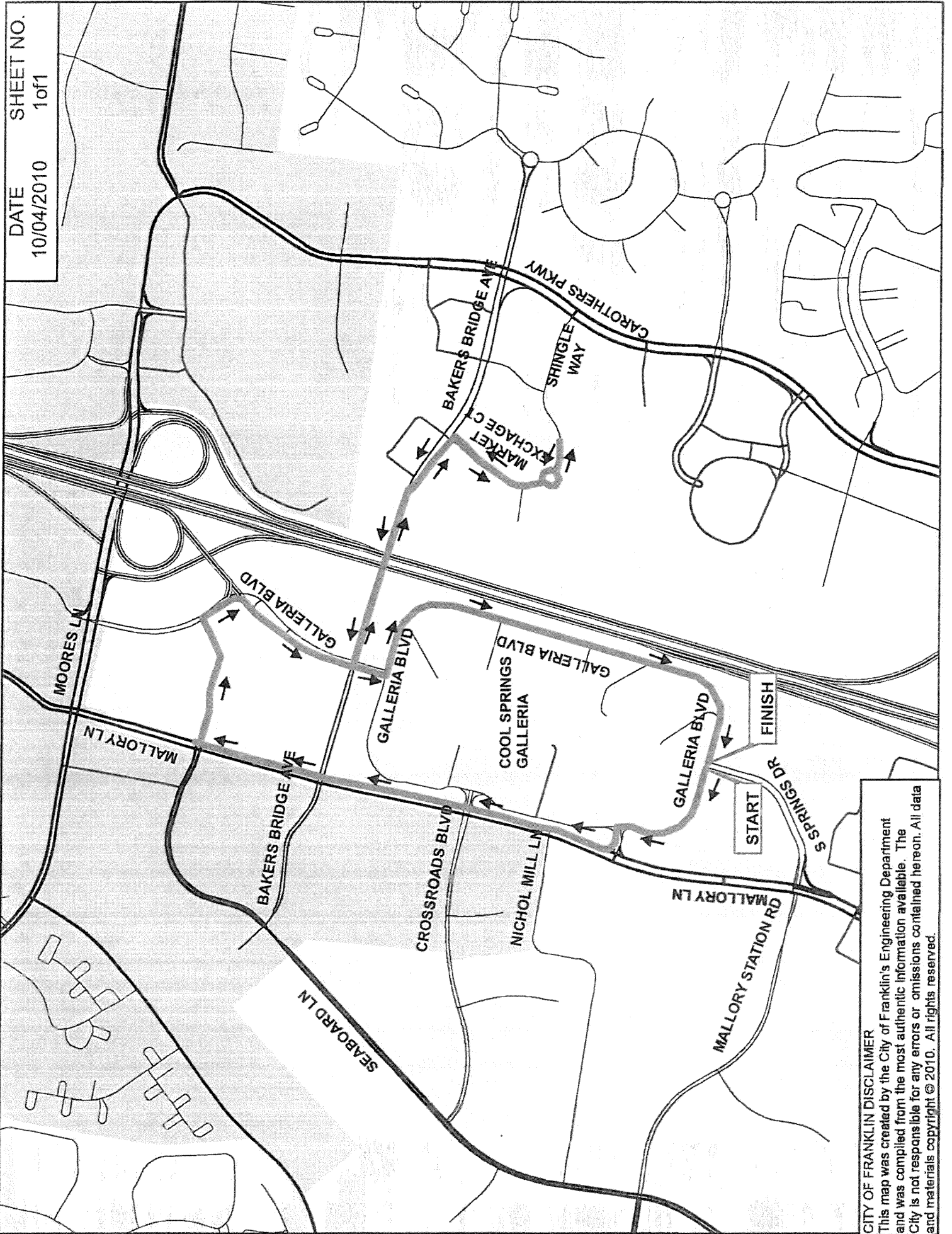


START FINISH

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— 5K Route
— Streets



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