

CITY OF OAKLAND
Interoffice Memorandum

Office of Parks and Recreation



TO: Jeffrey Taylor, Interim Chair, Parks and Recreation Advisory Commission
FROM: Gail McMillon, Reservations Supervisor
DATE: January 14, 2009
SUBJECT: Request from the California Brain Injury Association for Permission to Collect Registration Fees and Donations During the Fundraising Walk at Lakeside Park on Saturday, March 28, 2009

SUMMARY

Staff received a request from the California Brain Injury Association (CALBIA) for permission to collect registration fees and donations at the fundraising walk at Lakeside Park on Saturday, March 28, 2009. Registration fees will be \$25 per person. Collection of registration fees will be from individuals that did not pre-register and collection of donations will be from individuals who may not participate in the walk but want to help with the work of the CALBIA.

The CALBIA has partnered with local non-profit organizations that support brain injury programs and will share 20% of the net profits to local organizations. The organization in Oakland is the Brain Injury Connection.

FISCAL IMPACT

There is no fiscal impact on the Office of Parks and Recreation.

BACKGROUND

This is the CALBIA's first year to host a walk through the Office of Parks and Recreation. The CALBIA Walk is part of a statewide event, with other cities in California hosting a Walk on the same day or other days in March to raise awareness of brain injury in California.

RECOMMENDATION

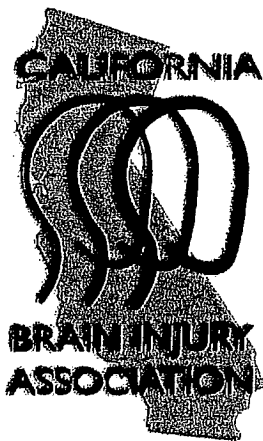
Staff recommends that the Parks and Recreation Advisory Commission approve the CALBIA's request for permission to collect registration fees and donations at Lakeside Park on Saturday, March 28, 2009 and submit a financial report to the Central Reservations Unit by April 30, 2009.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Gail McMillon".

Gail McMillon
Reservations Supervisor

Attachments: Request Letter
Reservation Request
Facility Use Application



December 18, 2008

City of Oakland
Parks & Recreation Department
250 Frank H. Ogawa Plaza, Suite 3330
Oakland, CA 94612

Re: Walk For Thought – March 28, 2009

To Whom It May Concern:

The California Brain Injury Association (CALBIA) respectfully requests permission to host a fundraising Walk at Lakeside Park on Saturday, March 28, 2009. This Walk would be considered a Special Event and therefore, I would like to describe the event and ask for special consideration when reviewing our request.

The **Walk For Thought** in Oakland is part of a statewide event, with other cities in California hosting a Walk on the same day, or other days in March to raise awareness of Brain Injury in California. Each year, approximately 33,000 Californian's sustain a brain injury as a result of falls, motor vehicle accidents, sports concussions, and assaults, not to mention injuries resulting from stroke, aneurysms, brain tumors, and anoxic / hypoxic injuries. Awareness of brain injury has recently been brought to the attention of Americans as a result of injuries sustained by our service men and women fighting the Iraq and Afghanistan wars. However, injuries to the civilian population has long been ignored, and for many years, brain injury was known as the "silent epidemic."

The California Brain Injury Association has partnered with local nonprofit organizations that support brain injury programs, and will share 20% of the net profits to the local organizations. The organization in Oakland is the **Brain Injury Connection** and the Site Coordinator for Oakland is Ms. Deborah Palmer, who will be your local contact person.

In regards to our request for permission to host this special event, please see below:

- All or most of the registration fees will be collected in advance of the walk, however, there will be a need to collect registration fees (\$25 per person) the day of the Walk for those individuals that did not pre-register. We anticipate anywhere from 100-200 attendees at this event.
- There will be no solicitation of additional funds, however, we have found that many individuals are so moved by the work of the California Brain Injury Association that they will make additional donations the day of the Walk.

Creating a better future through brain injury prevention, research, education, and advocacy.

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- We would like to provide donated nutritional food / snacks prior to the Walk, and if we are fortunate enough to obtain a sponsor to provide a light lunch, we would request permission to serve the lunch. We do not anticipate charging additional funds for this lunch.
- We do anticipate hanging banners to recognize the sponsors of the event, and possibly small signs to honor those who have lost their lives to brain injury, or living with brain injury.
- We would like to request permission to provide a sound system (DJ) for background music and announcements and are aware that there may be additional fees and permits required.
- We do anticipate having local sponsors providing materials about the services they offer to the brain injury community, and therefore, would request permission to bring in additional tables and tents, if necessary.
- The California Brain Injury Association and the Brain Injury Connection is aware that a Certificate of Insurance is required and we will provide that certificate based on your requirements.
- While we do not invite animals to attend the Walk, it may be necessary for some of our survivors to bring their service dogs with them. Also, many individuals that attend these types of fundraising Walks will tend to bring their dogs on leashes, which we do not have any control over.
- There will be no alcohol, fireworks, or other banned items on the premises, nor will there be a need for use of barbeques.

Thank you for your consideration, we look forward to hearing back from you soon.

Yours truly,



Paula Daoutis
California Brain Injury Association

Central Reservations Unit

250 Frank H. Ogawa Plaza Ste 3330
Oakland, CA 94612

(510) 238-3187



CITY of OAKLAND
OFFICE of PARKS & RECREATION

California Brain Injury Association
2658 Mt. Vernon Avenue
Bakersfield, CA 93306

Reservation Request

Status: In-Process

Customer Type: .Private

Authorized Agent: Debi Palmer

Work: (510) 517-3994 Home: (510) 865-4953

DATE/USER	REQUEST NUMBER	CHARGES	DISCOUNT	TAXES	REFUNDS & CREDITS	PAYMENTS	REQUEST EXPIRES	BALANCE DUE
12/17/2008 Wendy Johnson	9002982	\$350.00	\$0.00	\$0.00	\$0.00	\$150.00	12/23/2008	\$200.00

RESERVATIONS

EVENT NAME	FACILITY	CENTER
RUN/WALK Attendance: 200 Type: Park Run/Walk	Lakeside Park Fountain Area (Perkins)	Lakeside Park Lake Merritt Oakland, CA 94610

DATES RESERVED	HRS
Saturday - 3/28/2009	08:00 AM to 03:00 PM 7

Total Number of Dates: 1 Total Number of Hours: 7

NOTES: ACTUAL EVENT TIME: 10:00am - 2:00pm *** TPE OF SOUND = D.J. *** FOODS SERVED: ????????

THIS CUSTOMER UNDERSTANDS THAT THIS IS ONLY A REQUEST FOR A PERMIT, AND NOT A VALID PERMIT, AND WITHOUT ALL THE REQUIRED ITEMS LISTED BELOW, SUBMITTED INTO THIS OFFICE BY THE DUE DATE, THIS EVENT WILL BE CANCELLED, & CANCELLATION FEES WILL APPLY.

*THE AUTHORIZATION FOR THE SELLING OF FOOD/MERCHANDISE FOR THIS EVENT IS PENDING FOR APPROVAL BY THE PRAC BROAD SCHEDULED FOR THEIR MEETING ON _____ A CALIFORNIA BRAIN INJURY ASSN. REPRESENTATIVE SHOULD BE PRESENT @ THIS MEETING.

- 1= OPD SPECIAL EVENTS PERMIT. _____ ** REQUIRED ITEMS DUE BY - _____
- 2= CERTIFICATE OF INSURANCE. _____
- 3= ONE-DAY FOOD HANDLERS PERMIT. _____
- 4= CHARITABLE SOLICITATION PERMIT. _____
- 5= SELLERS PERMITS (EACH VENDOR MUST HAVE A SEELERS PERMIT). _____
- 6= DUMPSTER REQUIRED FOR EVENTS WITH 200 OR MORE PARTICIPANTS. _____
- 7= PORTABLE TOILET CONTRACT COPY. _____

1 TEMPORARY PORTABLE TOILET IS MANDATORY PER EVERY 500 PATRONS. PARKS & RECREATION RECOMMENDS 3 PORTABLE TOILETS. (1=MALE & 1=FEMALE POSSIBLY W/SINK & A HANDICAP ACCESSIBLE TOILET)) THANK YOU !!

*** ABSOLUTELY NO ALCOHOL ALLOWED @ JUVENILE EVENTS ***
*** THIS ALSO INCLUDES ALL ADULTS - CUSTOMER & GUEST ***

CUSTOMER UNDERSTANDS THAT THE PARK MUST BE LEFT CLEAN & CLEAR OF ALL GARBAGE/DEBRIS GENERATED FROM THIS PARK USE EVENT

GROUPS HAVE NON-EXCLUSIVE USE OF THE PARK.

CHARGES

CHARGE DESCRIPTION	FACILITY/EVENT	UNIT FEE	QTY	TAX	TOTAL CHARGED	DISCOUNTED/PAID	BALANCE DUE
CRU Sound Permit Fee	Lakeside Park Fountain Area (Perkins) - RUN/WALK	\$50.00	1.00	\$0.00	\$50.00	\$0.00	\$50.00
Deposit (Parks)	Lakeside Park Fountain Area (Perkins) - RUN/WALK	\$150.00	1.00	\$0.00	\$150.00	\$150.00	\$0.00
Park Run/Walk Fee	Lakeside Park Fountain Area (Perkins) - RUN/WALK	\$150.00	1.00	\$0.00	\$150.00	\$0.00	\$150.00

PAYMENTS AND REFUNDS

RECEIPT NUMBER	DATE	CHARGE DESCRIPTION	FACILITY/EVENT	AMOUNT
1010287.032	12/23/2008	Deposit (Parks)	Lakeside Park Fountain Area (Perkins) - RUN/WALK	\$150.00

DISCLAIMERS

Additional hours, mandatory setup/takedown fee, alcohol fee, and sound fee must be paid at least 30 days prior to date of event.

Additional fees for this reservation MUST be paid by: _____ (date).

ALCOHOLIC BEVERAGES

Alcoholic beverages may NOT be served unless specific fees are paid and appropriate permission obtained.

- * Alcoholic beverages may only be served INDOORS with the exception of Joaquin Miller Park.
- * Alcoholic beverages may NOT be served at juvenile events.
- * Amounts are to be carefully supervised so that every guest and participant leaves the event safely.
- * The premises are to be left clean and all bottles must be removed.
- * SELLING alcoholic beverages is NOT ALLOWED.

This permit allows permittee:

To serve alcoholic beverages:

Wine, beer and champagne _____ (initials)

Distilled spirits _____ (initials)

No alcoholic beverages are permitted. _____ (initials)

CANCELLATION POLICY: A cancellation fee will be assessed according to the current City of Oakland Master Fee Schedule. Customer is responsible to familiarize him/herself with the cancellation fees associated with the site for which they are making a reservation.

I am aware of and understand the cancellation policy _____ (initial)

CERTIFICATE OF INSURANCE REQUIRED: Permit Holder, at Permit Holder's expense, is required to provide a Certificate of Insurance for comprehensive general liability coverage naming The City of Oakland, its Council, officers, employees and agents as additional insured with a limit of liability not less than \$1,000,000 combined single limit for personal injury and damage to property. Failure to provide the Certificate of Insurance two weeks prior to the event will result in cancellation of this facility use permit.

CITY CHARITIES PERMIT REQUIRED: This facility rental permit requires an additional City Charities Permit which must be submitted to Oakland Parks and Recreation at least 30 days prior to the event.

If the Charitable Solicitations Permit is not received by _____ (date), then this permit will be revoked and all fees will be forfeited.

I have read and understand the City Charities Permit Requirements: _____ (initials)

HOURS EXTENSION PROHIBITION: There can be no extension of use of hours or use options paid on site. All changes in the agreed upon contract arrangement must be made at Central Reservations by the individual originally booking event. The Park Rangers are instructed to close any event that is carried beyond contract hours. In the event othe permitted group stays longer than the permitted time scheduled, the permit holder will be charged additional hourly rental fees plus an Administrative Service Fee.

1) If a deposit was paid, additional fees and the Administrative Service Fee will be deducted from the deposit. Claims exceeding amount of deposit must be paid within 10 days after notification to the City of Oakland, Office of Parks and Recreation. 2) If no deposit was collected prior to the event, reimbursement for additional fees and the Administrative Service Fee must be paid within 10 days after notification to the City of Oakland, Office of Parks and Recreation.

Violation of the above condition will result in denial of future reservations.



Office of Parks and Recreation

250 Frank H. Ogawa Plaza, Suite 3330 Oakland, CA 94612

Central Reservations Unit

PH (510) 238-3187 Fax (510) 238-2397

Park Use Rental Application

ATTENTION: Wendy 238-3989

Application Date: Dec 23, 2008

*RESIDENCY IS DETERMINED ACCORDING TO ADDRESS INDICATED ON DRIVER'S LICENSE OR STATE IDENTIFICATION CARD

REQ No. 9002982 WY-12/23 OFFICE USE ONLY Receipt No.
RWP No. Received By/Date Approved By/Date Issued By/Date
Police Special Events Permit Required? Yes No If required, Special Events Permit due to OPR by 2-28-09

Application on behalf of: (Group, Individual, Organization) California Brain Injury Association
Address: 2658 Mt. Vernon Ave City: Bakersfield State: CA Zip 93306
Individual responsible for event: Name: Debi Palmer Address: 433 Sand Beach Rd.
City: Alameda State: CA Zip 94501 Email: BICconnect@aol.com
Home #: 510-805-4953 Work #: 510-805-4953 Fax #: 925-254-4447 Cell #: 510-517-3994
To use (Name of Park): Lakeside Park (Lakewood) Location: 1000 Bellevue Ave. Oakland, CA 94610
On the following date (s): March 28, 2009 General Public Allowed: Yes No Number of Participants: 200
Between the hours of: (Start Time/Setup) 8:00 am (Actual Event Time) from 10:00 am to 2:00 pm (End Time/Cleanup) 3:00 pm
Type of Event/Purpose (be specific; i.e., Picnic, Walk/Run, Entertainment, Family Reunion, Rally, etc.) Walk

Amplification: Amplified Yes Non-Amplified Yes No
Type of equipment to be used (i.e., jumpers, musical instruments, live band, cd player, amplifiers, microphones, etc.) DJ
Will food be served? Yes No (If yes, please list type(s) of food to be served.) Healthy
Please describe below special accommodations/requests required for your event. If no special accommodations/request required, write NONE. None

Fees: Rent: \$150 (if approved, \$300) Deposit: \$150
Sound Use: \$50 Other Fees: \$150 Fundraising Fee if Approved
Total of ALL Fees PLUS Deposit: \$350

(Deposits are refunded 6-8 weeks AFTER event date, provided the facility is left in acceptable condition and the event goes as planned)
CANCELLATION FEES: 31 days or more notice: Forfeit 1/2 Deposit
30 days 11 days notice: Forfeit Deposit PLUS 1/2 Rental Fee
10 days or less notice: Forfeit All Fees
Check Amount: \$150 Check #: 5260 Cash:
Type of Credit Card (Visa or Master Card Only):
Credit Card #: Expiration Date:

I authorize the Office of Parks and Recreation, Central Reservations Unit to charge my Visa or Master Card \$
for my reservation at (Park) on (Event Date)
Deborah H. Palmer Deborah D. Palmer A4486388 exp 5-28-11
(Signature Required) (Print Name) (Driver License #/Expiration Date)

ATTENTION

- ✓ DID YOU REMEMBER TO SIGN THIS APPLICATION?
✓ DID YOU REMEMBER TO ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION CARD?