

ORDINANCE NO.: 2024-80

FIRST READING August 12, 2024

INTRODUCED BY: RUTH CAVANAGH

SECOND READING WAIVED

THIRD READING WAIVED

ORDINANCE APPROVING THE FACILITY RENTAL APPLICATION FOR PERMIT – NON-AUDITORIUM FOR THE USE OF GURNEY SCHOOL PARKING LOT FOR THE 2024 FALL FESTIVAL TO BE SUBMITTED TO CHAGRIN FALLS BOARD OF EDUCATION, AUTHORIZING THE MAYOR TO EXECUTE THE APPLICATION, AND DECLARING AN EMERGENCY.

WHEREAS, Council desires to rent the Gurney School parking lot for the purposes of parking for the 2024 Village of South Russell Fall Festival;

WHEREAS, the Chagrin Falls Board of Education requires a facility rental application for permit be submitted for such requested use of Gurney School’s premises (the “Application”), a copy of which is attached hereto and incorporated herein by reference as **Attachment 1**; and

WHEREAS, Council desires to submit such Application and agree to the terms and conditions of the Application.

NOW, THEREFORE, BE IT ORDAINED by the Council of the Village of South Russell, Geauga County, Ohio that:

SECTION 1. The Application, and its terms and conditions attached hereto as **Attachment 1**, for the use of Gurney School’s parking lot for the 2024 Fall Festival is hereby approved.

SECTION 2. The Mayor is hereby authorized to execute the Application and submit it on behalf of the Village.

SECTION 3. It is hereby found and determined that all formal actions of this Council concerning and relating to the passage of this Ordinance were adopted in an open meeting of this Council, and that all deliberations of this Council and of any of its committees on or after December 2, 1975, that resulted in formal actions, were in meetings open to the public in compliance with all legal requirements, including Section 121.22, Ohio Revised Code.

SECTION 4. That this Ordinance is declared to be an emergency measure necessary for the immediate preservation of the public peace, property, health and safety of the inhabitants of the Village and to allow for such parking at the upcoming event; wherefore, provided it receives the affirmative vote of at least two-thirds (2/3) of all members elected to Council, this Ordinance shall be in full force and effect from and immediately upon its passage by this Council and approval by the Mayor.

William S. Roop
Mayor - President of Council

ATTEST:

Danette Romanowski
Fiscal Officer

I certify that Ordinance No. 2024-80 was duly enacted on the 12th day of AUGUST, 2024, by the Council of the Village of South Russell, and published in accordance with the Codified Ordinances of the Village.

Danielle Romanowski
Fiscal Officer



CHAGRIN FALLS EXEMPTED VILLAGE SCHOOL
FACILITY RENTAL APPLICATION FOR PERMIT - NON-AUDITORIUM

Name of Organization: Village of South Russell
Address: 5205 Chillicothe Rd., South Russell, OH 44022
Applicant Name: Mayor William Koons Phone: 440-557-5533
Applicant Email: mayor@southrussell.com
Event Supervisor/Designee Name: Mayor Koons Cell Phone: 440-227-1346
Facility Requested: _____

If an Auditorium Rental Application is also being submitted, check here: _____

Dates & Hours Requested:

| Date | Start Time | End Time |
|------------------------|------------|-----------|
| 9/29/2024 | 1:00 p.m. | 5:00 p.m. |
| 10/6/2024 rain date | 1:00 p.m. | 5:00 p.m. |
| | | |

Parking for the annual South Russell Village Fall Festival. South Russell will provide
Purpose of Use: transportation to and from the South Russell Village Park.

Number of people expected: 250-500 individuals will park at Gurney and transported to the festival between 1 pm-5pm
Will you distribute materials, display signs, or highlight products or services of any sponsors? Y/N
Will alcohol be served? No If yes, please see Board Policy KG-R-1
Will concessions be served? No If yes, please see Concession Guidelines
Will kitchen equipment be needed? No If yes, please specify: _____
Will other special equipment be needed? No If yes, please specify: _____
Will admission be charged? No
Proceeds go to charity: NA If yes, name: _____ or, for-profit entity: _____ If yes, name: _____

Rental charges, rules, and regulations are in accordance with Board Policy. Applicant acknowledges:

- Proof of liability insurance, including additional coverage is required by Board Policy if applicant intends to sell or serve alcohol.
- Applicant has reviewed Board Policy KG, KG-R-1, KG-R-3.
- Proof of valid permit for sale of alcohol issued by the Ohio Division of Liquor Control is required if alcohol is to be sold or served in the District's (1.) Performing Arts Center Lobby, (2.) Chagrin Falls Intermediate School Cafeteria; or (3.) Other locations/facilities, as approved/determined by the Superintendent prior to the event.

NORMAL RATE SCHEDULE:

(All for-profit organizations will be charged double the normal rate.)

| <u>CHARGES</u> | <u>Hours</u> | <u>Normal Rate/Hour</u> | <u>Total</u> |
|---|---------------------|--------------------------------|---------------------|
| General Classroom | | \$15 | |
| Innovation Center (Research/Collaboration Spaces Only) High School Library | | \$20 | |
| Sands Community Room | | \$25 | |
| Gurney Multipurpose Room Intermediate School Cafeteria Middle School Cafeteria High School Commons | | \$25 | |
| Gurney Gym Intermediate School Gym | | \$40 | |
| Middle School Gym (does not include locker rooms) High School Gym (does not include locker rooms) | | \$50 | |
| Middle School Locker Rooms High School Locker Rooms | | \$25 | |
| Harris Stadium - Field/Practices (minimum 2-hr block) | | \$125 | |
| Harris Stadium Lights *Custodians required for usage/per clean up needed/ attendance | | \$50 | |
| Custodial Overtime | | \$41.50 | |
| Food Service Equipment | | \$20 | |
| TOTAL | | | |

*Some unique spaces not listed on the schedule may be requested for rental. If those non-listed specific spaces are acceptable for rental the Director of Operations and Strategic Initiatives will select rates consistent with similar space types listed on the schedule.

A non-refundable deposit of 25% of the estimated cost is required in order to reserve a date. The remaining 75% must be paid at least 24 hours prior to the event. Failure to submit payment in advance of the date of rental will forfeit the use of the facilities on the date(s) assigned. Full payment for costs incurred beyond original estimates must be made within 30 days after the event.

Checks Payable to: *Chagrin Falls Board of Education*

_____ By initialing here, the renter agrees to defend, ~~indemnify~~ and hold harmless the Chagrin Falls Exempted Village School District Board of Education, its members, officers, employees, and agents from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed, or recovered against the Board or by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury, or death arises out of or is incident to or in any way connected with the performance of this contract and/or the group's use of the District's facilities and grounds, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the renter, or by third parties, or by the agents, servants, employees or factors of any of them.

WRK _____ By initialing here, the renter agrees to remove all alcohol containers (closed, opened, and used) from District property. School trash receptacles shall not be used for alcohol or alcohol containers.

WRK _____ By initialing here, the renter agrees that when alcohol is sold, served, and/or consumed, the District requires the renter to hire and schedule a police officer to be present to maintain order at the event.

Signature of Applicant: William S. Roms Date: 8-12-24

Director of Operations and Strategic Initiatives: _____ Date: _____

Superintendent: _____ Date: _____

Copy of this application, **copy of permit to sell alcohol issued by the Ohio Division of Liquor Control**, certificate of insurance, and check for deposit must be received by the Director of Operations and Strategic Initiatives, Facilities Office, Chagrin Falls Exempted Village Schools, 400 E. Washington St., Chagrin Falls, OH 44022 prior to rental.

NOTE:
All damage to property will be the responsibility of the renting organization.

Office Use Only
Certificate of Insurance Received: _____
25% Deposit Received by: _____ Date: _____
Final Balance Received by: _____ Date: _____
Reviewed by superintendent if admission charged and/or materials distributed _____ Date: _____
Application Received by: _____ Date: _____
Signature of Chagrin Falls Ex. Village Schools Employee



Certificate No.: 2
Member Number: 5024

CERTIFICATE OF COVERAGE

This Certificate is issued as a matter of information only and confers no rights upon the Certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the coverage document(s) listed below.

NAME & ADDRESS OF MEMBER: Village of South Russell
5205 Chillicothe Road
South Russell, OH 44022

This is to certify that the coverage document(s) listed below have been issued to the Member named above and are in force at this time. Notwithstanding any requirement, term or condition of any agreement or other document with respect to which this Certificate may be issued or may pertain, the coverage(s) afforded is subject to all the terms, exclusions and conditions of the Coverage Agreement(s).

| TYPE OF COVERAGE | EFFECTIVE DATE | EXPIRATION DATE | LIMIT OF COVERAGE |
|----------------------------|-----------------------|------------------------|--------------------------|
| Public Officials Liability | 2/24/2024 | 2/24/2025 | \$2,000,000 |
| Law Enforcement Liability | 2/24/2024 | 2/24/2025 | \$2,000,000 |
| Auto Liability | 2/24/2024 | 2/24/2025 | \$2,000,000 |
| General Liability | 2/24/2024 | 2/24/2025 | \$2,000,000 |
| Excess Liability | 2/24/2024 | 2/24/2025 | \$3,000,000 |

CANCELLATION: Should the above described coverage document(s) be cancelled, the Public Entities Pool of Ohio will endeavor to mail 30 days written notice to the below named Certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the pool.

SPECIAL CONDITIONS/OTHER COVERAGES:
Proof of Coverage - Annual Fall Festival on 9/29/24 (rain date 10/6/2024).

NAME & ADDRESS OF CERTIFICATE HOLDER:
Chagrin Falls Board of Education
400 E Washington Street
Chagrin Falls, OH 44022

DATE ISSUED: 8/9/2024

Authorized Representative