

BATAVIA CITY COUNCIL SPECIAL CONFERENCE MEETING

**Monday, September 14, 2020 at 7:00 PM
City Council Board Room, City Hall, 2nd Floor**

AGENDA

- I. Call to Order
- II. Invocation – Councilmember Canale
- III. Pledge of Allegiance
- IV. Public Comments
- V. Council Response to Public Comments
- VI. Communications
 - a. Brighton Securities Shred Day - 9/23/20 12:00 to 3 p.m.
 - b. Athletes Edge Travel Baseball – Various Dates
 - c. Boys of Summer Baseball League – Various Dates
- VII. Council President Report
 - a. Announcement of the next City Council Conference Meeting to be held on Monday, September 28, 2020 at 7:00 p.m. at City Hall, Council Board Room, 2nd Floor
- VIII. Police Traffic Services Grant 2020-2021
- IX. Adjournment



City of Batavia
Batavia, New York 14020
(585) 343-6500

PAID
AUG 26 2020
CITY OF BATAVIA
CLERK-TREASURER

Official Use Only:

2020-15
Event Application #: _____

Event Application Fee - \$25.00 (non-refundable)
(A separate permit must be issued for each item requested)

Event Sponsor Brighten Securities

Type of Event Shred Day

Date of Event 9/23/20 - Wednesday

Time of Event (don't include set up time here - just actual event time) 12:00pm - 3:00pm

Location of Event 212 E. Main St, Batavia, NY 14020

Details of Event (be as specific as possible) The event is a free document destruction & disposal day where the public is free to contactlessly drop off and dispose of old documents.

Contact Information:

Primary contact:

Name Christina Gray
Phone # 989.310.2260
E-mail address cgray@brightensec.com

Secondary contact:

Name Amy Bixler
Phone # 989.310.1850

* Events will be posted on the City's website calendar. If there is a website you would like to include that people can visit for more information or registration, if applicable, note website here: brightensec.com/events/28

Will there be alcohol at your event? Yes No If yes, complete the following:

Type of alcoholic beverage to be served: Liquor Wine Beer

Will you be providing alcohol to your group? Yes No

Will you be selling alcohol to your group? Yes No Insurance certificate **WILL BE** required with Liquor Legal.

Will people be allowed to bring alcohol to the event? Yes No

Who will be applying to the NYS Liquor Authority for the permit to sell? _____

It is the Applicant's responsibility to police the area during the gathering to make sure all Alcohol Beverage Control rules are followed. Also, after the event Applicant is responsible to dispose of all empty bottles and debris.

**** If you are contracting with a group to sell alcohol during your event on city property, separate insurance is required from them with Liquor Legal in addition to your insurance. ****

EVENT INFORMATION (required):

Set up date: 9/23/20 Set up time: 11:30 am

Tear down date: 9/23/20 Tear down time: 3:30pm

PLEASE LIST ALL DATES / TIMES AND CROWD INFORMATION BELOW:

Date: 9/23/20 Start time: 12:00pm End time: 3:00pm

Estimated crowd size: 50 # of Vendors/Displays _____

WILL THE EVENT INCLUDE:

- Parade: Yes No (MAP OF DESIRED ROUTE MUST BE ATTACHED)
 - Run or Walk: Yes No (MAP OF DESIRED ROUTE MUST BE ATTACHED)
 - Music: Yes No (SITE DRAWING OF STAGE OR DJ LOCATION ATTACHED)
 - Street Closure(s): Yes No (MAP OF CLOSED STREETS AND DROP LOCATION OF BARRICADES)
 - Other: Yes No (MAP OF DESIRED ROUTE MUST BE ATTACHED)
- Fireworks or Hazardous Materials? Yes No Carnival or Amusement Rides? Yes No

Name of Company Providing Above: _____ Company Contact/Representative _____ Phone # _____

Address, Street _____ City _____ Zip Code _____

Music: Live Group Recorded/DJ

Name of Company Providing Above: _____ Company Contact/Representative _____ Phone # _____

Address, Street _____ City _____ Zip Code _____

CITY SERVICES SUPPORT:

City Code 66-15, D-2 *The City reserves the right, as part of the permitting process, to require the applicant to pay for additional operational costs of the City associated with the event.*

FOR EVENTS IN CITY PARKS, GARBAGE PICK-UP WILL BE MADE ONLY TO GARBAGE CANS ON SITE. ADDITIONAL GARBAGE MUST BE BAGGED AND REMOVED FROM PREMISES BY EVENT SPONSOR.

ELECTRIC:

Will electric be needed for the event? Yes No

What will you be providing electric to? _____

Will generators be used? Yes No *see Special Events Inspection list for compliance*

If yes, INCLUDE SITE DRAWING INDICATING PLACEMENT/LOCATION OF GENERATOR

SIZE OF GENERATOR(S) _____ FUEL SOURCE - GAS - - DIESEL - - PROPANE -

TENTS/CANOPIES/POP-UPS: See appendices for compliance checklist - all tents will be inspected **

Will Tents/Canopies or other membrane structures be erected at event?
Will a bounce house or other air supported structures be erected at event?

Yes No
Yes No

NOTE - Appropriate anchoring is required for all tents, canopies, and pop-up structures

Please list size(s) of Tents/Canopies or other temporary structures erected*

(1) 10'x10' pop up tent

ANCHORING INTO PAVEMENT IS PROHIBITED!

If anchoring in grass, soil areas please contact the NYS Dig Safe # at: 1-800-962-7962 or 811

STREET CLOSURE(S):

ANY EVENT REQUIRING A STREET CLOSURE REQUIRES 30 DAY ADVANCE NOTICE

Will street(s) need to be closed for the event? Yes No Reason: _____

List Street(s) and Cross Street(s) that will be affected:

_____	_____	&	_____
Street to be closed		Cross Streets	
_____	_____	&	_____
Street to be closed		Cross Streets	
_____	_____	&	_____
Street to be closed		Cross Streets	
_____	_____	&	_____
Street to be closed		Cross Streets	

Will street barricades be requested from the City? Yes No How Many? _____

Will traffic cones be requested from the City? Yes No How Many? _____
(Drop off locations of requested items must be identified on the site drawing)

REVERSE SIDE OF THIS APPLICATION SHOULD BE USED FOR REQUESTING CITY MATERIALS OR PERSONNEL

Are there any other city materials or personnel requested for the event? Identify below: *(there may be additional costs)*

POLICE

Will City Police Officers be requested for the event? Yes No

FINAL DETERMINATION FOR NUMBER OF POLICE OFFICERS and UTILIZATION WILL BE AT THE DISCRETION OF THE CITY.

PLEASE NOTE:

1. Be as specific as possible in the description so we have the best understanding of your event. Also, be clear as to what you would like provided by the City. Applications should be submitted at least 30 days in advance.
2. Fire hydrants, Cross Streets/Aleys and Store Fronts Shall Not Be Blocked by any Vehicle or Concession at any time.
3. An Emergency Vehicle Safety Lane Must be Maintained at All times at All Locations
4. Fuel Containers Must be of an Approved type and Must be Properly Secured
5. Deep Fryers Must Be Approved. Commercial Types Require a Type "K" Portable Fire Extinguisher
6. All Food Vendors Must Have a Type ABC Fire Extinguisher. All Fire Extinguishers Must Be Inspected Within The Last Year. A Valid Health Department Permit Must Be Displayed.
7. No grease or substance of any kind may be discharged upon the streets, sidewalks, or into the storm drains and/or sewers
8. City Sign Ordinances Shall Be Complied With At All Times And In All Regards
9. No paint or other markings may be placed on the street surface.
10. Any overtime and/or material costs in excess of \$500, as determined by City Departments, must be paid by the event sponsor or other party
11. The application fee is due at time of submission of the application and is non-refundable.
12. If approved, a Certificate of Liability Insurance of at least \$1,000,000 naming the City of Batavia as an additional insured for at least the day(s) of the event must be submitted to the City Clerk prior to the event date.

Hold Harmless Agreement

Brighten Securities, the organizer/sponsor, shall indemnify, hold harmless, assume liability for and defend the City of Batavia, its employees, officers and agents from any and all damages, costs and expenses including but not limited to, attorney's fees, court costs, and all other sums which the City of Batavia its employees, officers and agents may pay or become obligated to pay on account of any and every demand, claim or assertion of liability, or any claim founded thereon, arising or alleged to have arisen out of the activities described in this special event application and sanctioned by the permit issued by the City of Batavia or by any act or omission of the Brighten Securities (Organizer/Sponsor), its members, agents, employees, volunteers, officers, or directors in relation to activities described in this application and sanctioned by the issuance of a special event permit.

8/24/20
Date:

Brighten Securities
Name of Event Sponsor:

[Signature] CEO
Authorized Signature, Title

Jai Ramachandran
Name - Printed or Typed

The rules and information contained within this application have been read and will be adhered to.

8/24/20
Date:

[Signature]
Signature of Applicant:

Please forward this application to:

City Clerk's Office
Attention: Events Applications Department
One Batavia City Centre
Batavia, New York 14020

**SPECIAL EVENT APPLICATION
DEPARTMENT APPROVAL SUMMARY**

FOR OFFICIAL CITY USE ONLY

OFFICIAL USE ONLY				
Department Recommendations:	Approved	Denied	Additional Costs	Department Initials
DPW (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fire Dept. (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Police Dept. (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<i>If recommendation is denied, please attach a brief explanation</i>				

OFFICIAL USE ONLY			
_____	_____	_____	_____
<small>Date Received</small>		<small>Council Action: (Approved / Disapproved)</small>	
_____	_____	_____	_____
<small>Date of Council Action:</small>		<small>Insurance Received (if applicable)</small>	

Event Application #: _____

Department: _____
List Department Name Here

Department Approval	YES	NO
DPW	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>

Department Cost Estimate: _____
If applicable

Estimate based on: Fillable table - type your response here:

If Application not Approved, Provide Reason Here: Fillable table - type your response here:

Submitted By: _____ Name / Title Date Submitted

Appendices

SPECIAL EVENTS INSPECTION			
YES	Item to verify	NO	Corrective action
	Extension cords plugged into approved electrical boxes?		Do not use unless cords plugged direct
	Generator in use 20 feet from any structure?		Do not use generator unless moved to safe area
	Generator has appropriate extinguisher available		Do not use unless extinguisher present
	Generator grounded?		Do not use unless grounded
	Inflatable secured to ground?		Do not use unless secured
	Inflatable rods covered?		Do not use unless rods are covered for safety
	Propane tanks secured?		Do not use unless secured
	Outside cooking has appropriate extinguisher?		Do not use unless extinguisher present
	Fireworks display 75 feet from any structure?		Do not light unless in approved location
	Fireworks display has proper extinguishers?		Do not light unless extinguisher is present
	Does cooking under tent meet the safety standard?		Do not cook unless tent is rated for fire resistance or cooking outside tent
	Are Easy up tents properly roped, braced or anchored to withstand elements of weather and collapse?		Do not occupy until proper securing is approved by inspector
	Does Easy up tent have permanent label ID of size and fabric?		Tent not to be used without proper label
	Outdoor cooking that produces sparks or grease laden vapors?		Shall be outside of tents unless tent is fire rated and extinguishers or hood present
	Does the venue have a crowd of 250 people or more?		Must have crowd managers trained as approved by inspector

TEMPORARY STRUCTURE SETUP AND DAILY CHECKLIST (tent and membrane structures)			
YES	Item to Verify	NO	Corrective Action
	Is structure at least 20 feet from any property lines?		Do not occupy or use structure. Structure needs to be relocated a minimum of 20 feet from any property lines.
	Is structure within 20 feet of any building?		Do not occupy or use structure. Structure needs to be relocated a minimum of 20 feet from any building.
	Is structure within 20 feet of another structure?		Evaluate all structures within 20 feet of each other as a single structure meeting all applicable requirements.
	Is structure within 20 feet of parking?		Restrict parking or relocate structure at least 20 feet from parking.
	Is structure within 20 feet of any internal combustion engines?		Do not use internal combustion engine until relocated at least 20 feet from structure.
	Are "No Smoking" signs posted inside and outside?		Do not occupy or use structure unless no smoking signs are posted and enforced.
	Are fireworks and unapproved open flames prohibited inside and outside the structure?		Do not occupy or use structure unless fireworks and all unapproved open flames are prohibited in the structure and within 20 feet of exterior of structure.
	Are all points in the structure within 100 feet of an exit?		Do not occupy or use structure unless sufficient nearby exits are provided.
	Ensure "Exit" signs are posted and clearly visible.		Do not occupy or use structure unless required "Exit" signs are provided.
	Ensure "Exit" signs are illuminated.		Do not use or occupy structure unless illuminated exits are provided.
	Ensure that exit signs have either two separate circuits or two sources of power depending on occupant load.		Do not use or occupy structure until a minimum of two circuits or sources of power are provided as required. Typically this is accomplished through the use of AC Powered Exit signs with internal battery backup.
	Are exits open and uncovered?		Do not occupy or use structure unless all required exits are functional.
	Are all aisles at least 44 inches wide? Do aisles increase in width where required?		Do not occupy or use structure unless proper aisle widths are maintained.
	Is the Occupant Load posted appropriately?		Do not occupy or use structure unless the correct occupant load is posted appropriately.
	Ensure emergency lighting is provided.		Do not use or occupy structure unless emergency lighting is provided.
	Is a label permanently affixed to the structure bearing the identification of size and material type?		Do not use or occupy structure unless label is present.
	2A:10BC Fire extinguishers are provided (see information packet for minimum number required).		Do not use or occupy structure until sufficient, properly sized, fire extinguishers are provided.
	At least one 4OBC rated fire extinguisher shall be provided for each kitchen, mess hall, power generator, or transformer and at locations where flammable or combustible liquids are used, stored, or dispensed.		Do not use or operate any of these hazards unless appropriate fire extinguishers are provided as described in Temporary Membrane Structures, Tents and Canopies document and applicable codes.
	Weeds and other combustible vegetation shall be removed from within 30 feet of the structure area.		Do not use or occupy the structure unless combustible vegetation has been removed from the specified area.
	The floor surface inside, including the grounds adjacent to or within 30 feet outside of temporary tents, canopies, and membrane structures, shall be kept free of combustible waste.		Do not use or occupy the structure unless combustible waste is removed or stored in proper containers.
	Such waste shall be stored in approved containers until removed from the premises.		Do not use or occupy the structure unless trash containers have been emptied from the previous day.
	Outdoor cooking that produces sparks or grease-laden vapors. Must be outside tent.		Do not use cooking source under tent
Inspection performed by:		Date:	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2020

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Haylor, Freyer & Coon, Inc. P.O. Box 4743 Syracuse NY 13221	CONTACT NAME: Janine Cichon	
	PHONE (A/C. No. Ext.): 315-800-1790	FAX (A/C. No.):
E-MAIL ADDRESS: jcichon@haylor.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Westchester Surplus Line (Walker Spec)		
INSURER B: Ohio Security Insurance Co.		24082
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Brighton Securities Corp
 1703 Monroe Ave
 Rochester NY 14618

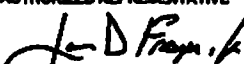
COVERAGES **CERTIFICATE NUMBER: 248306547** **REVISION NUMBER:**

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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y Y	BZS2158084540	6/30/2020	6/30/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		BZS2158084540	6/30/2020	6/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000	Y Y	USO58084540	6/30/2020	6/30/2021	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		G71117881003	4/11/2020	4/11/2021	Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Liability Additional Insured & Waiver of Subrogation form# BP7998 07/10
 Umbrella policy follows General Liability form
 Proof of Insurance

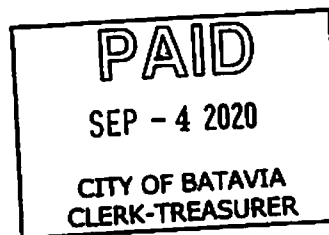
CERTIFICATE HOLDER**CANCELLATION**

City of Batavia One Batavia City Centre Batavia NY 14020	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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City of Batavia
Batavia, New York 14020
(585) 345-6300



Official Use Only:

Event Application #:

Event Application Fee - \$25.00 (non-refundable)
(A separate permit must be issued for each item requested)

Event Sponsor Athletes Edge Travel Baseball

Type of Event Youth Baseball

Date of Event Various Dates- See Attached

Time of Event (don't include set up time here – just actual event time) Various Time- See Attached

Location of Event Kibbie Park Softball Field & Williams Park Baseball Field

Details of Event (be as specific as possible!) Fall travel baseball games played through Western New York Boys of Summer Fall League

Contact Information:

Primary contact:

Name Sam Antinore
Phone # 585-356-5995
E-mail address santinor@easi.com

Secondary contact:

Name Mark Fitzpatrick
Phone # 585-297-7915
E-mail address markfitzpatrick1990@gmail.com

* Events will be posted on the City's website calendar. If there is a website you would like to include that people can visit for more information or registration, if applicable, note website here: _____

Will there be alcohol at your event? Yes No If yes, complete the following:

Type of alcoholic beverage to be served: Liquor Wine Beer

Will you be providing alcohol to your group? Yes No

Will you be selling alcohol to your group? Yes No Insurance certificate **WILL BE** required with Liquor Legal.

Will people be allowed to bring alcohol to the event? Yes No

Who will be applying to the NYS Liquor Authority for the permit to sell? _____

It is the Applicant's responsibility to police the area during the gathering to make sure all Alcohol Beverage Control rules are followed. Also, after the event Applicant is responsible to dispose of all empty bottles and debris.

**** If you are contracting with a group to sell alcohol during your event on city property, separate insurance is required from them with Liquor Legal in addition to your insurance. ****

EVENT INFORMATION (required):

Set up date: Various Dates- See Attached

Set up time: Various Times- See Attached

Tear down date: No tear down- will clean after games

Tear down time: No tear down- will clean after games

PLEASE LIST ALL DATES / TIMES AND CROWD INFORMATION BELOW:

Date: _____ Start time: _____ End time: _____

Estimated crowd size: 75-100 # of Vendors/Displays 0

WILL THE EVENT INCLUDE:

- Parade: Yes No (MAP OF DESIRED ROUTE MUST BE ATTACHED)
 - Run or Walk: Yes No (MAP OF DESIRED ROUTE MUST BE ATTACHED)
 - Music: Yes No (SITE DRAWING OF STAGE OR DJ LOCATION ATTACHED)
 - Street Closure(s): Yes No (MAP OF CLOSED STREETS AND DROP LOCATION OF BARRICADES)
 - Other: Yes No (MAP OF DESIRED ROUTE MUST BE ATTACHED)
- Fireworks or Hazardous Materials? Yes No Carnival or Amusement Rides? Yes No

Name of Company Providing Above: Company Contact/Representative Phone #

Address, Street City Zip Code

Music: Live Group Recorded/DJ

Name of Company Providing Above: Company Contact/Representative Phone #

Address, Street City Zip Code

CITY SERVICES SUPPORT:

City Code 66-15, D-2 *The City reserves the right, as part of the permitting process, to require the applicant to pay for additional operational costs of the City associated with the event.*

FOR EVENTS IN CITY PARKS, GARBAGE PICK-UP WILL BE MADE ONLY TO GARBAGE CANS ON SITE. ADDITIONAL GARBAGE MUST BE BAGGED AND REMOVED FROM PREMISES BY EVENT SPONSOR.

ELECTRIC:

Will electric be needed for the event? Yes No

What will you be providing electric to? _____

Will generators be used? Yes No *see Special Events Inspection ✓ list for compliance*

If yes, INCLUDE SITE DRAWING INDICATING PLACEMENT/LOCATION OF GENERATOR

SIZE OF GENERATOR(S) _____ FUEL SOURCE - GAS - - DIESEL - - PROPANE -

TENTS/CANOPIES/POP-UPS: See appendices for compliance checklist – all tents will be inspected **

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Will a bounce house or other air supported structures be erected at event? Yes No

NOTE – Appropriate anchoring is required for all tents, canopies, and pop-up structures

Please list size(s) of Tents/Canopies or other temporary structures erected* _____

ANCHORING INTO PAVEMENT IS PROHIBITED!

If anchoring in grass, soil areas please contact the NYS Dig Safe # at: 1-800-962-7962 or 811

STREET CLOSURE(S):

ANY EVENT REQUIRING A STREET CLOSURE REQUIRES 90 DAY ADVANCE NOTICE

Will street(s) need to be closed for the event? Yes No Reason: _____

List Street(s) and Cross Street(s) that will be affected:

_____	&	_____
Street to be closed	Cross Streets	
_____	&	_____
Street to be closed	Cross Streets	
_____	&	_____
Street to be closed	Cross Streets	
_____	&	_____
Street to be closed	Cross Streets	

Will street barricades be requested from the City? Yes No How Many? _____

Will traffic cones be requested from the City? Yes No How Many? _____
(Drop off locations of requested items must be identified on the site drawing)

BANNERS, SIGNS OR OTHER DECORATIONS ARE NOT TO BE ATTACHED TO STREET BARRICADES, TRAFFIC CONES, LIGHT POLES, OR ANY OTHER CITY PROPERTY

Are there any other city materials or personnel requested for the event? Identify below: *(there may be additional costs)*

POLICE

Will City Police Officers be requested for the event? Yes No

FINAL DETERMINATION FOR NUMBER OF POLICE OFFICERS and UTILIZATION WILL BE AT THE DISCRETION OF THE CITY.

PLEASE NOTE:

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Hold Harmless Agreement

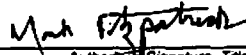
Athletes Edge Travel Baseball, the organizer/sponsor, shall indemnify, hold harmless, assume liability for and defend the City of Batavia, its employees, officers and agents from any and all damages, costs and expenses including but not limited to, attorney's fees, court costs, and all other sums which the City of Batavia its employees, officers and agents may pay or become obligated to pay on account of any and every demand, claim or assertion of liability, or any claim founded thereon, arising or alleged to have arisen out of the activities described in this special event application and sanctioned by the permit issued by the City of Batavia or by any act or omission of the Athletes Edge Travel Baseball (Organizer/Sponsor), its members, agents, employees, volunteers, officers, or directors in relation to activities described in this application and sanctioned by the issuance of a special event permit.

September 4, 2020

Date:

Athletes Edge Travel Baseball

Name of Event Sponsor:


Authorized Signature, Title

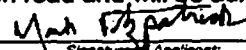
Mark Fitzpatrick

Name - Printed or Typed

The rules and information contained within this application have been read and will be adhered to.

September 4, 2020

Date:


Signature of Applicant:

Please forward this application to:

**City Clerk's Office
Attention: Events Applications Department
One Batavia City Centre
Batavia, New York 14020**

**SPECIAL EVENT APPLICATION
DEPARTMENT APPROVAL SUMMARY**

FOR OFFICIAL CITY USE ONLY

OFFICIAL USE ONLY				
Department Recommendations:	Approved	Denied	Additional Costs	Department Initials
DPW (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fire Dept. (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Police Dept. (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If recommendation is denied, please attach a brief explanation

OFFICIAL USE ONLY	
_____	_____
<small>Date Received</small>	<small>Council Action: (Approved / Disapproved)</small>
_____	_____
<small>Date of Council Action:</small>	<small>Insurance Received (if applicable)</small>

Event Application #: _____

Department: _____
List Department Name Here

Department Approval	YES	NO
DPW	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>

Department Cost Estimate: _____
If applicable

Estimate based on: Fillable table - type your response here:

--

If Application not Approved, Provide Reason Here: Fillable table - type your response here:

--

Submitted By: _____ Name / Title _____ Date Submitted

Appendices

SPECIAL EVENTS INSPECTION			
YES	Item to verify	NO	Corrective action
	Extension cords plugged into approved electrical boxes?		Do not use unless cords plugged direct
	Generator in use 20 feet from any structure?		Do not use generator unless moved to safe area
	Generator has appropriate extinguisher available		Do not use unless extinguisher present
	Generator grounded?		Do not use unless grounded
	Inflatable secured to ground?		Do not use unless secured
	Inflatable rods covered?		Do not use unless rods are covered for safety
	Propane tanks secured?		Do not use unless secured
	Outside cooking has appropriate extinguisher?		Do not use unless extinguisher present
	Fireworks display 75 feet from any structure?		Do not light unless in approved location
	Fireworks display has proper extinguishers?		Do not light unless extinguisher is present
	Does cooking under tent meet the safety standard?		Do not cook unless tent is rated for fire resistance or cooking outside tent
	Are Easy up tents properly roped, braced or anchored to withstand elements of weather and collapse?		Do not occupy until proper securing is approved by inspector
	Does Easy up tent have permanent label ID of size and fabric?		Tent not to be used without proper label
	Outdoor cooking that produces sparks or grease laden vapors?		Shall be outside of tents unless tent is fire rated and extinguishers or hood present
	Does the venue have a crowd of 250 people or more?		Must have crowd managers trained as approved by inspector

TEMPORARY STRUCTURE SETUP AND DAILY CHECKLIST (tent and membrane structures)

YES	Item to Verify	NO	Corrective Action
	Is structure at least 20 feet from any property lines?		Do not occupy or use structure. Structure needs to be relocated a minimum of 20 feet from any property lines.
	Is structure within 20 feet of any building?		Do not occupy or use structure. Structure needs to be relocated a minimum of 20 feet from any building.
	Is structure within 20 feet of another structure?		Evaluate all structures within 20 feet of each other as a single structure meeting all applicable requirements.
	Is structure within 20 feet of parking?		Restrict parking or relocate structure at least 20 feet from parking.
	Is structure within 20 feet of any internal combustion engines?		Do not use internal combustion engine until relocated at least 20 feet from structure.
	Are "No Smoking" signs posted inside and outside?		Do not occupy or use structure unless no smoking signs are posted and enforced.
	Are fireworks and unapproved open flames prohibited inside and outside the structure?		Do not occupy or use structure unless fireworks and all unapproved open flames are prohibited in the structure and within 20 feet of exterior of structure.
	Are all points in the structure within 100 feet of an exit?		Do not occupy or use structure unless sufficient nearby exits are provided.
	Ensure "Exit" signs are posted and clearly visible.		Do not occupy or use structure unless required "Exit" signs are provided.
	Ensure "Exit" signs are illuminated.		Do not use or occupy structure unless illuminated exits are provided.
	Ensure that exit signs have either two separate circuits or two sources of power depending on occupant load.		Do not use or occupy structure until a minimum of two circuits or sources of power are provided as required. Typically this is accomplished through the use of AC Powered Exit signs with internal battery backup.
	Are exits open and uncovered?		Do not occupy or use structure unless all required exits are functional.
	Are all aisles at least 44 inches wide? Do aisles increase in width where required?		Do not occupy or use structure unless proper aisle widths are maintained.
	Is the Occupant Load posted appropriately?		Do not occupy or use structure unless the correct occupant load is posted appropriately.
	Ensure emergency lighting is provided.		Do not use or occupy structure unless emergency lighting is provided.
	Is a label permanently affixed to the structure bearing the identification of size and material type?		Do not use or occupy structure unless label is present.
	2A:10BC Fire extinguishers are provided (see information packet for minimum number required).		Do not use or occupy structure until sufficient, properly sized, fire extinguishers are provided.
	At least one 4OBC rated fire extinguisher shall be provided for each kitchen, mess hall, power generator, or transformer and at locations where flammable or combustible liquids are used, stored, or dispensed.		Do not use or operate any of these hazards unless appropriate fire extinguishers are provided as described in Temporary Membrane Structures, Tents and Canopies document and applicable codes.
	Weeds and other combustible vegetation shall be removed from within 30 feet of the structure area.		Do not use or occupy the structure unless combustible vegetation has been removed from the specified area.
	The floor surface inside, including the grounds adjacent to or within 30 feet outside of temporary tents, canopies, and membrane structures, shall be kept free of combustible waste.		Do not use or occupy the structure unless combustible waste is removed or stored in proper containers.
	Such waste shall be stored in approved containers until removed from the premises.		Do not use or occupy the structure unless trash containers have been emptied from the previous day.
	Outdoor cooking that produces sparks or grease-laden vapors. Must be outside tent.		Do not use cooking source under tent

Inspection performed by:

Date:

Athletes Edge Travel Baseball Home Schedule

September/October 2020

12u 50/70

Kibbie Park Softball Field- 8 Home Games

(Monday) September 14 5:30-8:30 PM

(Saturday) September 19 6-9 PM

(Tuesday) September 22 5:30-8:30 PM

(Monday) September 28 5:30-8:30 PM

(Tuesday) September 29 5:30-8:30 PM

(Saturday) October 10 3:30-8:30 PM (double header)

(Sunday) October 25 11:00 AM – 1:00 PM

15/16u 60/90

Williams Park Baseball Field – 3 Home Games

(Saturday) October 10 9:00 AM – 3:00 PM (double header)

(Saturday) October 17 6:00-9:30 PM

**Athletes Edge Travel Baseball
Fall 2020
Covid-19 Action Plan**

1. Do not attend if you have a fever or feeling ill
2. Parking Lot: Social distancing rules
3. Face Coverings are recommended when you are not able to social distance
4. Athlete allowed 2 Guests
8. Hand washing recommended
9. Chairs and tents allowed using Social Distance

RESTROOMS – Will not be available

CONCESSIONS & MERCHANDISE: Will be limited or not available

FIELD OF PLAY:

1. Masks will be required if you can't practice social distancing. Dugouts will not be available to players or fans. Bleachers will not be accessible by fans.
2. No sharing of equipment (example: helmets and catchers equipment)
3. No seeds will be permitted in the game play area
4. No post game handshakes

- Game Balls will be handled by defensive team.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2020

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Tompkins Insurance Agencies, Inc. 90 Main Street Batavia NY 14020		CONTACT NAME: TIA - CBU PHONE (A/C No. Ext): (888) 261-2688 E-MAIL ADDRESS: tiacbu@tompkinsfinancial.com	FAX (A/C No.): (888) 339-8337
INSURED ATHLETES EDGE BATAVIA LLC 18 WOODLAND BATAVIA NY 14020		INSURER(S) AFFORDING COVERAGE INSURER A: Michigan Millers INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # W0005	

COVERAGES **CERTIFICATE NUMBER:** CL2061676302 **REVISION NUMBER:**

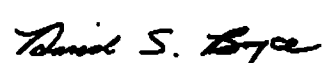
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDSUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	C0539292	06/15/2020	06/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ATHLETIC \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Cedar Point Park, LLC, Sports Force Parks, Cedar Fair L.P. Sports Fields, Inc., and the County of Erie, Ohio would be covered as additional insured per endorsement CG1078N to the extent provided therein

CERTIFICATE HOLDER**CANCELLATION**

Sports Force Parks LLC Sandusky OH 44870	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



City of Batavia
Batavia, New York 14020
(585) 345-6300

PAID
SEP - 8 2020
CITY OF BATAVIA
CLERK-TREASURER

Official Use Only:

Event Application #:

Event Application Fee - \$25.00 (non-refundable)
(A separate permit must be issued for each item requested)

Event Sponsor Boys of Summer Baseball League
 Type of Event Baseball Game
 Date of Event 9/10, 9/17, 10/4
 Time of Event (don't include set up time here - just actual event time) _____
 Location of Event Williams Park Baseball Field
 Details of Event (be as specific as possible!) Fall Baseball league (youth)

Contact Information:

Primary contact:

Secondary contact:

Name Thomas Dombrowski
 Phone # 585-201-6194
 E-mail address _____

* Events will be posted on the City's website calendar. If there is a website you would like to include that people can visit for more information or registration, if applicable, note website here: _____

Will there be alcohol at your event? Yes No If yes, complete the following:

Type of alcoholic beverage to be served: Liquor Wine Beer

Will you be providing alcohol to your group? Yes No

Will you be selling alcohol to your group? Yes No Insurance certificate **WILL BE** required with Liquor Legal.

Will people be allowed to bring alcohol to the event? Yes No

Who will be applying to the NYS Liquor Authority for the permit to sell? _____

It is the Applicant's responsibility to police the area during the gathering to make sure all Alcohol Beverage Control rules are followed. Also, after the event Applicant is responsible to dispose of all empty bottles and debris.

**** If you are contracting with a group to sell alcohol during your event on city property, separate insurance is required from them with Liquor Legal in addition to your insurance. ****

EVENT INFORMATION (required):

Set up date: N/A

Set up time: _____

Tear down date: N/A

Tear down time: _____

PLEASE LIST ALL DATES / TIMES AND CROWD INFORMATION BELOW:

Date: _____ Start time: _____ End time: _____

Estimated crowd size: _____ # of Vendors/Displays _____

WILL THE EVENT INCLUDE:

- Parade: Yes No (MAP OF DESIRED ROUTE MUST BE ATTACHED)
- Run or Walk: Yes No (MAP OF DESIRED ROUTE MUST BE ATTACHED)
- Music: Yes No (SITE DRAWING OF STAGE OR DJ LOCATION ATTACHED)
- Street Closure(s): Yes No (MAP OF CLOSED STREETS AND DROP LOCATION OF BARRICADES)
- Other: Yes No (MAP OF DESIRED ROUTE MUST BE ATTACHED)
- Fireworks or Hazardous Materials? Yes No
- Carnival or Amusement Rides? Yes No

Name of Company Providing Above: _____ Company Contact/Representative _____ Phone # _____

Address, Street _____ City _____ Zip Code _____

Music: Live Group Recorded/DJ

Name of Company Providing Above: _____ Company Contact/Representative _____ Phone # _____

Address, Street _____ City _____ Zip Code _____

CITY SERVICES SUPPORT:

City Code 66-15, D-2 *The City reserves the right, as part of the permitting process, to require the applicant to pay for additional operational costs of the City associated with the event.*

FOR EVENTS IN CITY PARKS, GARBAGE PICK-UP WILL BE MADE ONLY TO GARBAGE CANS ON SITE. ADDITIONAL GARBAGE MUST BE BAGGED AND REMOVED FROM PREMISES BY EVENT SPONSOR.

ELECTRIC:

Will electric be needed for the event? Yes No

What will you be providing electric to? _____

Will generators be used? Yes No

If yes, INCLUDE SITE DRAWING INDICATING PLACEMENT/LOCATION OF GENERATOR

SIZE OF GENERATOR(S) _____ FUEL SOURCE - GAS - - DIESEL - - PROPANE -

TENTS/CANOPIES/POP-UPS:

Will Tents/Canopies or other membrane structures be erected at event?
Will a bounce house or other air supported structures be erected at event?

Yes No
Yes No

NOTE – Appropriate anchoring is required for all tents, canopies, and pop-up structures

Please list size(s) of Tents/Canopies or other temporary structures erected. _____

ANCHORING INTO PAVEMENT IS PROHIBITED!

If anchoring in grass, soil areas please contact the NYS Dig Safe # at: 1-800-962-7962 or 811

STREET CLOSURE(S):

ANY EVENT REQUIRING A STREET CLOSURE REQUIRES 90 DAY ADVANCE NOTICE

Will street(s) need to be closed for the event? Yes No Reason: _____

List Street(s) and Cross Street(s) that will be affected:

_____	_____	&	_____
<i>Street to be closed</i>		<i>Cross Streets</i>	
_____	_____	&	_____
<i>Street to be closed</i>		<i>Cross Streets</i>	
_____	_____	&	_____
<i>Street to be closed</i>		<i>Cross Streets</i>	
_____	_____	&	_____
<i>Street to be closed</i>		<i>Cross Streets</i>	

Will street barricades be requested from the City? Yes No How Many? _____

Will traffic cones be requested from the City? Yes No How Many? _____

(Drop off locations of requested items must be identified on the site drawing)

BANNERS, SIGNS OR OTHER DECORATIONS ARE NOT TO BE ATTACHED TO STREET BARRICADES, TRAFFIC CONES, LIGHT POLES, OR ANY OTHER CITY PROPERTY

Are there any other city materials or personnel requested for the event? Identify below: *(there may be additional costs)*

POLICE

Will City Police Officers be requested for the event? Yes No

FINAL DETERMINATION FOR NUMBER OF POLICE OFFICERS and UTILIZATION WILL BE AT THE DISCRETION OF THE CITY.

PLEASE NOTE:

1. Be as specific as possible in the description so we have the best understanding of your event. Also, be clear as to what you would like provided by the City. **Applications should be submitted at least 30 days in advance.**
2. Fire hydrants, Cross Streets/Alleys and Store Fronts **Shall Not Be Blocked** by any Vehicle or Concession at any time.
3. An Emergency Vehicle Safety Lane Must be Maintained at All times at All Locations
4. Fuel Containers Must be of an Approved type and Must be Properly Secured
5. Deep Fryers Must Be Approved. Commercial Types Require a Type "K" Portable Fire Extinguisher
6. All Food Vendors Must Have a Type ABC Fire Extinguisher. All Fire Extinguishers Must Be Inspected Within The Last Year. **A Valid Health Department Permit Must Be Displayed.**
7. No grease or substance of any kind may be discharged upon the streets, sidewalks, or into the storm drains and/or sewers
8. City Sign Ordinances Shall Be Complied With At All Times And In All Regards
9. No paint or other markings may be placed on the street surface.
10. Any overtime and/or material costs in excess of \$500, as determined by City Departments, must be paid by the event sponsor or other party
11. The application fee is due at time of submission of the application and is non-refundable.
12. If approved, a Certificate of Liability Insurance of at least \$1,000,000 naming the City of Batavia as an additional insured for at least the day(s) of the event must be submitted to the City Clerk prior to the event date.

Hold Harmless Agreement

Thomas Dombrowski, the organizer/sponsor, shall indemnify, hold harmless, assume liability for and defend the City of Batavia, its employees, officers and agents from any and all damages, costs and expenses including but not limited to, attorney's fees, court costs, and all other sums which the City of Batavia its employees, officers and agents may pay or become obligated to pay on account of any and every demand, claim or assertion of liability, or any claim founded thereon, arising or alleged to have arisen out of the activities described in this special event application and sanctioned by the permit issued by the City of Batavia or by any act or omission of the Thomas Dombrowski (Organizer/Sponsor), its members, agents, employees, volunteers, officers, or directors in relation to activities described in this application and sanctioned by the issuance of a special event permit.

Sept 4, 2020
Date:

Thomas Dombrowski
Name of Event Sponsor

Authorized Signature, Title

Name - Printed or Typed

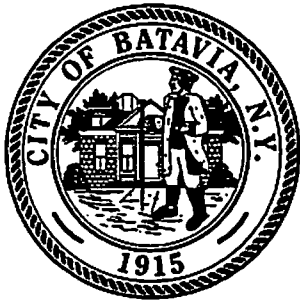
The rules and information contained within this application have been read and will be adhered to.

Date:

Thomas M Dombrowski
Signature of Applicant:

Please forward this application to:


City Clerk's Office
Attention: Events Applications Department
One Batavia City Centre
Batavia, New York 14020



City of Batavia

Memorandum

To: Rachael Tabelski, Acting City Manager

From: Shawn Heubusch, Police Chief 

Date: August 19, 2020

Subject: Police Traffic Services Grant 2020-2021

On August 6, 2020, the City Police were awarded \$9,024 from the NYS Governor's Traffic Safety Committee for the Police Traffic Safety grant. The goal of the program is to increase seat belt usage and reduce dangerous driving behaviors in an effort to reduce serious injury and deaths resulting from traffic crashes.

The funding received will be used to provide for special traffic details throughout the year, to include targeted enforcement efforts in the downtown corridor. The funding covers the period of October 1, 2020 thru September 30, 2021.

Feel free to call with any questions you may have. Thank you.

Attachments: Award Letter
Draft Resolution

Cc: Lisa Neary, Deputy Director of Finance

Police Department
10 Main Street
Batavia, New York 14020



Phone: 585-345-6350
Fax: 585-344-1878
Records: 585-345-6303
Detective Bureau: 585-345-6370
www.batavianewyork.com



Governor's Traffic Safety Committee

6 EMPIRE STATE PLAZA • ALBANY, NY 12228 • SafeNY ny.gov

CHUCK DEWEESE
Assistant Commissioner

Ph: (518) 474-5111
Ph: (518) 474-5777
Fx: (518) 473-6946

August 6, 2020

Christopher Camp
Batavia City Police Department
10 West Main St
Batavia, NY 14020-2040

Re: PTS-2021-Batavia City PD -00261-(019)
Police Traffic Services
SA00001998
CFDA #: 20.600
EFFECTIVE DATE: October 1, 2020

Dear Christopher Camp:

On behalf of the Governor's Traffic Safety Committee, I am pleased to notify you that the Batavia City Police Department has been awarded a total of \$9,024 to participate in the statewide Police Traffic Services Program. Our goal is to increase seat belt usage and reduce dangerous driving behaviors in an effort to reduce serious injury and death from traffic crashes. A breakdown of your grant award amount is as follows:

Category	Award Amount
Seat Belt Mobilization Enforcement	\$1,440
Regular PTS Enforcement	\$7,584
Other Than Personal Services	\$0
Grand Total	\$9,024

Before incurring any project related expenses, login to eGrants to review your approved budget as it may have been reduced or otherwise changed from what was requested. Crucial documents regarding your grant, the claims process, equipment, and other grant related topics can be found by visiting <https://trafficsafety.ny.gov/highway-safety-grant-program#grant-award>.

Thank you for participating in this very important statewide enforcement program. I wish you success in your efforts. If you have any questions, please contact the Governor's Traffic Safety Committee at (518) 474-5111.

Sincerely,

Charles R. DeWeese
Assistant Commissioner

CRD:bp
cc: Rebecca Patterson



Department of
Motor Vehicles

Please complete this form after you have been awarded a grant and forward completed Grant Information Form to the Bureau of Finance.

Grantor Name: NYS Governor's Traffic Safety Committee

Grantor Address: 7 Main Street, Batavia, NY 14020

Source of Funds: (circle one) Federal New York State Local

Other (specify) _____

Planned use of funds: Funds received from the Governor's Traffic Safety Committee are used to fund specialized patrol details to target seat belt enforcement, reduce speeding and aggressive driving as well as distracted and other dangerous driving behaviors.

Grant Period: Begin Date 10/1/2020 End Date 9/30/2021

Grant Budget: \$ 9,024.00

	<u>Fund</u>	<u>Dept</u>	<u>Item</u>	<u>Amount</u>
Revenue	A	00.0000.0000	4389	\$ 9,024.00

	<u>Fund</u>	<u>Dept</u>	<u>Item</u>	<u>Amount</u>
Expenses	A	04.3120.3120	0101	\$ 9,024.00

For Internal Use Only

Assigned Grant Project No.: _____
Approved Resolution No.: _____
Budget Amended: _____