

CITY OF OAKLAND
Interoffice Memorandum



Office of Parks and Recreation

TO: Jeffrey Taylor, Interim Chair, Parks and Recreation
Advisory Commission

FROM: Gail McMillon, Central Reservations Supervisor

DATE: February 11, 2009

SUBJECT: Request from the Native American Health Center, Inc. for Permission to Collect Registration Fees at Lakeside Park on Saturday, March 14, 2009

SUMMARY

The Office of Parks and Recreation has received a request from the Native American Health Center, Inc., a non-profit organization, for permission to collect registration fees on the day of their Walk and Run event at Lakeside Park on Saturday, March 14, 2009. The money collected will be used to support the event by allowing the group to purchase t-shirts and support participant walk/run scholarships.

FISCAL IMPACT

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

BACKGROUND

This is the Native American Health Center Inc.'s eighth year renting Lakeside Park to host the 'Running is My High' Walk and Run event. The overall goal of the event is to engage community members in the event promoting fitness, good nutrition and diabetes prevention.

For the last four years, the Native American Health Center has come before the Parks and Recreation Advisory Commission for approval to collect registration fees for the same event. Their requests were granted and the events have been successful and went as planned.

RECOMMENDATION

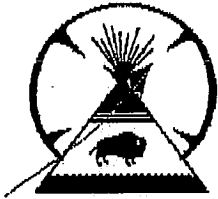
Staff recommends that the Parks and Recreation Advisory Commission approve the request for the Native American Health Center, Inc. to collect registration fees at the "Running is My High" Walk and Run on Saturday, March 14, 2009. Staff also recommends that an After Event Report be submitted with the number of participants registered on-site and the amount collected for the Native American Health Center Inc.

Respectfully submitted,

A handwritten signature in black ink that reads "Gail McMillon".

Gail McMillon
Central Reservations Supervisor

Attachments: Request Letter
Reservation Request
Park Use Application
IRS Tax Exempt Status



Native American Health Center, Inc.

AKLAND • SAN FRANCISCO • ALAMEDA
 50 International Boulevard #252 • Oakland, California 94601
 Tel: 510-535-4463 • FX: 510-535-4494 • www.nativehealth.org

Office of Parks and Recreation
 Parks and Recreation Advisory Committee
 Attn: Zermaine Thoma
 250 Frank Ogawa Plaza, 3rd Floor-Suite 3330
 Oakland, CA. 94612

October 20th, 2008

Dear Sir or Madam

On Saturday, March 14th, 2009 the Native American Health Center of Oakland, CA is sponsoring an event entitled: Running is My High, a 10K Run and 5K Fun Run around Lake Merritt in downtown Oakland.

The overall goal of Running is My High is to engage community members in the event while promoting fitness, good nutrition and diabetes prevention. The event will draw participants from the Native American Community as well as runners and exercise enthusiasts from the San Francisco Bay at large.

This letter is to inform you that we will be allowing our community members the opportunity to register on the day of the event. This is our 8th annual event and we have always offered same day registration that has allowed us to gain a larger attendance for this great event. Native American Health Center is a non-profit organization; the money collected will be used to support this event (i.e. purchasing t-shirts and supporting participant walking/running scholarships).

In the past 5 years we have always used part of the sailboat parking lot to have our start and finish line. The grassy field area is used for participants and guest to observe and support the runner/walker. The grassy area is not a safe place to have a start and finish line due to uneven ground. Native American Health Center would like to continue the tradition of Running is My High at Lake Merritt and without the use of the parking lot space this event can not happen. We hope that you are able to consider our request.

I appreciate your help and look forward to working with you. If you have any questions, please feel free to contact me.

*Please refer to the map attached to see the specific area we have used in the past.

Sincerely,

Deborah Ting, R.D.
 Nutrition and Fitness Department
 510-535-4463
DeborahT@nativehealth.org

Total Number of Dates: 1

Total Number of Hours: 8

NOTES: ***ATTENTION*** PLEASE READ AND ADHERE TO ATTACHED DISCLAIMERS

GROUP TO USE GRV SY AREA NEAR SAILBOAT HOUSE PARKING LOT (NON-EXCLUSIVE USE OF PARKING LOT)

SOUND USE: MICROPHONES

FOODS TO BE SERVED: NONE

ACTUAL TIME OF EVENT: 9:00AM - 3:00PM

CHARGE DESCRIPTION		FACILITY	EVENT	UNIT FEE	QTY	TAX	TOTAL CHARGED	DISCOUNTED/PAID	BALANCE DUE
CRU Park Use Permit Fee	Lakeside Area - Running Is My High	RU Park Use Permit Fee	RU Park Use Permit Fee	\$150.00	1.00	\$0.00	\$150.00	\$150.00	\$0.00
CRU Sound Permit Fee	Lakeside Area - Running Is My High	RU Sound Permit Fee	RU Sound Permit Fee	\$50.00	1.00	\$0.00	\$50.00	\$50.00	\$0.00
Deposit (Parks)	Lakeside Area - Running Is My High	Deposit (Parks)	Deposit (Parks)	\$150.00	1.00	\$0.00	\$150.00	\$150.00	\$0.00
Sailboat House Parking Lot	Lake Merritt Sailboat House Parking Lot - Running Is My High	Sailboat House Parking Lot	Sailboat House Parking Lot	\$150.00	1.00	\$0.00	\$150.00	\$150.00	\$0.00

RECEIPT NUMBER	DATE	CHARGE DESCRIPTION	FACILITY/EVENT	AMOUNT
1010142.032	10/30/2008	RU Park Use Permit Fee	Lakeside Park Sailboat House Area - Running Is My High	\$150.00
1010142.032	10/30/2008	Deposit (Parks)	Lakeside Park Sailboat House Area - Running Is My High	\$150.00
1010142.032	10/30/2008	RU Sound Permit Fee	Lakeside Park Sailboat House Area - Running Is My High	\$50.00
1010142.032	10/30/2008	Sailboat House Parking Lot	Lake Merritt Sailboat House Parking Lot - Running Is My High	\$150.00

Company Phone 1: (510) 535-470

Customer Fax: (510) 281-6436

Customer Email: deboraht@nativehealth.org

DISCLAIMERS

Additional hours, mandatory setup/site 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: Paid in Full (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 bottles must be removed.
- * SELLING alcoholic beverages is NOT ALLOWED.

This permit allows permittee:

To serve alcoholic beverages:

Wine, beer and champagne _____ (bals)

Distilled spirits _____ (initials)

No alcoholic beverages are permitted. DT (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. DT (initials) *

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:

Application Date: 9/29/08

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

REC No: _____ RWP No: _____ Received By/Date: _____
Police Special Events Permit Required? Yes No If required, Special Events Permit due to OPR by _____
OFFICE USE ONLY: Approved By/Date: _____ Issued By/Date: _____ Receipt No: _____

Application on behalf of: (Group, Individual, Organization) Native American Health Center
Address: 2950 International Blvd City: Oakland State: CA Zip: 94601
Individual responsible for event: Name: Deborah Tine Address: 807 Vtoba Heights
City: El Cerrito State: CA Zip: 94530 Email: deborah.t@nativehealth.org
Home #: (510) 535-4400 Cell #: (510) 535-4499 Fax #: (510) 535-4499
To use (Name of Park): Lake Merritt Park Location: Lake Merritt Sanborn House Area / Parking Lot Area
On the following date(s): 3/14, 2009 General Public Allowed: Yes No Number of Participants: 250
Between the hours of: (Start Time/Setup) 7:00am (Actual Event Time) from 7:00am to 3:00pm (End Time/Cleanup)
Type of Event/Purpose (be specific; i.e. Running 5K)
Sound Amplification: Amplified Yes No
Type of equipment to be used (i.e. Jumpers, musical instruments, live band, cd player, amplifiers, microphones, etc.)
Will food be served? Yes No Yes, please list type(s) of food to be served. _____

Please describe below special accommodations/requests required for your event. If no special accommodations/request required, write NONE.
Sailhouse Boat parking lot area

Fees: Rent: \$150.00 Deposit: \$150.00
Sound Use: \$50.00 Other Fees: \$150.00 Sailhouse Boat Parking Lot
Total of ALL Fees PLUS Deposit: \$500.00

(Deposits are refunded 6-8 weeks AFT 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: \$ 500.00 Check #: _____ Cash: _____
Type of Credit Card (Visa or Master Card Only): _____ Expiration Date: _____
Credit Card #: _____

I authorize the Office of Parks and Recreation, Central Reservations Unit to charge my Visa or Master Card \$ _____ for my reservation at _____ on 3/14/09 (Amount to be Charged)
(Pa) _____ (Event Date)

(Signature Required) Deborah Tine (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?

1510-238-2397

Internal Revenue Service

Date: December 1, 2004

NATIVE AMERICAN HEALTH CENTER INC
3124 INTERNATIONAL BLVD
OAKLAND, CA 94612-2902

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Mr. Mason 31-07424
Customer Service Specialist

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

23-7135928

Dear Sir or Madam :

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on July 1, 2004. We have updated our records to reflect the name change as indicated above.

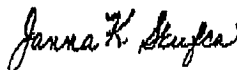
In November 1977 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under sections 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services