

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Spring Forward Learning Center - 5K Run/Walk  
**Date:** January 21, 2013



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Attached is an application, letter and route map from the Spring Forward Learning Center. They are requesting permission to hold a 5K Run/Walk on Saturday, April 6, 2013 from 8:00 am to 9:30 am. Registration for the race is from 6:30 am to 7:45 am. The 5K Run/Walk will begin and end at Sunset Park.

The Spring Forward Learning Center's 5K race route includes crossing 18<sup>th</sup> Avenue to the bike path and utilization of portions of Mill Street.

The Spring Forward Learning Center will be working with the Police Department for traffic control. It is noted that the Spring Forward Learning Center has notified Rock Island Parks and Recreation Department in regards to utilization of the bike path.

This is a fundraising event to help support the Spring Forward Learning Center's afterschool tutoring program. The certificate of insurance is attached.

**RECOMMENDATION:**

It is recommended that Council approve the event for the Spring Forward Learning Center.

**Submitted by:** Aleisha L. Patchin, City Clerk

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**Approved by:** Thomas Thomas, City Manager



ROCK ISLAND  
ILLINOIS

CITY OF ROCK ISLAND  
LICENSE APPLICATION  
ACTIVITY PERMIT

Type of Activity: (Check Appropriate Activity)

Parade	<input checked="" type="checkbox"/> Run	<input checked="" type="checkbox"/> Walk	March	Bicycle Ride	Other (specify below)
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Day/Date of Activity: Saturday April 6, 2013

Event Start Time: 7:30am Event Ending Time: 10:00am

Set-up Start Time: 6:00am Clean-up End Time: 11:00am

Spring Forward Learning Center Sophie Ali

Sponsor Name/Organization  
2312 18<sup>th</sup> Ave Rock Island  
Address  
309-794-2102  
Telephone

Contact Person  
635 1/2 39<sup>th</sup> St. Rock Island  
Address  
847-404-3325  
Telephone

Estimated number of: (Put Number in Appropriate Boxes)

Bands	Floats	Vehicles	Wheelchairs	Participants	Horses	Other (Specify)
				<u>300</u>		

Number of volunteers available for traffic control: 10 or as many as needed  
(Contact Police Department to arrange for traffic control. Telephone No. 732-2402.)

Tail car provided by sponsor?  Yes  No

Ambulance/first aid provided by sponsor?  Yes  No

Route for activity: Detailed description and map of city streets and property involved in activity must be attached to this application. Starting and ending locations as well as direction of travel need to be clearly indicated. If State-owned streets are included in route, Department of Transportation permission will be required for closing of streets. Please allow additional time (at least one month to six weeks) for this to be completed.

Are any State-owned streets involved?  Yes  No  Unknown

Identify State-owned streets, if known. 18<sup>th</sup> Ave, Mill St.

Does sponsor provide barricades?  Yes  No

Are barricades required from City?  Yes  No Qty: \_\_\_\_\_

Insurance requirements: In submitting this application, the undersigned agrees to provide certification of Liability Insurance Coverage for this event in an amount not less than \$300,000.00 for any person, and \$500,000.00 for any one accident, with the City of Rock Island being listed as additional insured for claims or damages which may arise out of said event. The undersigned further agrees to reimburse the City of Rock Island for any and all costs that exceed \$200.00 for the use of City streets and personnel.

**All required insurance papers must be attached to this application. Permit cannot be issued without proof of insurance.**

*Sophi Alio*

Signature of Applicant

1-7-13

Date of Application

Note: A copy of your application will be submitted to the Police Department so they will be able to assist you with any needed traffic control.

**Do not write below line – to be completed by City Clerk's Office**

Route map and/or information included:  Yes  No

Insurance information included:  Yes  No

City Council approval: \_\_\_\_\_

City Clerk approval: \_\_\_\_\_

License / Permit number: \_\_\_\_\_

License Printed: \_\_\_\_\_ License Delivered: \_\_\_\_\_

Return completed application,  
Insurance Certificate, Map and any other additional documents to:

City Clerk's Office, 1528 3<sup>rd</sup> Avenue, Rock Island, IL 61201

Call 309-732-2010 if you have questions.



2312 18th Avenue  
Rock Island IL, 61201

309-794-2102 [www.springforwardqca.org](http://www.springforwardqca.org)

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To Whom It May Concern,

Spring Forward Learning Center (SFLC) is a nonprofit organization that provides free after-school tutoring and mentoring to youth in need throughout Rock Island County. Spring Forward values children and is committed to providing resources to children and families in need of services that emphasize education, literacy, and social skills development.

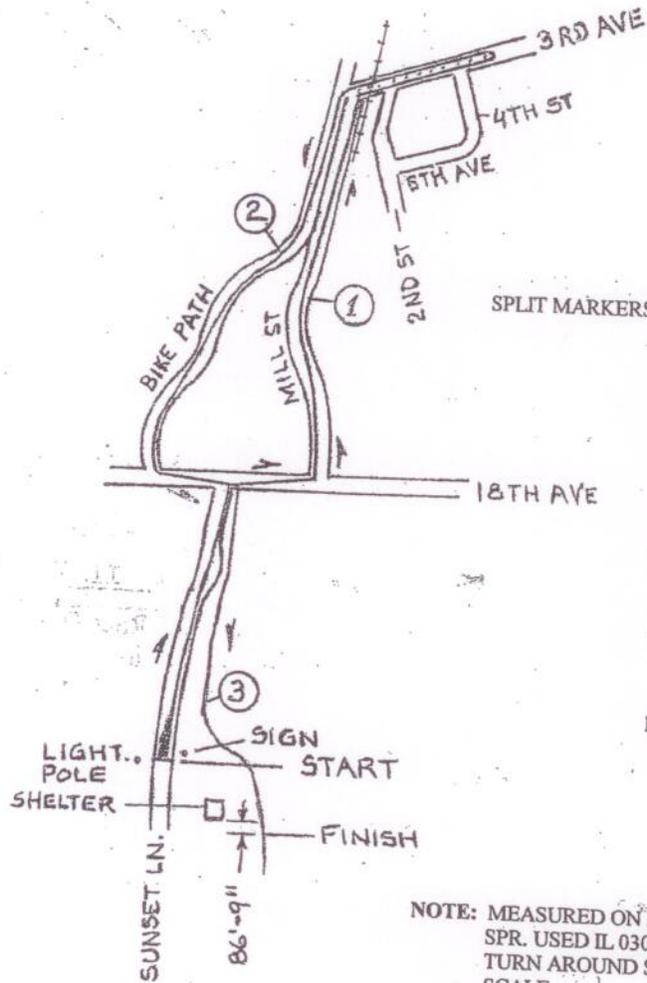
At 6am on Saturday April 6, 2013, SFLC staff and volunteers will begin setting up at Sunset Park (registration table, water stands, cones, etc.). Race day registration will be from 6:30am-7:45am. The race itself will begin at 8:00am and runners and walkers will complete the course no later than 9:30am.

The 5k course is a certified course, IL 04008 KU by Karl Ungurean and Dale Manley. There will be cones and volunteers to guide participants throughout the course and police will be present at certain street intersections (18<sup>th</sup> Ave). There will be a water station for participants after mile 1.

After participants have completed the course, they will be offered refreshments at the main stage. Event will conclude at 10:00am and staff and volunteers will begin tear-down.

SFLC's goal is to have at least 300 participants involved in the event, thus raising enough money to ensure that our services remain at no cost to the families that we serve.

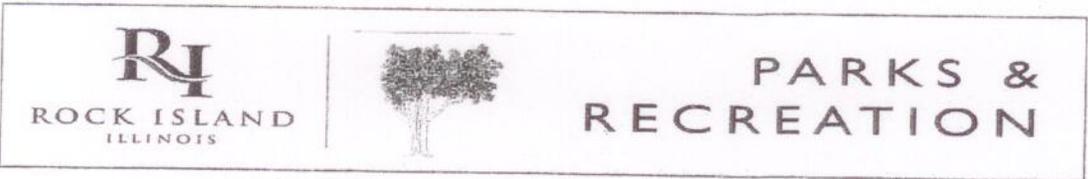
Sophie Ali  
Community Outreach Coordinator  
Spring Forward Learning Center



SPLIT MARKERS: START-

- ON SUNSET LN, IN LINE WITH WEST SIDE OF STREET, ACROSS LARGE PARK SHELTER (COURTESY OF ROCK ISLAND EVENING LIONS), ALSO 5 ft SOUTH OF "NO VEHICLES IN GRASS" SIGN ON EAST SIDE OF STREET.
- 1 MILE- ON MILL STREET; EAST SIDE OF ROAD, 37 ft NORTH OF NORTH SIDE OF STORM DRAIN NEAR NORTH SIDE OF LARGE BRICK SEWAGE TREATMENT BUILDING AND NORTH OF FIRE HYDRANT.
- T.A.- ON 2<sup>ND</sup> AVE, 9'-4" EAST OF EAST END OF DOUBLE STORM DRAIN, JUST EAST OF 4<sup>TH</sup> STREET.
- 2 MILE- ON BIKE PATH, 5'-10" EAST FROM FIRST "NO MOTOR VEHICLE" SIGN, JUST EAST OF MILL STREET AND ON SOUTHERN END OF ROCK ISLAND CITY SALT MOUND.
- 3 MILE- ON BIKE PATH IN SUNSET PARK, 12 ft NORTH OF "YIELD" SIGN, NORTH OF 2 PARK BENCHES ON BIKE PATH AND NORTH OF LARGE PARK SHELTER, NEAR EXIT TO SOUTH PUBLIC BOAT LAUNCH PARKING.
- FINISH- ON BIKE PATH, 86'-9" SOUTH FROM SOUTH END OF CONCRETE BASE OF LARGE PARK SHELTER.

NOTE: MEASURED ON AUGUST 14, 2004 BY KARL UNGUREAN AND DALE MANLEY USING SPR. USED IL 03002 KU CALIBRATED COURSE. RUNNERS MAY USE ENTIRE ROADWAY. TURN AROUND SECTION WILL BE CONED FOR RUNNERS SAFETY. MAP IS NOT TO SCALE.



(allow)

**Reservation Permit**  
**Rock Island Parks & Recreation Department**  
4303 24th Street, Rock Island, IL 61201  
(309) 732-7275

Location of Facility Sunset Park Large Shelter

Name/Group Spring Forward Learning Center

Phone \_\_\_\_\_ Number of People 300

Date to be used April 6, 2013 Time 6<sup>00</sup> am to 11<sup>00</sup> am

Notations Sk run walk, crossing 18<sup>th</sup> Ave. to bike path

The group/party acknowledges and accepts risks inherent in the use of Park services and facilities. This hereby releases the Department from all claims and liabilities for personal injury and individuals assume all risks. Group/party holding events open to the general public must be covered by general liability insurance. The group/party is responsible for the general clean up of the facility, any damage, vandalism, theft, etc. that might occur during the use of the facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/11/2013

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 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).

<b>PRODUCER</b> Church Mutual Insurance Company 3000 Schuster Lane Merrill WI 54452	<b>CONTACT NAME:</b> Tammy L. Woller <b>PHONE (A/C, No, Ext):</b> 1-800-554-2642 Option 1 <b>FAX (A/C, No):</b> 855-264-2329 <b>E-MAIL ADDRESS:</b> ncsq2@churchmutual.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Church Mutual Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> SPRING FORWARD LEARNING CENTER  2312 18TH AVE ROCK ISLAND IL 61201-3615	

**COVERAGES**      **CERTIFICATE NUMBER:**      **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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0234350-02-236482	08/15/2010	08/15/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Evidence of liability insurance for a 5K run/walk on April 6, 2013 at Sunset Park located at 18 and 31th Avenue in Rock Island IL 61201. Commercial General Liability Additional Insured = City of Rock Island, subject to the coverage provided by the referenced policy. 143 - A 220

**CERTIFICATE HOLDER**

City of Rock Island  
 1528 3rd Ave  
 Rock Island, IL 61201-8612

**CANCELLATION**

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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