

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Spring Forward Learning Center - 5K Run/Walk  
**Date:** December 17, 2014



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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 18, 2015 from 9:00 am to 10:30 am. Registration for the race is from 7:30 am to 8:45 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 and received permission from the Rock Island Parks and Recreation Department for utilization of the bike paths.

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

# CITY OF ROCK ISLAND

## LICENSE APPLICATION



### ACTIVITY PERMIT

#### APPLICANT INFORMATION

SPONSOR NAME/ORGANIZATION	ADDRESS	CITY	STATE	ZIP CODE
Spring Forward Learning Center	2312 18th Ave	Rock Island	IL	61201
TELEPHONE NO.				
(309) 794-2102				

CONTACT PERSON	ADDRESS	CITY	STATE	ZIP CODE
Jaymie Schuldt	2312 18th Ave	Rock Island	IL	61201
TELEPHONE NO.				
(309) 794-2102				

#### ACTIVITY DETAILS

Type of Activity: (Check Appropriate Activity)

Parade	Run <input checked="" type="checkbox"/>	Walk <input checked="" type="checkbox"/>	March	Bicycle Ride	Other (specify below)
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5k Run/Walk

DATE OF ACTIVITY (MONTH/DAY/YR)	EVENT START TIME ( AM/PM )	EVENT END TIME (AM/PM)
04/18/2015 04/18/2015	7:30AM	10:00AM
SETUP OF EVENT (MONTH/DAY/YR)	SET UP BEGINS ( AM/PM )	SET UP ENDS (AM/PM)
04/18/2015 04/11/2015	6:00AM	11:00AM

Estimated number of: (Place Number in Appropriate Box)

Participants: 300	Floats:	Vehicles:	Bands:	Wheelchairs:	Horses:	Other:
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# CITY OF ROCK ISLAND LICENSE APPLICATION

Number of volunteers available for traffic control: 10 or as many as needed

Contact the Police Department to arrange for traffic control. Telephone Number: (309) 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. 18th Avenue & Mill Street

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.**

Gaymie Schudt  
Signature of Applicant

12.09.14  
Date of Application

Note: A copy of your application will be submitted to the Police Department for assistance with any needed traffic control.

# CITY OF ROCK ISLAND

## LICENSE APPLICATION

DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE

<b>City Council Approval Date</b>

<b>City Clerk Approval Date</b>

<b>Route Map and/or Information Included</b>

<b>Insurance Information Included</b>

<b>License Number</b>

<b>License Printed Date</b>

<b>License Delivery Date</b>

**Return Completed Application to:  
City Clerk's Office, 1528 3<sup>rd</sup> Avenue, Rock Island, IL. 61201  
(309) 732-2010**



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 7:00am on Saturday April 18, 2015, SFLC staff and volunteers will begin setting up at Sunset Park (registration table, water stands, cones, etc.). Race day registration will be from 7:30am-8:45am. The race itself will begin at 9:00am and runners and walkers will complete the course no later than 10:30am.

The 5K Run/Walk will begin and end at Sunset Park. The race route includes crossing 18<sup>th</sup> Avenue to the bike path and utilization of portions of Mill Street.

Participants will begin the race at near the south entrance of Sunset Lane (near 31<sup>st</sup> Ave) and head north around the "horseshoe" surrounding Lake Potter by way of 18<sup>th</sup> Avenue. The participants will continue to the "turn-around" at the south end of Skafidis Parkway and head back north across 18<sup>th</sup> Avenue to the bike path towards Schwiebert Park. Once at Schwiebert Park, the participants will turn-around and head west on the bike path to mile marker two where they will continue on Mill Street until crossing 18<sup>th</sup> Avenue. After crossing 18<sup>th</sup> Avenue to Sunset Lane the race will conclude at the south end of Sunset Lane.

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.

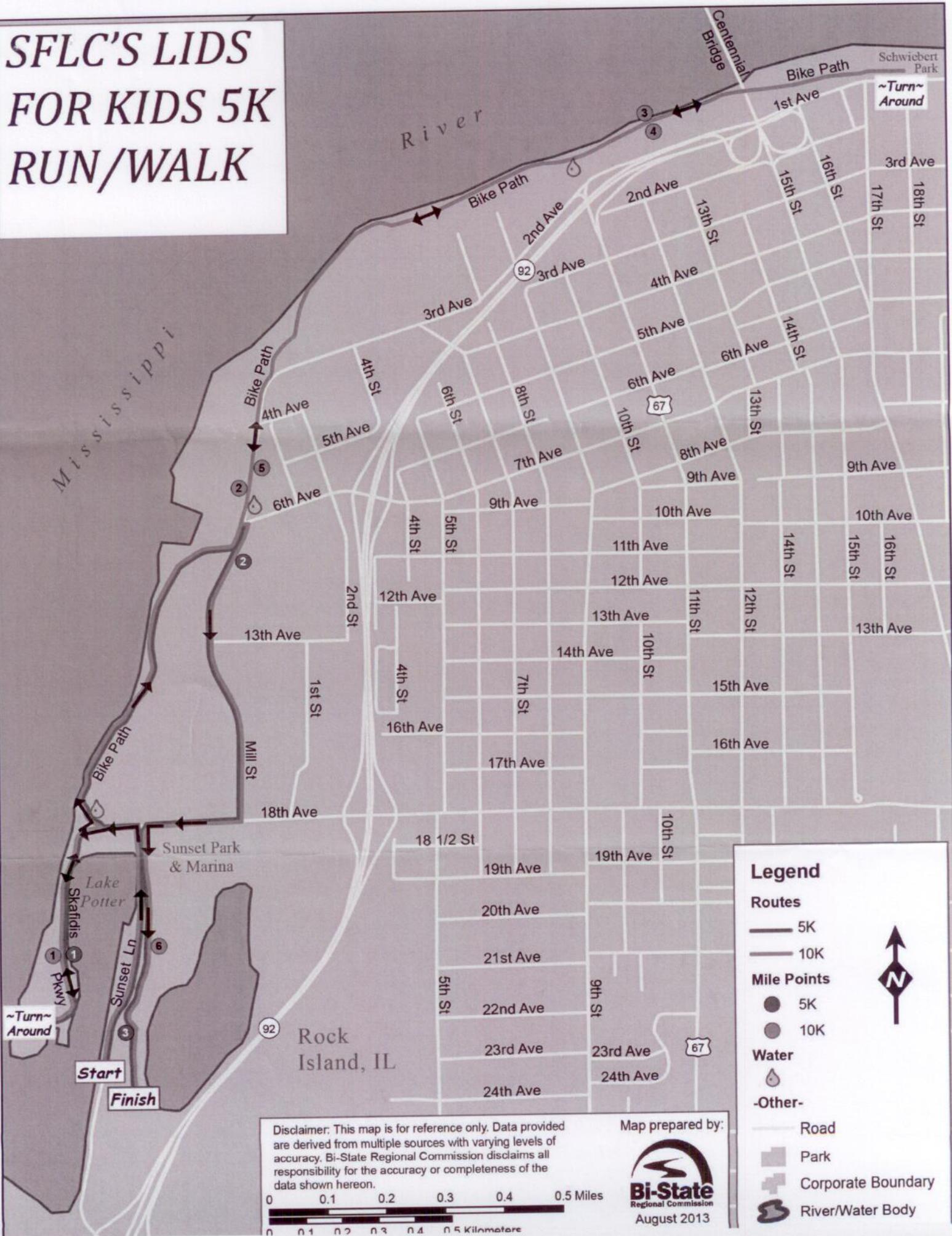
After participants have completed the course, they will be offered refreshments at the main shelter. Event will conclude at 11:00am and staff and volunteers will begin tear-down.

SFLC's goal is to have 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.

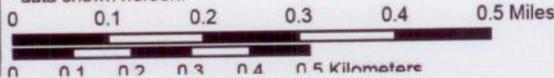
Thank you,

Jaymie Schuldt  
Marketing and Development Director  
Spring Forward Learning Center

# SFLC'S LIDS FOR KIDS 5K RUN/WALK



Disclaimer: This map is for reference only. Data provided are derived from multiple sources with varying levels of accuracy. Bi-State Regional Commission disclaims all responsibility for the accuracy or completeness of the data shown hereon.



Map prepared by:



## Legend

### Routes

— 5K

— 10K

### Mile Points

● 5K

● 10K

### Water



### -Other-

— Road

■ Park

+ Corporate Boundary

⊂ River/Water Body





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/08/2014

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> Andrea L. Marlowe <b>PHONE (A/C, No, Ext):</b> 1-800-554-2642 Option 1 <b>E-MAIL ADDRESS:</b> cs2@churchmutual.com	<b>FAX (A/C, No):</b> 855-264-2329
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> SPRING FORWARD LEARNING CENTER 2312 18TH AVE ROCK ISLAND IL 61201-3615	<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>NAIC #</b> 18767

**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 SUBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	0234350-02-604643	08/15/2013	08/15/2016	EACH OCCURRENCE	\$ 1,000,000
	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						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per accident)	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PROPERTY DAMAGE (Per accident)	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
						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)  
 Evidence of liability insurance for a 5K Run/Walk on April 11, 2015 at Sunset Park located at 18th and 31st Avenue in Rock Island, Illinois. Commercial General Liability Additional Insured = City of Rock Island and Rock Island Park Board subject to the coverage provided by the referenced policy. SRAP 511 A220

**CERTIFICATE HOLDER****CANCELLATION**

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

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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