STREET USE (SPECIAL EVENT) PERMIT APPLICATION

| <u>Applicant</u> | Contact During Event | | | | |
|---|---|--|--|--|--|
| Desirae Madisen Weisenberger | Desirae Weisenberger | | | | |
| Project Sunshine | | | | | |
| 1000 Edgewood College Drive Madison, WI 53711 | | | | | |
| Email: Dweisenberger@edgewood.Ed | du Email Dweisenberger@edgewood.Edu | | | | |
| Phone: 17152162178 | Phone: 17152162178 | | | | |
| | | | | | |
| Event Information | | | | | |
| Name of Event: Project Sunshine 54 How Far Will You R Patients? | | | | | |
| Estimated Attendance: 150 | Is this a new event: | | | | |
| Event Additional Information | | | | | |
| Run/Walk: ☑ | Music/Concert: □ | | | | |
| Festival: | Rally: ☑ | | | | |
| Parade: | Posting no parking signs or bagging meters? □ | | | | |
| Other: | | | | | |
| If other, please describe: | | | | | |
| | | | | | |
| Site Map | | | | | |
| Each event application must include a detailed event site map with the following items a applicable: Accessible paths for wheelchairs as well as disabled parking spaces Dumpsters Emergency vehicle access lanes (minimum of 20') Event Perimeter Garbage and Recycling - cleanup and trash/recycling plans are required with the site map Portable toilets Signage Stages Temporary Structures Tents Vendors A helpful online resource for route mapping is: Map My Run | | | | | |
| | | | | | |
| I understand I must attach site map | and route map with this application, if applicable: | | | | |

| Location | Informat | ion | | | | | | |
|--|------------------|---------------------|---------------------|-------------------|-------------------|------------------------------|------------------------------|---------------|
| Capitol S | quare: | | | | | | | |
| State Stre | eet Mall (70 | 0/900): | | | | | | |
| 30 on the | Square: | | | | | | | |
| Other: | | | \square | | | | | |
| Street Na | mes and B | lock Numbe | Monro | pe St, Wood | drow St, Ar | bor Dr, Van B | uren St | |
| Event Da | ates | | | | | | | |
| Setup Date | Setup Time | Event Start Date | Event Start Time | Event End Date | Event End Time | Cleanup Completed Date | Cleanup Completed Time | Rain Date |
| 04/13/2024 | 07:00-8:00 AM | 04/13/2024 | 08:00 AM | 04/13/2024 | 12:00 PM | 04/13/2024 | 12:00 PM | |
| Tempora | ry (Picnic | /Beer) Lice | enses | | | | | |
| Visit the C | ity of Madis | on City Cler | k's Office wel | bsite under | heading "T | emporary Pic | nic/Beer Licer | se" to apply. |
| Will beer/ | wine be so | ld?(\$): | No | | | | | |
| Will beer/ | wine be se | rved (Free c | of charge)?: | No | | | | |
| I understand that a Certificate of Insurance with liquor liability, naming the City of Madison as additional insured, is required: * | | | | | | | | |
| I understand I must apply for Temporary (Picnic/Beer) License to serve or sell beer/wine for this event: □ | | | | | | | | |
| If the Temporary (Picnic/Beer) License is denied will the event occur?: | | | | | | | | |
| Street Us | se Event V | ending Lic | cense | | | | | |
| If food will be sold please visit the Public Health - Madison & Dane County website. | | | | | | | | |
| I understand a Special Event License Application listing the vendors and their Sellers ID# is required: □ | | | | | | | | |
| Will food and/or merchandise be sold?(\$): | | | | | | | | |
| Estimate | number of | vendors: | | | | | | |

| Public Amplific | ation Permit | | | | |
|--|--|---|---|---|---|
| If public amplificat | ion is needed it n | nust be kept to | a reasonable level | at all times and m | nust end by 11 pm. |
| Will there be Pub | lic Amplification? | (\$): | | | |
| Start Date | Start Time | End Date | End Time | Rain Date | |
| SAFETY AND SI | ECURITY | | | | |
| plan for yo For large of can review At the reviralso required an event a | ur event. events, contact M v and make reconew of the street u e Special Duty F s a District Event entral District MPI | adison Fire prinmendations for se permit apple office Officers, the organizer 0, (608) 266-44 | or to submitting the or additional emergorication, Police and or Fire Inspector statement | street use permit ency plan requirer Fire Department r affing at your ever | ation about the safety application, so they ments. epresentatives may nt. If MPD designates ements for the event. |
| | | | | | |
| | nts, organizers a mitting an applic | | | | ngineering and Madison mmendations on the |
| I understand that I must submit the Emergency Action Plan: ☑ | | | | | |
| Equipment Rental - Downtown events only. | | | | | |
| Will you need e | quipment rental | from the City | of Madison?(\$): | No | |
| Trash Barrels: | 0 | | | | |
| Recycling Barre | ls: 0 | | | | |
| Dumpsters: | 0 | | | | |
| Electrical Adapto | ors: 0 | | | | |
| Marketing | | | | | |
| | | | | | |

Conditional approval of the event is required before promoting, marketing or advertising the event.

Do you want this included in the Madison Parks calendar of events?:

Yes

Event Website:

Notes: Join us to support pediatric patients' opportunities to experience the healing power of play with a 5k Run/Walk!

Acknowledgement

If a street use permit is issued for the event, the Applicant agrees to comply with all permit conditions, and understands that failure to comply with any condition or any violation of law may result in the immediate cancellation of the event

Further, the Applicant is legally responsible and financially liable to the City of Madison for all city fees and costs associated with the overall organization, management, and implementation of the event and its related activities and maintains ultimate liability for payment of all fees and costs assessed by the City of Madison.

I have read the Acknowledgement:

Indemnification

THE APPLICANT FOR A STREET USE PERMIT SHALL AGREE TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS EMPLOYEES AND AGENTS HARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, OR EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE PERMIT IS GRANTED.

I have read the Acknowledgement:

Signature

By initialing, I/we waive the 21-day decision requirement:

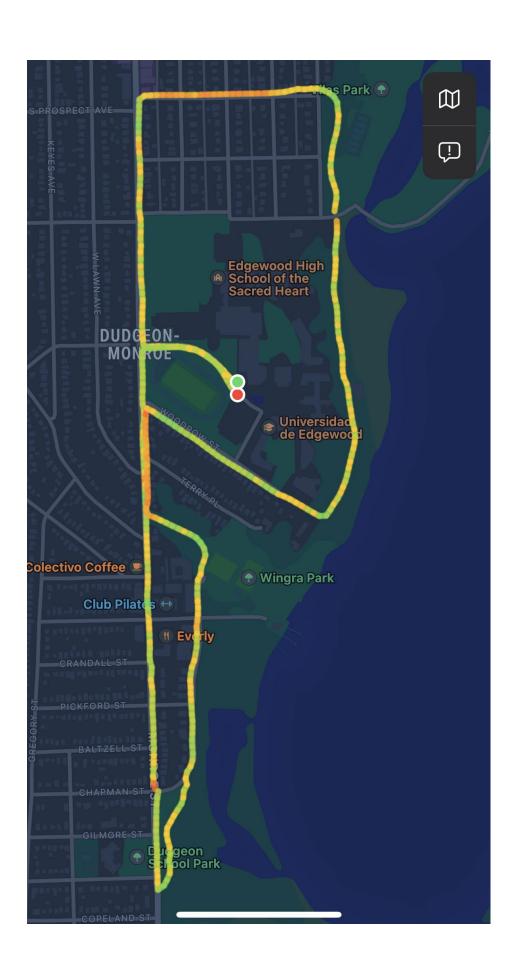
Signature: Desirae M Weisenberger

Date: 02/16/2024

DAY OF THE EVENT SCHEDULE:

| Time | Event | What to Expect |
|---------------------|---|---|
| 7:00-8:00 a.m. | Set up | -Set up signs and tables with donations -Ensure water stations are ready -Delegate volunteers to areas of the route -Coordinate with timing services |
| 8:00- 9:00 a.m. | Check- in/Registration | - Check-in Last name: A-M -Check-in Last name: N-Z - Receive Racing Bib |
| 9:00 a.m. | Race Start | -Welcome/ Greeting -Course Overview *Follow Directional Signs along route -Race Begins |
| 10:30 a.m. | Race Finish | -Visit "Swag Station Table" for a T-shirt and fun Project Sunshine Swag! -Time to socialize, Grab refreshments and food before Award Ceremony begins |
| 10:45-11:30 a.m. | Award Ceremony, Thanks, and Dismissal | -Opening Thanks -Overview of who we are and what we do at Project Sunshine -Distribution of awards and participation medals -First, Second, Third Place: (12 and under, 13-18, 19-25, 25-35, 35+) |

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| | | • 35+ -Another thanks and dismissal |
| 11:30 a.m 12:00 p.m. | Tear Down | -Clean up route and ensure materials and signs are put away |



EMERGENCY ACTION PLAN (EAP)

I. GENERAL

The "Project Sunshine 5k Run/Walk: How Far WIII You Run for Pediatric Patients?" will be held April 13, 2024 at Edgewood College.

II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the "Project Sunshine 5k Run/Walk: How Far WIII You Run for Pediatric Patients?" (hereinafter referred to as the event) in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
- B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

III. ASSUMPTIONS

The possibility of an occurrence of an emergency is present at this event. The types of emergencies possible are various and could require the response of Fire & Rescue, Emergency Medical Services, and Police.

IV. BASIC PLAN

A. Emergency Action Plan (EAP) Event Representative

1. The EAP event representative will be identified as the point of contact for all communications regarding the event. This person is identified as PRIMARY CONTACT: Desirae Weisenberger.

B. Emergency Notification

- 1. In the event of an emergency, notification of the emergency will be through the use of 911. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.
- 2. We will / will not have on-site EMS (ENTER CONTACT NAME & CELL PHONE NUMBER)
- 3. We ☐ will / ☒ will not have on-site Police or Security (ENTER CONTACT NAME & CELL PHONE NUMBER)

C. Severe Weather

- Weather forecasts and current conditions can be monitored through the <u>National Weather</u> Service's Madison Weather Forecast website.
- 2. Before the event If severe weather is predicted prior to the event, the EAP event representative will evaluate the conditions and determine if the event will remain scheduled. The EAP event representative or his/her designee will be identified as such Desirae Weisenberger and will be responsible to monitor the weather conditions before and during the event.
- 3. During the event If severe weather occurs during the event, the EAP event representative or his/her designee Desirae Weisenberger will make notification to those attending the event that a hazardous weather condition exists and direct them to shelter.
- 4. There are very limited provisions for sheltering participants in the event of severe weather.
- 5. This event will follow the 30-30 Rule for lightning. If lightning is observed and thunder is heard within 30 seconds, the event will be delayed until 30 minutes have passed since thunder was last heard.

D. Fire

- If a specific hazard has been identified as an increased risk of fire at this event, event manager will work with the Fire Department to determine how to address the hazard.
- 2. All event staff will be instructed on the safe use of Portable Fire Extinguishers.
- 3. If cooking is intended, you must contact the fire department and -

- a) Must have a valid fire extinguisher, 2A10BC
- b) Each space is allowed 1 LP tank per cooking device. All LP tanks are to be secured in an approved manner (tied, strapped, chained, etc.)
- c) No cooking shall be allowed under a tent. Cooking shall be a minimum of 20' away from tents/canopies.
- d) Cooking must be on a non-combustible surface (grease collection material generally required under cooking and food service areas)
- 4. Fire Inspectors may be required to do an inspection of your event (depends on size and nature of the event), contact the Fire Department for guidelines
- 5. All tents/canopies used for cooking shall have a FLAME SPREAD Certification attached to the tent.
- 6. Should an incident occur that requires the Fire Department, 911 will be utilized to request this resource. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.

E. Medical Emergencies

- 1. As with any outdoor event, there is potential for injury to the participants. The types of injuries are various and include those that are heat related as well as traumatic injuries.
- 2. Event manager shall contact the Fire Department to determine if there is a need for on-site Emergency Medical Services at this event.
- 3. Should an incident occur that requires Emergency Medical Services to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

F. Law Enforcement

- The need for constant Law Enforcement presence at this event

 □ has / ☑ has not been identified. Event manager shall contact the Police Department to determine if there is a need for Law Enforcement presence at this event
- 2. Should an incident occur that requires Law Enforcement, to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

G. Emergency Vehicle Access

- 1. Access for Emergency Vehicles will be maintained at all times.
- 2. 20' Fire Lanes are required to be kept open at events.
- 3. A 14' minimum height clearance requirement for anything that goes over a street or fire lane
- 4. Participants and spectators will be directed to park in approved areas and not to obstruct protective features, sidewalks or public throughways.
- 5. Crowd control will be managed by: NAME.
- 6. Parking for vendor and staff vehicles will be: LOCATION(S).
- 7. Parking for attendee vehicles will be: LOCATION(S).

V. CONTACT INFORMATION

| Primary Contact | Desirae Weisenberger | 715-216-2178 |
|-------------------|---------------------------|----------------|
| Secondary Contact | Belle Foley | 608-358-7997 |
| Emergency | Dane County 911 Center | 911 |
| Non-Emergency | Madison Fire Department | (608) 266-4420 |
| Non-Emergency | Madison Police Department | (608) 255-2345 |