

AGENDA

Public Safety & Quality of Life Committee

February 10th, 2016 – 5:30 pm

Committee Members: Bill Scott - (Chair), Jordan Norley, Jim Jones
Department Head: Chief Scott Bohn; Fire Chief Mike McDonald

1. Comments, suggestions, petitions by residents in attendance regarding items not on the agenda.
2. Discussion on BYOB regulations
3. Monthly Fire Department Report
4. Civil Service 2015 Report – Tony Polito
5. Discuss request to amend Civil Service Rules & Regulations – Tony Polito
6. Discuss Special Event Permit:
 - a. St. Agnes – 5k - March 5, 2016
 - b. Nick Smiles – 5k – May 14, 2016
 - c. Beat The Bug – 5k – April 17, 2016
 - d. Race Against Violence – April 30, 2016
7. Discuss Hazard Mitigation Plan
8. Update on Chester County Emergency Services Radio Project
9. Approve December Committee meeting minutes
10. Other Business

CIVIL SERVICE COMMISSION

Anthony J. Polito, Chair
F. Robert Bielski, Vice-Chair
Reese P. Davis, Secretary



MUNICIPAL BUILDING
401 EAST GAY STREET
WEST CHESTER, PA19380

*Borough Of West Chester
Pennsylvania*

TO: Michael Cotter, Borough Manager

CC: William Scott, Chair Public Safety Committee
Jordan Norley, Public Safety Committee
James Jones, Public Safety Committee

FROM: Civil Service Commission

DATE: February 3, 2016

RE: Civil Service Commission End of 2015 Report

Attached is the Civil Service Commission's End of 2015 Report. During 2015 the Civil Service Commission has been more active than 2014 holding more meetings and an October 17, 2015 testing for the position of patrolman for the West Chester Police Department and an Oral Review Board was held for police candidates on November 20th and 23rd.

ANNUAL REPORT CIVIL SERVICE COMMISSION 2015

- March 9** Approved 2014 Annual Report.
- April 13** Chief Bohn advised of upcoming retirements in police officer ranks. Requested Chief Bohn to investigate and recommend a professional to conduct polygraph testing.
- May 18** Advised the Mayor of the upcoming need to initiate police officer testing.
- June 29** Scheduled police officer testing to be conducted at Henderson H. S. on August 15.
- July 13**
- August 3** Due to the receipt of only 12 applications for police officer testing, the August 15 test has been postponed and rescheduled for October 17.
- October 12** Testing to proceed on October 17 with 46 candidates. Dummy for the Body Drag test will be obtained from the fire department.
- October 17** Testing conducted at Henderson H.S. Davis and Bielski were present for the written testing. 46 candidates took written test and 26 scored a passing grade of 70. Polito was present for the physical agility testing in the afternoon.
- October 29** Requested Chief Bohn to select candidates to conduct the Oral Review Board. Dates for ORB were set for November 20, 23.
- November 20 & 23** Oral Review Board was composed of senior police officers from neighboring police departments. 19 candidates with combined scores of 73 and above were selected for the ORB. 16 appeared for exam after 3 withdrew.
- December 7** Reviewed combined results of written, physical agility test and ORB. 10 candidates testing a score of 80 or above will proceed to initial background and polygraph testing. Officer Joseph Hunnsicker of the Lower Merion Police Dept. has been selected to conduct the polygraph tests.

Civil Service Commission:



CIVIL SERVICE COMMISSION

Anthony J. Polito, Chair
F. Robert Bielski, Vice-Chair
Reese P. Davis, Secretary



MUNICIPAL BUILDING
401 EAST GAY STREET
WEST CHESTER, PA 19380

*Borough Of West Chester
Pennsylvania*

COPY

TO: Mayor Carolyn T. Comitta
Cc: Michael Cotter, Borough Manager
FROM: Civil Service Commission
DATE: February 3, 2016
RE: Request to Remove Act 120 Requirement from Civil Service Commission Rules & Regulations

We, the members of the West Chester Borough Civil Service Commission are requesting approval from Borough Council to remove the Act 120 requirement from the Civil Service Commission's Rules & Regulations requirements to test for the position of patrolman.

We thank you for the opportunity to be of service to the Borough of West Chester.



Anthony J. Polito, Chair

Judy Benes

From: Keith Kurowski
Sent: Wednesday, February 03, 2016 9:22 AM
To: Judy Benes
Subject: Public Safety Committee: SEAs
Attachments: 030516 St Agnes 5k complete.pdf; 041716 Beat The Bug 5k complete.pdf; 043016 Race Against Violence 5k complete.pdf; 051416 Nick Smiles 5k complete.pdf

Judy,

Here is the next set of Special Event Permits that have been reviewed and approved by all necessary departments.

They will be added to the Public Safety Committee for February 10th for review. All have been approved by WCPD pending payment to the WCPD.

From John O'Donnell

"Keith, I have reviewed the packets on the following events: St. Agnes 5k, Beat the Bug 5K, Race Against Violence 5K and the Nick Smiles 5K. All are good to go with me and have been posted for two officers, THREE hours minimum OVERTIME in the briefing room. If the Council rejects any of the events, advise and I will pull the OVERTIME. All are on the Southwest quad course. The payment system you have worked out with Staci is good as long as it works for the two of you. I will always copy you and Staci a copy of the time sheets for billing the next business day I or Cpl. Daly works after the event."

Keith A. Kurowski
Director, West Chester Parks and Recreation Department
Borough of West Chester
kkurowski@west-chester.com
610-436-9010 (W)
610-436-0009 (F)

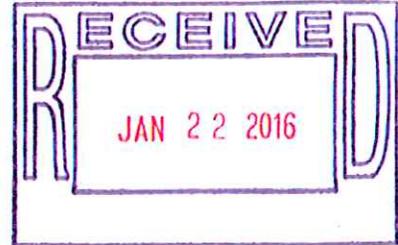
CONFIDENTIAL AND PROPRIETARY: This email message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential, nor is it, unless specifically stated, intended to be relied upon by any person or persons other than the individual or entity named. If the reader is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, return this message to the address above and delete all copies. Thank you.



BOROUGH OF WEST CHESTER
CHESTER COUNTY PENNSYLVANIA

Special Event, Race, Public Assemblage Checklist

December 2015 version



Completed and signed application

Description of event

Map of event and address

NA

List of Food Vendors, with Chester County Health Dept. licenses (if applicable)

NA

List of Subcontractors with Insurance Certificates

- All subcontractors need to have a COI naming the Borough of West Chester "as additionally insured"

Borough Services requested

will need police coverage

- Provide description

Applicant Certificate of Insurance

needed as of the file rec'd 1/20/16

- All subcontractors need to have a COI naming the Borough of West Chester "as additionally insured"

Application fee (cash, check, or money order)

✓ # 17016 \$250.00

- Application fee is NON REFUNDABLE

NA

Public Transportation approval verification (SEPTA, TACC, and/or Krapf's Buses)

NA

PLCB Permit (if applicable)

***All items on this list must be included with your application. If any of these items are not included, your application will be considered incomplete and will be returned to you**



BOROUGH OF WEST CHESTER CHESTER COUNTY PENNSYLVANIA

Special Event, Race, Public Assemblage Permit 2016

December 2015 ver.

*SUBMITTING AN APPLICATION DOES NOT GRANT THE APPLICANT A PERMIT OR PERMISSION TO HOLD AN EVENT.

*All applications and application fees MUST be submitted 45 days prior to your event date. NO EXCEPTIONS

*An application fee of \$250.00 is required with all event applications

*An application fee of \$50.00 is required with all "block party" applications

Application fees are NON REFUNDABLE

Applicant Information

Name of applicant/group/org. St. Agnes

Date applications was submitted to the Borough 7/5/16

Main Contact Name Colleen Lynn Cell phone 610-505-9327

Home phone 484-887-8067 email clynn0535@gmail.com

Main Contact address St. Agnes School 211 W. Gay St. West Chester, PA 19380

Day of Event Contact and Cell Phone (if different from above)

Non-Profit Organization YES NO (if yes, please attach current verification of 501 (c) (3) status)

Event Information

Name of event 3/5/16 St. Agnes SK

Date/s of event and times 3/5/16 9AM

Set up and breakdown times for event 9AM - 10 AM

Description of event (use separate sheet of paper if needed)
SK race with kids run in the southwest corridor.

Event info cont'd

Type of Event: Walk/Run Parade Block Party Festival
Film March/Rally Other (If other, explain below)

Event Location – Use the attached map to provide event location/address

Address - Stuart Church + Markret Tarnish - Mt Airy

List all street closures, on a separate sheet of paper, in addition to the attached map.

Will your event cause delays or alternate routes for Public Transportation? YES NO

If yes, you are required to submit proof of notification from SEPTA and/or TMACC

SEPTA – 215-580-7800 <http://www.septa.org/cs/ask/>

TMACC (Transportation Management Authority of Chester County) 610-993-0911

<http://www.tmacc.org/public-transportation/>

Total number of expected participants and/or attendance? 300

Total number of workers/volunteers/marshals for event? 40

Will your event have food vendors, food trucks, or caterers? YES NO

If yes, you will need to provide a list of all food vendors with a copy of that vendor's Chester County Health Dept. yearly license or Temporary Event License specific to your event. 610-344-6000 <http://www.chesco.org/2652/Temporary-Events>

- All food vendors are required to provide a certificate of insurance naming the Borough of West Chester as "additionally insured"

Will you event have crafters, non-crafters, or information booths? YES NO

If yes, how many vendors do you plan on attending? _____

- All vendors (non-food) need to submit the waiver and release form to participate in your event

List (on a separate sheet of paper) any/all subcontractors or 3rd party companies hired to help run the event (Examples - port-o-potties, trash removal, fencing, sound, Inflatables, etc.)

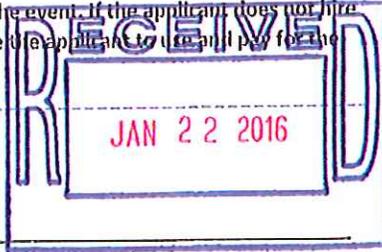
- ALL subcontractors need to provide proof of insurance with a certificate of insurance naming "the Borough of West Chester as additionally insured" and must be properly endorsed.

Borough of West Chester Services Requested

Check ALL that apply:

- Police Security
- Police Traffic Control
- Police Traffic Diversion
- Public Works Road Closures
- Public Works Waste Removal
- Parking Dept. No Parking Notifications
- Public Works Street Sweeping

*There is a fee associated with ALL Borough of West Chester services. The Borough of West Chester, in its sole discretion, shall determine the type and level of services and equipment needed to support the event. If the applicant does not hire subcontractors for these services, the Borough will deny the application or require the applicant to pay for the Borough's services.



BELOW FOR OFFICE USE ONLY

Date Received: H.M.

Initial Checklist complete: YES NO

Reviewed by Parks, Recreation, & Special Events Dept. Date: Yes

Notes: Will need Police Coverage

Reviewed by Public Work YES NO N/A Approved: _____

Reviewed by Parking Department YES NO N/A Approved: _____

Reviewed by West Chester Police Department: YES NO N/A Date: _____

Notes: _____

Police approval signature: _____ Date: _____

Application Denied/Reason: YES NO

Borough Council Approval: _____ Date: _____

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 12, 2013

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 5, 2013, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2013*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2013* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

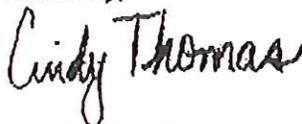
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

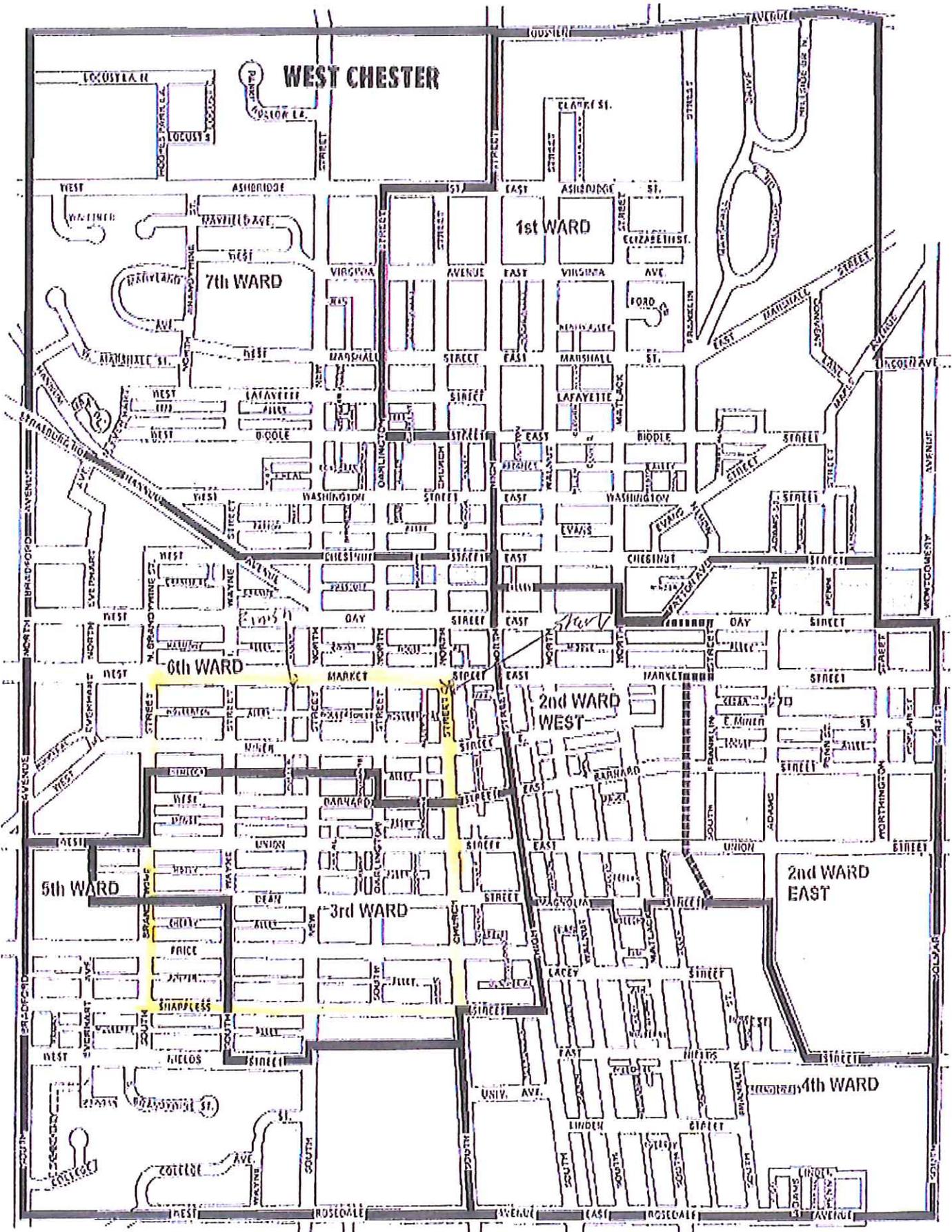
Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Thomas
Manager, Exempt Organizations
Determinations



WEST CHESTER BOROUGH VOTING WARDS



ARCHDIOCESE OF PHILADELPHIA

OFFICE FOR PARISH SERVICE AND SUPPORT

222 North Seventeenth Street • Philadelphia, Pennsylvania 19103-1299 • (215) 587-3995 • Fax (215) 587-3939

August 7, 2013

Reverend Alfonso J. Concha
St. Agnes Rectory
233 West Gay Street
West Chester, PA 19380

Dear Father Concha:

This is to advise you that the parishes of the Archdiocese of Philadelphia, including their elementary schools and auxiliary organizations are exempt from federal income tax under the provisions of Section 501 (c)(3) of the Internal Revenue Code.

The exemption from federal income tax was originally stated in an Internal Revenue Service group ruling dated March 25, 1946 which was reaffirmed in a determination letter dated June 27, 2012 from Cindy Thomas, Manager, Exempt Organizations Determinations, Cincinnati, Ohio, to the United States Catholic Conference. The letter states that all educational, charitable, and religious institutions operated, supervised or controlled by the Roman Catholic Church in the United States, which are listed in the Official Catholic Directory, are exempt.

The determination letter also states that contributions and bequests made to churches, church organizations, and other agencies listed in the directory are deductible by the donors under the applicable sections of the Internal Revenue Code and that none are private foundations under section 509(a) of the Code.

St. Agnes, T.I.N. 23-1494775, is a Parish within the Archdiocese of Philadelphia, which is included beginning on page 1017 of the Official Catholic Directory for 2013.

For your information, parishes of the Archdiocese of Philadelphia are not required to file Internal Revenue Service Form 990 - Return of Organization Exempt from Income Tax.

Group Exemption Number 0928 has been assigned by the Internal Revenue Service to all institutions listed in the Official Catholic Directory.

We are enclosing a copy of the Internal Revenue Service's determination letter that supports the facts stated in this letter.

Sincerely yours,

A handwritten signature in cursive script that reads "Catherine A. Maestrale".

Catherine A. Maestrale
Parish Support Systems Analyst

CAM/ams

Enclosure



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2016

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).

PRODUCER STAR Insurance - Fort Wayne Office 2130 East Dupont Road Fort Wayne IN 46825	CONTACT NAME: Margaret M. Mayers	
	PHONE (A/C, No, Ext): (260) 467-5689 FAX (A/C, No): (260) 467-5691 E-MAIL ADDRESS: margaret.mayers@starfinancial.com	
INSURED Road Runners Club of America/2016 and Its Member Clubs 1501 Lee Highway, Suite 140 Arlington VA 22209	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Casualty Company	11991
	INSURER B: Nationwide Life Insurance Co.	66869
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 2016 \$1M A.I. 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 INSD	SUBR VVWD	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 <input checked="" type="checkbox"/> Legal Liability to Participant \$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"/> OTHER:			KRC0000005887400	12/31/2015 12:01 AM	12/31/2016 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse & Molestation \$ 500,000 Aggregate \$5,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			KRC0000005887400	12/31/2015 12:01 AM	12/31/2016 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE 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						<input type="checkbox"/> Y/N <input type="checkbox"/> N/A <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)			SPX0000027201500	12/31/2015 12:01 AM	12/31/2016 12:01 AM	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 03/05/16 St. Agnes 5k INSURED RRCA CLUB/EVENT MEMBER: Chester County Running Club, Att'n: Kevin Kelly, 24 South High Street, West Chester, PA 19382

CERTIFICATE HOLDER 03/05/16 Borough of West Chester 401 East Gay Street West Chester, PA 19382	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 Terry Diller/MMA <i>Terry R. Diller, CPCU</i>

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Nick Smiles 57c 5/14/14 7:30am
Special Event, Race, Public Assemblage Permit Checklist 2016

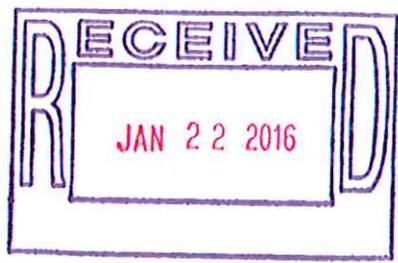


BOROUGH OF WEST CHESTER

CHESTER COUNTY PENNSYLVANIA

Special Event, Race, Public Assemblage Checklist

December 2015 version



Completed and signed application

Description of event

Map of event and address

NA

List of Food Vendors, with Chester County Health Dept. licenses (if applicable)

List of Subcontractors with Insurance Certificates

- All subcontractors need to have a COI naming the Borough of West Chester "as additionally insured"

Borough Services requested *will need Police coverage*

- Provide description

Applicant Certificate of Insurance

- All subcontractors need to have a COI naming the Borough of West Chester "as additionally insured"

Application fee (cash, check, or money order) *- ALREADY SENT*

- Application fee is NON REFUNDABLE *✓ # 2635 \$ 250.00*

NA

Public Transportation approval verification (SEPTA, TMACC, and/or Krapf's Buses)

NA

PLCB Permit (if applicable)

*All items on this list must be included with your application. If any of these items are not included, your application will be considered incomplete and will be returned to you



BOROUGH OF WEST CHESTER CHESTER COUNTY PENNSYLVANIA

Special Event, Race, Public Assemblage Permit 2016

December 2015 ver.

*SUBMITTING AN APPLICATION DOES NOT GRANT THE APPLICANT A PERMIT OR PERMISSION TO HOLD AN EVENT.

*All applications and application fees MUST be submitted 45 days prior to your event date. NO EXCEPTIONS

*An application fee of \$250.00 is required with all event applications

*An application fee of \$50.00 is required with all "block party" applications

Application fees are NON REFUNDABLE

Applicant Information

Name of applicant/group/org. Nick Smiles on the Fine Arts Foundation

Date applications was submitted to the Borough 9/22/15 / 1/4/16

Main Contact Name

Cell phone

Tom Mullin

610 247 6296

Home phone

email

484 202 8259

TCMULLIN@comcast.net

Main Contact address 1220 Denton Drive, Chester Springs, PA 19425

Day of Event Contact and Cell Phone (if different from above)

Non-Profit Organization

YES

NO

(If yes, please attach current verification of 501 (c) (3) status)

Event Information

Name of event Nick Smiles on the Fine Arts Foundation 5K Run + 1 mile walk

Date/s of event and times 5/14/2016 9:00 AM

Set up and breakdown times for event 7:30 AM set up; 10:00 Break down

Description of event (use separate sheet of paper if needed)

5K + 1 mile walk to raise money for the Bishop Shanahan High School Fine Arts Department.

Event info cont'd

Type of Event: Walk/Run Parade Block Party Festival
Film March/Rally Other (if other, explain below)

Event Location -- Use the attached map to provide event location/address

Address - RYAN'S Pub, 124 W GAY ST. RACE + WALK START AT BIRCH + MARKET STREETS

List all street closures, on a separate sheet of paper, in addition to the attached map. NONE

Will your event cause delays or alternate routes for Public Transportation? YES NO

If yes, you are required to submit proof of notification from SEPTA and/or TMACC

SEPTA - 215-580-7800 <http://www.septa.org/cs/ask/>

TMACC (Transportation Management Authority of Chester County) 610-993-0911
<http://www.tmacc.org/public-transportation/>

Total number of expected participants and/or attendance? 300

Total number of workers/volunteers/marshals for event? 70

Will your event have food vendors, food trucks, or caterers? YES NO

If yes, you will need to provide a list of all food vendors with a copy of that vendor's Chester County Health Dept. yearly license or Temporary Event License specific to your event. 610-344-6000 <http://www.chesco.org/2652/Temporary-Events>

- All food vendors are required to provide a certificate of insurance naming the Borough of West Chester as "additionally insured"

Will your event have crafters, non-crafters, or information booths? YES NO

If yes, how many vendors do you plan on attending? _____

- All vendors (non-food) need to submit the waiver and release form to participate in your event

List (on a separate sheet of paper) any/all subcontractors or 3rd party companies hired to help run the event (Examples - port-o-potties, trash removal, fencing, sound, inflatables, etc.)

- ALL subcontractors need to provide proof of insurance with a certificate of insurance naming "the Borough of West Chester as additionally insured" and must be properly endorsed.

[Handwritten signature]

Borough of West Chester Services Requested

Check ALL that apply:

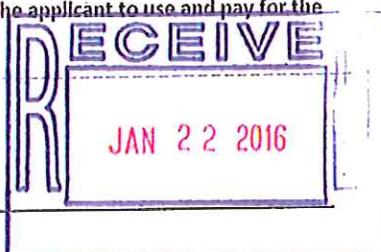
Police Security Police Traffic Control Police Traffic Diversion

Public Works Road Closures Public Works Waste Removal

Parking Dept. No Parking Notifications Public Works Street Sweeping

*There is a fee associated with ALL Borough of West Chester services. The Borough of West Chester, in its sole discretion, shall determine the type and level of services and equipment needed to support the event. If the applicant does not hire subcontractors for these services, the Borough will deny the application or require the applicant to use and pay for the Borough's services.

BELOW FOR OFFICE USE ONLY



Date Received: KAV

Initial Checklist complete: YES NO

Reviewed by Parks, Recreation, & Special Events Dept. Date: JCS

Notes: will need Police Coverage & payment for services

Reviewed by Public Work YES NO N/A Approved: _____

Reviewed by Parking Department YES NO N/A Approved: _____

Reviewed by West Chester Police Department: YES NO N/A Date: _____

Notes: _____

Police approval signature: _____ Date: _____

Application Denied/Reason: YES NO

Borough Council Approval: _____ Date: _____

Event info cont'd

Signature of applicant: x  Date: 1/12/2016

Applicant, for itself and its successors and assigns, hereby agrees to reimburse the Borough for reasonable attorney fees/costs of suit that it incurs, indemnify, and hold harmless, the Borough, and its officers, supervisors, employees, attorneys, successors and assigns from and against losses, liabilities, claims, demands, causes of action, damages, costs, including reasonable attorneys' fees, and expenses of every kind and nature, whether or not covered by insurance, arising out of, resulting from or caused by, in whole or part, any negligent act, error, omission or willful misconduct on part of Applicant, its agents, employees or subcontractors in connection Applicant pursuant to this Agreement, including but not limited to, those in connection with loss of life, bodily injury, personal injury, damage to property, contamination or adverse effects on the environment, any liability for fines, fees or penalties for violations of any statutes, ordinances, codes, rules, regulations or standards applicable to the services performed by Applicant, its agents, employees or subcontractors (hereinafter "Acts and/or Omissions"). These obligations contained within this Section shall survive the termination of this Agreement. Notwithstanding anything to the contrary as may be contained above, the Applicant shall reimburse the Borough for reasonable attorney's fees/costs of suit that it incurs in defending any suits or claims attributable (as determined by a Court of competent jurisdiction) to any Acts and/or Omissions.

1/9/16

To: Keith A. Kurowski

Enclosed is the event application for the Nick Smiles on the Fine Arts Foundation 5K and 1 Mile walk to be held on May 14th, 2016 in West Chester at 9:00 am.

Enclosed is a temporary COI from the Chester County Community Foundation. A non-temporary COI will be issued from the insurance company in February and sent to your office for this event. Also, the non-profit status document is enclosed.

We originally sent in the permit application in September. Your office has the \$250.00 check that is needed.

Please process this as soon as possible, since we need to advertise and plan this fund-raiser now.

I have spoken to Jess Wilhelmy, in your office, this past week and explained our needs for the permit and its urgency.

Your help in this matter is greatly appreciated. If there is any need for further information, please email me at dgmullin@comcast.net

Thank you.

Tom and Dee Mullin
1220 Denton Drive
Chester Springs, PA 19425

484 202 8259

1/12/16

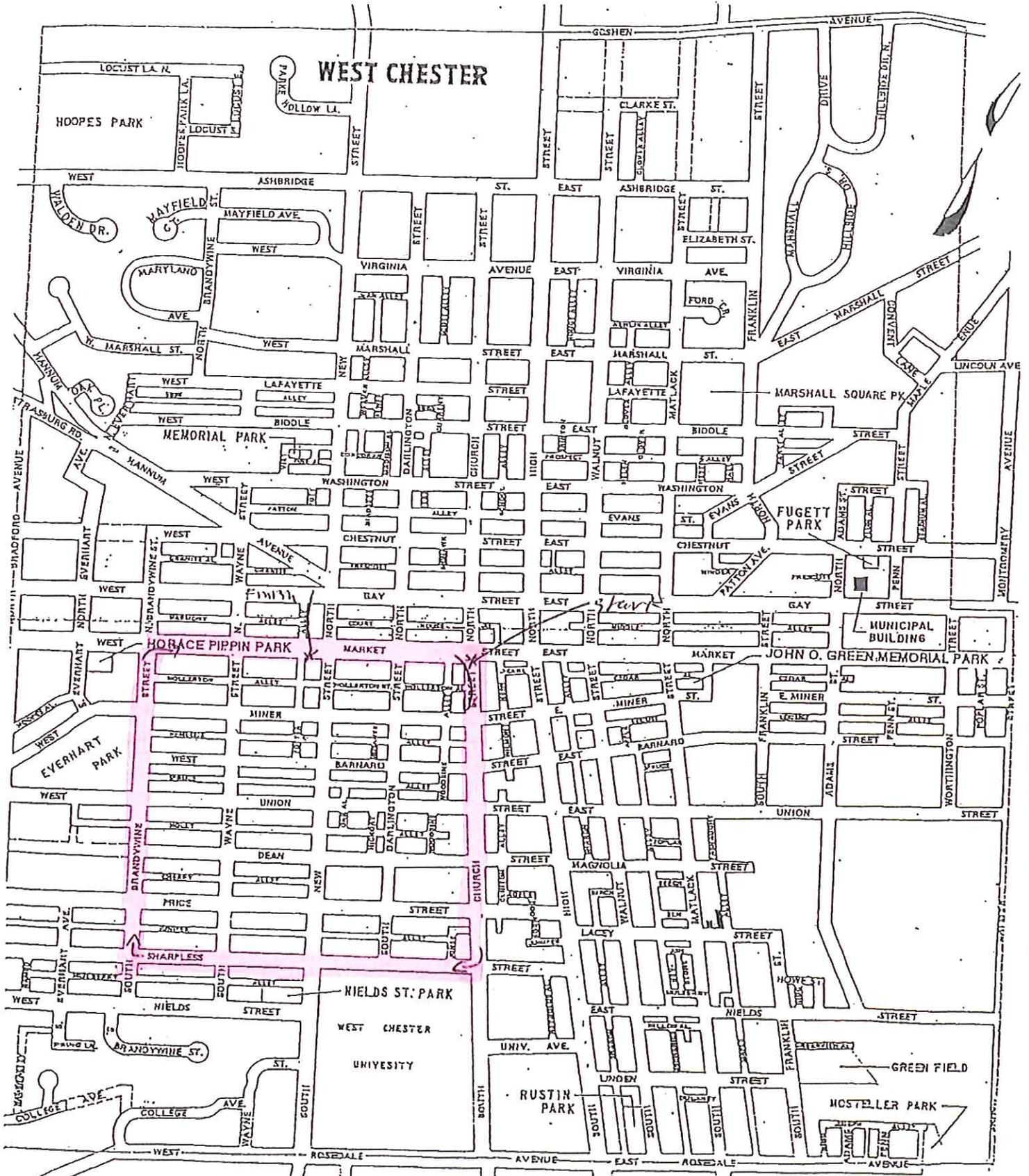
Nick Smiles on the Fine Arts Foundation 5K and 1 Mile Run – May 14, 2016

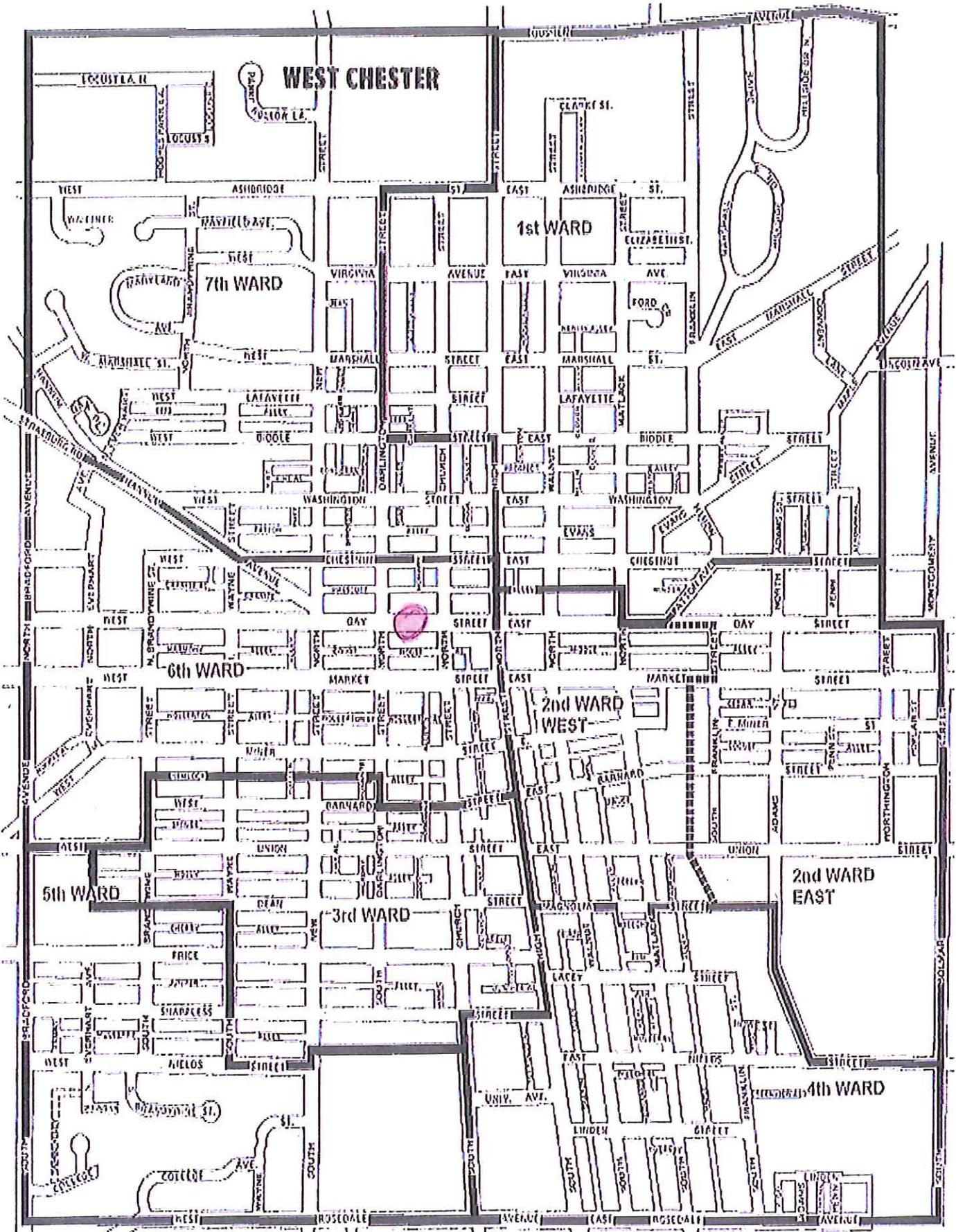
List of 3rd party companies hired to help run the event:

The Chester County Running Store
24 South High Street
West Chester, PA

Kevin Kelly has sent the COI for our race directly to West Chester Parks and Recreation Department.

WEST CHESTER





WEST CHESTER BOROUGH VOTING WARDS

Ryan's Pub - REGISTRATION
 104 W GAY STREET



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/14/2016

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).

PRODUCER STAR Insurance - Fort Wayne Office 2130 East Dupont Road Fort Wayne IN 46825	CONTACT NAME: Margaret M. Mayers	
	PHONE (A/C, Ho, Ext): (260) 467-5689 FAX (A/C, Ho): (260) 467-5691 E-MAIL ADDRESS: margaret.mayers@starfinancial.com	
INSURED Road Runners Club of America/2016 and Its Member Clubs 1501 Lee Highway, Suite 140 Arlington VA 22209	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Casualty Company	11991
	INSURER B: Nationwide Life Insurance Co.	66869
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2016 \$1M A.I. 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 INSD	SUBR 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 <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			KRO0000005887400	12/31/2015 12:01 AM	12/31/2016 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COM/OP AGG \$ 1,000,000 Abuse & Molestation \$ 500,000 Abuse & Molestation Aggregate \$5,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			KRO0000005887400	12/31/2015 12:01 AM	12/31/2016 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	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	SPX0000027201500	12/31/2015 12:01 AM	12/31/2016 12:01 AM	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 05/14/16 Niok Smiles on the Fine Arts-Road Race INSURED RRCA CLUB/EVENT MEMBER: Chester County Running Club, Att'n: Kevin Kelly; 24 S. High St., West Chester, PA 19382

CERTIFICATE HOLDER 05/14/16 Borough of West Chester 401 E. Gay St. West Chester, PA 19380	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 Terry Diller/LIO

© 1988-2014 ACORD CORPORATION. All rights reserved.

2014

An Application Fee of \$250.00 is required at submission for all racing events and you must produce a Certificate of Insurance for liability coverage in the minimum amount of \$500,000 and naming the Borough of West Chester as an additional insured.

All other events require a \$100 fee at submission.

West Chester Borough
Special Event Permit Request

PAID
DEC 15 2015
✓ 12635
BOROUGH OF WEST CHESTER

Applications must be submitted to the Borough Manager's Officer at least forty-five (45) days in advance of the planned event. Applications submitted less than forty-five (45) days in advance may be rejected. Sponsoring agency is responsible for payment of any and all Police and Public Works services in support of the event. All events must be approved by Borough Council.

Date of Application: 9/22/15 Name of Organization: NCH Smiles on the Fine Arts
Point of Contact Name and Phone # (include alternate phone #): Tom Mullin 610 247 6296
Point of Contact Address: 1220 Denton Dr. Chester Springs, PA 19425
E-Mail Address: TMULLIN@COMCAST.NET

Type of Event Planned: Race Parade Block Party
Festival Film Event March/Rally

Other (please fully explain):

SATURDAY - 5/14/16

Date of Event: 5/16/16 Start Time: 8:30 AM End Time: 9:30 AM

Type of Service (s) Requested: (check each applicable):

- Police Coverage for Security Diversion of Traffic (specify where):
- Parking Services: Temporary "No Parking" Signs: Police Traffic Control (specify locations):

All barricades needed for street or alley closures may be obtained at the Public Works Department for a one-hundred (\$100) dollar deposit. Events are responsible for their own trash and recycling collection as well as site clean-up. Any event requiring Public Works staffing (traffic control, trash collection, site clean-up) will be responsible for all costs.

Provide a detailed description of the event and any public services requested:

No coverage necessary. Downtown WC loop.

2014

Location of the Event: (provide a narrative of the planned location (s) of the event -include start and end locations):

Start - Market + Church sts - south to Sharpless -
west to Brandywine - north to Market East to
Church - 2X - Finish by Mitch's

Attach an accurate map to the event request depicting the streets and intersections to be affected by the event:

Indicate approximate number of volunteers or "marshals" your organization will be able to provide: 30

Signature of Requestor: Tom Sullivan Date: 9/22/15

All applications will be reviewed by the Police Department who will forward a recommendation for approval or disapproval to Borough Council. Council shall review the application and attached recommendations and approve or deny the application. Recommendations for approval or disapproval will include but not be limited to the following:

- whether event will substantially interrupt the safe and orderly movement of traffic.
- whether the event will require the Police Dept to police the event and whether the number of police assigned to properly police the event will prevent the Borough from providing adequate police services to the remainder of the Borough and East Bradford Township
- whether the event will otherwise interfere with or be a detriment to the general health, safety and welfare of the Borough
- whether there are other events planned or scheduled for the requested date of the event

In the event a request is approved, Borough Council and/or the West Chester Police Department may attach conditions regulating time, place and manner in which the event is conducted and other conditions as well ensure the general health, safety and welfare of the Borough, Township, residents and persons participating and contiguous to the event.

Date forwarded to Police Department: _____

Recommended: Approval Disapproval

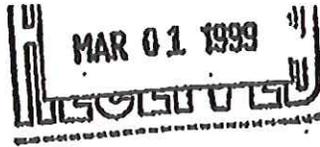
Police Chief Signature: _____ Date: _____

- Approved subject To Police Department Conditions
- Approved subject to Police Department condition plus conditions noted below.
- Denied for reasons noted below.

Additional Conditions/Comments: _____

Borough Council Signature: _____ Date: _____

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201



DEPARTMENT OF THE TREASURY

Date:

FEB 25 1999

CHESTER COUNTY COMMUNITY FOUNDATION
INC
C/O WILLIAM WORTH
28 S MARKET ST
WEST CHESTER, PA 19382

Employer Identification Number:
23-2773822

DLN:
17053023706009

Contact Person:
DAVID C MAUPIN

ID# 31186

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
December 1994

Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

District Director

Letter 1050 (DO/CG)

CHESTER COUNTY COMMUNITY
 FOUNDATION, INC. - PROVISIONAL
 28 WEST MARKET STREET • WEST CHESTER, PA 19382

2635

9/23/2015

Borough of West Chester

To:

INVOICE NUMBER	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
09222015-BOR	9/22/2015	Nick Smile on the Arts Run Application Fee. Attn: Judy Benes	\$250.00	\$0.00	\$250.00
		Totals:	\$250.00	\$0.00	\$250.00

Beat The Bug 5k 4/17/2016 2:00pm

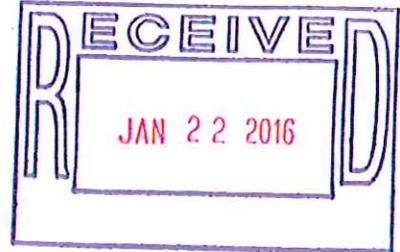
Special Event, Race, Public Assemblage Permit Checklist 2016



BOROUGH OF WEST CHESTER CHESTER COUNTY PENNSYLVANIA

Special Event, Race, Public Assemblage Checklist

December 2015 version



Completed and signed application

Description of event

Map of event and address

NA

List of Food Vendors, with Chester County Health Dept. licenses (if applicable)

NA

List of Subcontractors with Insurance Certificates

- All subcontractors need to have a COI naming the Borough of West Chester "as additionally insured"

Borough Services requested *will need police services*

- Provide description

Applicant Certificate of Insurance

- All subcontractors need to have a COI naming the Borough of West Chester "as additionally insured"

Application fee (cash, check, or money order)

- Application fee is NON REFUNDABLE

✓ # 19194 \$250.00

NA

Public Transportation approval verification (SEPTA, TMACC, and/or Krapf's Buses)

NA

PLCB Permit (if applicable)

*All items on this list must be included with your application. If any of these items are not included, your application will be considered incomplete and will be returned to you



BOROUGH OF WEST CHESTER CHESTER COUNTY PENNSYLVANIA

Special Event, Race, Public Assemblage Permit 2016

December 2015 ver.

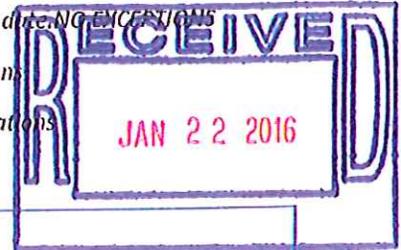
***SUBMITTING AN APPLICATION DOES NOT GRANT THE APPLICANT A PERMIT OR PERMISSION TO HOLD AN EVENT.**

*All applications and application fees MUST be submitted 45 days prior to your event date. **NO EXCESSIONS**

*An application fee of \$250.00 is required with all event applications

*An application fee of \$50.00 is required with all "block party" applications

Application fees are NON REFUNDABLE



Applicant Information

Name of applicant/group/org. United Methodist Church of West Chester

Date applications was submitted to the Borough Oct. 8, 2015

Main Contact Name Rev. Molly Doe Rounslay Cell phone 484-574-7110

Home phone 484-732-8210 email rounslay.molly.doe@gmail.com

Main Contact address United Methodist Church of West Chester

139 S. High Street, West Chester PA 19382

Day of Event Contact and Cell Phone (if different from above)
Same as above

Non-Profit Organization YES NO (If yes, please attach current verification of 501 (c) (3) status)

Event Information

Name of event 5th Annual Beat the Bug 5K Run

Date/s of event and times Sunday, April 17, 2016 2:00pm

Set up and breakdown times for event 1:45 - 3:00 pm

Description of event (use separate sheet of paper if needed)

This is a 5K run 2K walk in the borough.

Registration monies go to fight malaria in Africa.

Event info cont'd

Type of Event: Walk/Run Parade Block Party Festival

Film March/Rally Other (if other, explain below)

Event Location - Use the attached map to provide event location/address

Address - we are on the Chester County Running Store to run

our race. We have in the past followed the course they set out for us. It begins at Santander Bank Garage on
List all street closures, on a separate sheet of paper, in addition to the attached map.
we have never closed roads

Will your event cause delays or alternate routes for Public Transportation? YES NO

If yes, you are required to submit proof of notification from SEPTA and/or TMACC

SEPTA -- 215-580-7800 <http://www.septa.org/cs/ask/>

TMACC (Transportation Management Authority of Chester County) 610-993-0911
<http://www.tmac.org/public-transportation/>

church goes to Sharpless to Brandy wine to market ending at Mitch's Gym.

Total number of expected participants and/or attendance? 150

Total number of workers/volunteers/marshals for event? 40

Will your event have food vendors, food trucks, or caterers? YES NO

If yes, you will need to provide a list of all food vendors with a copy of that vendor's Chester County Health Dept. yearly license or Temporary Event License specific to your event. 610-344-6000 <http://www.chesco.org/2652/Temporary-Events>

- All food vendors are required to provide a certificate of insurance naming the Borough of West Chester as "additionally insured"

Will you event have crafters, non-crafters, or information booths? YES NO

If yes, how many vendors do you plan on attending? _____

- All vendors (non-food) need to submit the waiver and release form to participate in your event

List (on a separate sheet of paper) any/all subcontractors or 3rd party companies hired to help run the event (Examples - port-o-potties, trash removal, fencing, sound, inflatables, etc.)

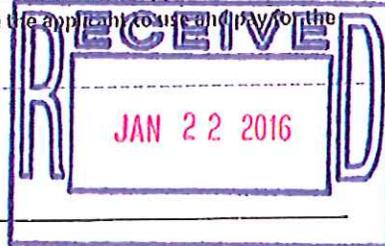
- ALL subcontractors need to provide proof of insurance with a certificate of insurance naming "the Borough of West Chester as additionally insured" and must be properly endorsed.

Borough of West Chester Services Requested

Check ALL that apply:

- Police Security
- Police Traffic Control
- Police Traffic Diversion
- Public Works Road Closures
- Public Works Waste Removal
- Parking Dept. No Parking Notifications
- Public Works Street Sweeping

*There is a fee associated with ALL Borough of West Chester services. The Borough of West Chester, in its sole discretion, shall determine the type and level of services and equipment needed to support the event. If the applicant does not hire subcontractors for these services, the Borough will deny the application or require the applicant to use and pay for the Borough's services.



BELOW FOR OFFICE USE ONLY

Date Received: Kille

Initial Checklist complete: YES NO

Reviewed by Parks, Recreation, & Special Events Dept. Date: yes

Notes: Needs Police Coverage & placement as of
Also, needs COI

Reviewed by Public Work YES NO N/A Approved: _____

Reviewed by Parking Department YES NO N/A Approved: _____

Reviewed by West Chester Police Department: YES NO N/A Date: _____

Notes: _____

Police approval signature: _____ Date: _____

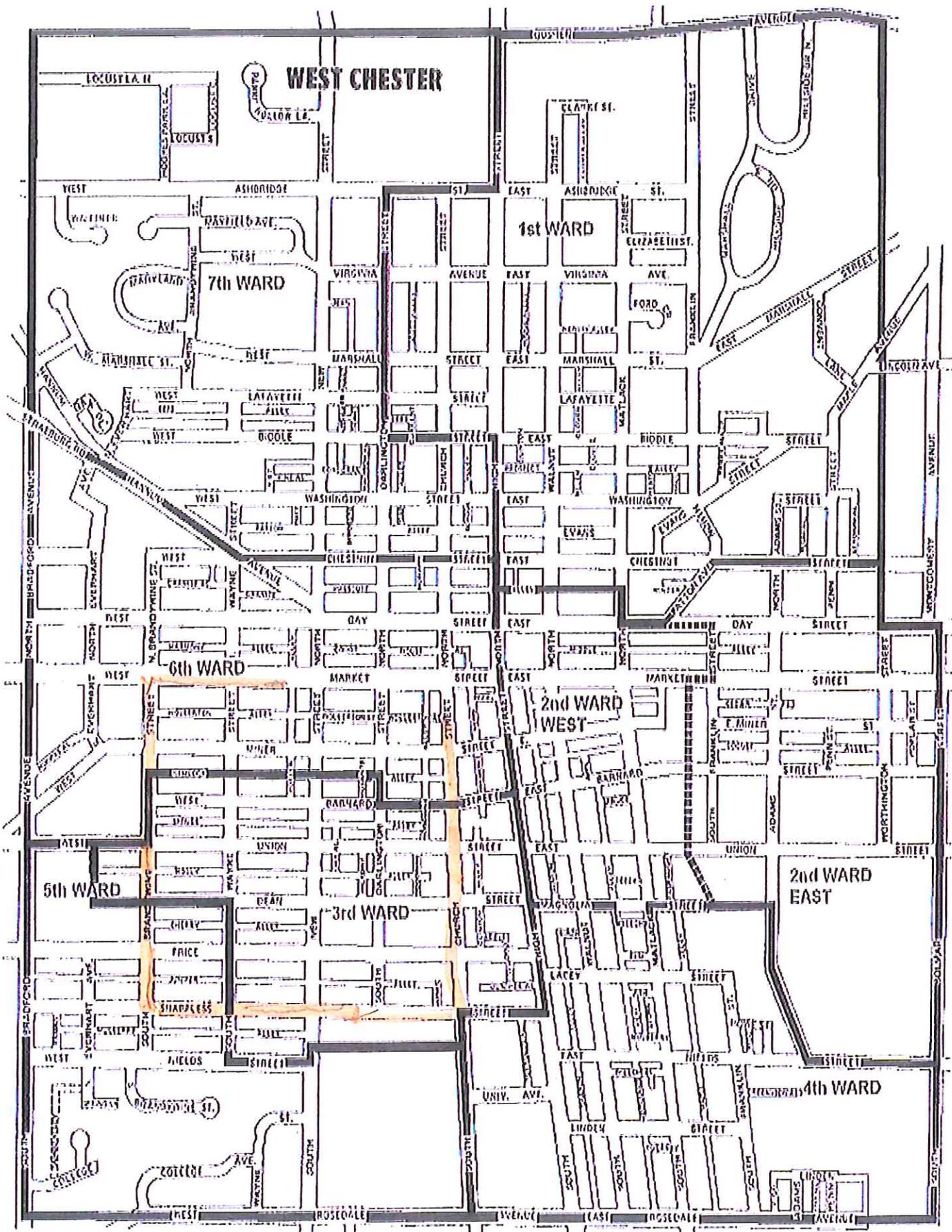
Application Denied/Reason: YES NO

Borough Council Approval: _____ Date: _____

Event info cont'd

Signature of applicant: x *R. J. [Signature]* Date: *1/21/2016*

Applicant, for itself and its successors and assigns, hereby agrees to reimburse the Borough for reasonable attorney fees/costs of suit that it incurs, indemnify, and hold harmless, the Borough, and its officers, supervisors, employees, attorneys, successors and assigns from and against losses, liabilities, claims, demands, causes of action, damages, costs, including reasonable attorneys' fees, and expenses of every kind and nature, whether or not covered by insurance, arising out of, resulting from or caused by, in whole or part, any negligent act, error, omission or willful misconduct on part of Applicant, its agents, employees or subcontractors in connection Applicant pursuant to this Agreement, including but not limited to, those in connection with loss of life, bodily injury, personal injury, damage to property, contamination or adverse effects on the environment, any liability for fines, fees or penalties for violations of any statutes, ordinances, codes, rules, regulations or standards applicable to the services performed by Applicant, its agents, employees or subcontractors (hereinafter "Acts and/or Omissions"). These obligations contained within this Section shall survive the termination of this Agreement. Notwithstanding anything to the contrary as may be contained above, the Applicant shall reimburse the Borough for reasonable attorney's fees/costs of suit that it incurs in defending any suits or claims attributable (as determined by a Court of competent jurisdiction) to any Acts and/or Omissions.



WEST CHESTER BOROUGH VOTING WARDS



PO Box 340029
Nashville, TN 37203-0029

THE UNITED METHODIST CHURCH

May 18, 2011

UNITED METHODIST CHURCH OF WEST CHESTER
129 S. High Street
West Chester, PA 19382

Re: Certification of Inclusion in The United Methodist Church Group Tax Exemption Ruling
Affiliated Organization: United Methodist Church of West Chester
Affiliated Organization's Employer Identification Number (EIN): 23-1425021

This letter will certify that the affiliated organization named above is included in The United Methodist Church Group Tax Exemption Ruling ("UMC Group Ruling"). In particular, as stated in the group ruling determination letter issued to The United Methodist Church by the Internal Revenue Service ("IRS"), this affiliated organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code.

This certification letter is issued by the General Council on Finance and Administration of The United Methodist Church ("GCFA"), who is the central organization for the UMC Group Ruling. As the central organization, GCFA has been granted the authority by the IRS to determine which organizations are included in the UMC Group Ruling. (The IRS Group Exemption Number ("GEN") for the UMC Group Ruling is 2573.) Thus, this certification letter, together with the enclosed copy of the IRS group ruling determination letter, serves to verify the tax-exempt status of this affiliated organization.

If you have any further questions, please feel free to contact the GCFA Legal Department at (866) 367-4232 or legal@gcfa.org.

Sincerely,

GENERAL COUNCIL ON FINANCE AND ADMINISTRATION OF
THE UNITED METHODIST CHURCH

H. Anthony Velázquez
Paralegal

Enclosures

2015

*pa
10/15/15*

An Application Fee of \$250.00 is required at submission for all racing events and you must produce a Certificate of Insurance for liability coverage in the minimum amount of \$500,000 and naming the Borough of West Chester as an additional insured.

All other events require a \$100 fee at submission.

PAID

West Chester Borough
Special Event Permit Request

DEC 15 2015
19194
BOROUGH OF WEST CHESTER

Applications must be submitted to the Borough Manager's Officer at least forty-five (45) days in advance of the planned event. Applications submitted less than forty-five (45) days in advance may be rejected. Sponsoring agency is responsible for payment of any and all Police and Public Works services in support of the event. All events must be approved by Borough Council.

Date of Application: 10/5/15 Name of Organization: The United Methodist Church of West Chester
Point of Contact Name and Phone # (include alternate phone #): Rol. Mally, Dee Brunsley
610-693-5190 or 484-574-7110
Point of Contact Address: 109 S. High St, West Chester, PA 19380
E-Mail Address: rolmallydeeb@ gmail.com

Type of Event Planned: Race Parade Block Party
Festival Film Event March/Rally

Other (please fully explain): _____

Date of Event: 4-17-2016 Start Time: 2:00pm End Time: 3:00pm

Type of Service (s) Requested: (check each applicable):

- Police Coverage for Security Diversion of Traffic (specify where):
- Parking Services: Temporary "No Parking" Signs: Police Traffic Control (specify locations):

All barricades needed for street or alley closures may be obtained at the Public Works Department for a one-hundred (\$100) dollar deposit. Events are responsible for their own trash and recycling collection as well as site clean-up. Any event requiring Public Works staffing (traffic control, trash collection, site clean-up) will be responsible for all costs.

Provide a detailed description of the event and any public services requested:

no police help needed. Downtown west Chester race

2015

Number of personnel participating in event: 45 Estimated number of persons attending event: 500

Location of the Event: (provide a narrative of the planned location (s) of the event --include start and end locations):

Start at Wollstonek Alley and Church St. South to Sharpless, right on Sharpless, Right on Brandywine, Right on Market, Right on church. (2 times) Finishes by Nitch's Gym.

Attach an accurate map to the event request depicting the streets and intersections to be affected by the event:

Indicate approximate number of volunteers or "marshals" your organization will be able to provide: 45

Signature of Requestor: [Signature] Date: October 5, 2015

All applications will be reviewed by the Police Department who will forward a recommendation for approval or disapproval to Borough Council. Council shall review the application and attached recommendations and approve or deny the application. Recommendations for approval or disapproval will include but not be limited to the following:

- whether event will substantially interrupt the safe and orderly movement of traffic.
- whether the event will require the Police Dept to police the event and whether the number of police assigned to properly police the event will prevent the Borough from providing adequate police services to the remainder of the Borough and East Bradford Township
- whether the event will otherwise interfere with or be a detriment to the general health, safety and welfare of the Borough
- whether there are other events planned or scheduled for the requested date of the event

In the event a request is approved, Borough Council and/or the West Chester Police Department may attach conditions regulating time, place and manner in which the event is conducted and other conditions as well ensure the general health, safety and welfare of the Borough, Township, residents and persons participating and contiguous to the event.

Date forwarded to Police Department: _____

Recommended: Approval Disapproval

Police Chief Signature: _____ Date: _____

- Approved subject To Police Department Conditions
- Approved subject to Police Department condition plus conditions noted below.
- Denied for reasons noted below.

Additional Conditions/Comments: _____

Borough Council Signature: _____ Date: _____

UNITED METHODIST CHURCH OF WEST CHESTER
WEST CHESTER, PA 19382

19194

Vendor: Borough of West Chester
For:

Date: 10/7/2015 Amount: 250.00

INVOICE INVOICE INVOICE
DATE NUMBER DESCRIPTION
10/07/2015 / (

INVOICE DISC.
AMOUNT ACCOUNT
250.00 1-801880

DIST.
AMOUNT
250.00

PAID

NOV 15 2015

BOROUGH OF WEST CHESTER

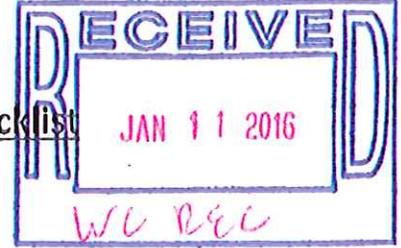
21st Annual Race Against Violence (Crime Victims Center of Chester Co.)

Special Event, Race, Public Assemblage Permit Checklist 2016

4/30/16



BOROUGH OF WEST CHESTER
CHESTER COUNTY PENNSYLVANIA



Special Event, Race, Public Assemblage Checklist

December 2015 version



Completed and signed application



Description of event



Map of event and address



List of Food Vendors, with Chester County Health Dept. licenses (if applicable)



List of Subcontractors with Insurance Certificates

- All subcontractors need to have a COI naming the Borough of West Chester "as additionally insured"



Borough Services requested *will need Police*

- Provide description



Applicant Certificate of Insurance

- All subcontractors need to have a COI naming the Borough of West Chester "as additionally insured"



See attached

Application fee (cash, check, or money order) *VA-25308 \$250.00*

- Application fee is NON REFUNDABLE



Public Transportation approval verification (SEPTA, TMACC, and/or Krapf's Buses)



PLCB Permit (if applicable)

*All items on this list must be included with your application. If any of these items are not included, your application will be considered incomplete and will be returned to you





BOROUGH OF WEST CHESTER CHESTER COUNTY PENNSYLVANIA

Special Event, Race, Public Assemblage Permit 2016

December 2015 ver.

*SUBMITTING AN APPLICATION DOES NOT GRANT THE APPLICANT A PERMIT OR PERMISSION TO HOLD AN EVENT.

*All applications and application fees MUST be submitted 45 days prior to your event date. NO EXCEPTIONS

*An application fee of \$250.00 is required with all event applications

*An application fee of \$50.00 is required with all "block party" applications

Application fees are NON REFUNDABLE

Applicant Information

Name of applicant/group/org. THE CRIME VICTIMS' CENTER OF CHESTER COUNTY, INC.

Date applications was submitted to the Borough 11-24-15 (2015 Form)

Main Contact Name

Cell phone

Peggy Gusz

610-563-3434

^{work}
Home phone

email

610-692-1924

Peggyg@cvcoc.org

Main Contact address 135-137 W. MARKET ST. WEST CHESTER PA 19382

Day of Event Contact and Cell Phone (if different from above)

Non-Profit Organization YES NO (if yes, please attach current verification of 501 (c) (3) status)

Event Information

Name of event 21ST ANNUAL CHESTER COUNTY RACE AGAINST VIOLENCE

Date/s of event and times 11-30-16 RACE STARTS AT 9: A.M.

Set up and breakdown times for event 7 A.M. SETUP - 12 NOON CLEANUP

Description of event (use separate sheet of paper if needed)

THE CRIME VICTIMS' CENTER OF CHESTER COUNTY INC.
IS SPONSORING THE 21ST ANNUAL CHESTER COUNTY
RACE AGAINST VIOLENCE.

Event info cont'd

Type of Event: Walk/Run Parade Block Party Festival
Film March/Rally Other (if other, explain below)

Event Location – Use the attached map to provide event location/address

Address - MARKET & CHURCH STS (START)
MARKET & NEW STS (END) MAP ATTACHED

List all street closures, on a separate sheet of paper, in addition to the attached map.

Will your event cause delays or alternate routes for Public Transportation? YES NO

If yes, you are required to submit proof of notification from SEPTA and/or TMACC

SEPTA – 215-580-7800 <http://www.septa.org/cs/ask/>

TMACC (Transportation Management Authority of Chester County) 610-993-0911
<http://www.tmaccc.org/public-transportation/>

Total number of expected participants and/or attendance? 200

Total number of workers/volunteers/marshals for event? 30-50

Will your event have food vendors, food trucks, or caterers? YES NO

If yes, you will need to provide a list of all food vendors with a copy of that vendor's Chester County Health Dept. yearly license or Temporary Event License specific to your event. 610-344-6000 <http://www.chesco.org/2652/Temporary-Events>

- All food vendors are required to provide a certificate of insurance naming the Borough of West Chester as "additionally insured"

Will your event have crafters, non-crafters, or information booths? YES NO

If yes, how many vendors do you plan on attending? _____

- All vendors (non-food) need to submit the waiver and release form to participate in your event

List (on a separate sheet of paper) any/all subcontractors or 3rd party companies hired to help run the event (Examples - port-o-pottles, trash removal, fencing, sound, inflatables, etc.)

- ALL subcontractors need to provide proof of insurance with a certificate of insurance naming "the Borough of West Chester as additionally insured" and must be properly endorsed.

Event info cont'd

Signature of applicant: x Peggy Gandy, Educational Director Date: 1/11/2016
THE CRIMINAL VICTIMS' CENTER OF CHESTER COUNTY, INC

Applicant, for itself and its successors and assigns, hereby agrees to reimburse the Borough for reasonable attorney fees/costs of suit that it incurs, indemnify, and hold harmless, the Borough, and its officers, supervisors, employees, attorneys, successors and assigns from and against losses, liabilities, claims, demands, causes of action, damages, costs, including reasonable attorneys' fees, and expenses of every kind and nature, whether or not covered by insurance, arising out of, resulting from or caused by, in whole or part, any negligent act, error, omission or willful misconduct on part of Applicant, its agents, employees or subcontractors in connection Applicant pursuant to this Agreement, including but not limited to, those in connection with loss of life, bodily injury, personal injury, damage to property, contamination or adverse effects on the environment, any liability for fines, fees or penalties for violations of any statutes, ordinances, codes, rules, regulations or standards applicable to the services performed by Applicant, its agents, employees or subcontractors (hereinafter "Acts and/or Omissions"). These obligations contained within this Section shall survive the termination of this Agreement. Notwithstanding anything to the contrary as may be contained above, the Applicant shall reimburse the Borough for reasonable attorney's fees/costs of suit that it incurs in defending any suits or claims attributable (as determined by a Court of competent jurisdiction) to any Acts and/or Omissions.

Borough of West Chester Services Requested

Check ALL that apply:

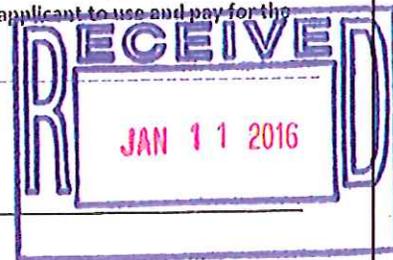
Police Security Police Traffic Control Police Traffic Diversion

Public Works Road Closures Public Works Waste Removal

Parking Dept. No Parking Notifications Public Works Street Sweeping

*There is a fee associated with ALL Borough of West Chester services. The Borough of West Chester, in its sole discretion, shall determine the type and level of services and equipment needed to support the event. If the applicant does not hire subcontractors for these services, the Borough will deny the application or require the applicant to use and pay for the Borough's services.

BELOW FOR OFFICE USE ONLY



Date Received: _____

Initial Checklist complete: YES NO

Reviewed by Parks, Recreation, & Special Events Dept. Date: _____

Notes: Needs police support

Reviewed by Public Work 3 YES NO N/A Approved: _____

Reviewed by Parking Department YES NO N/A Approved: _____

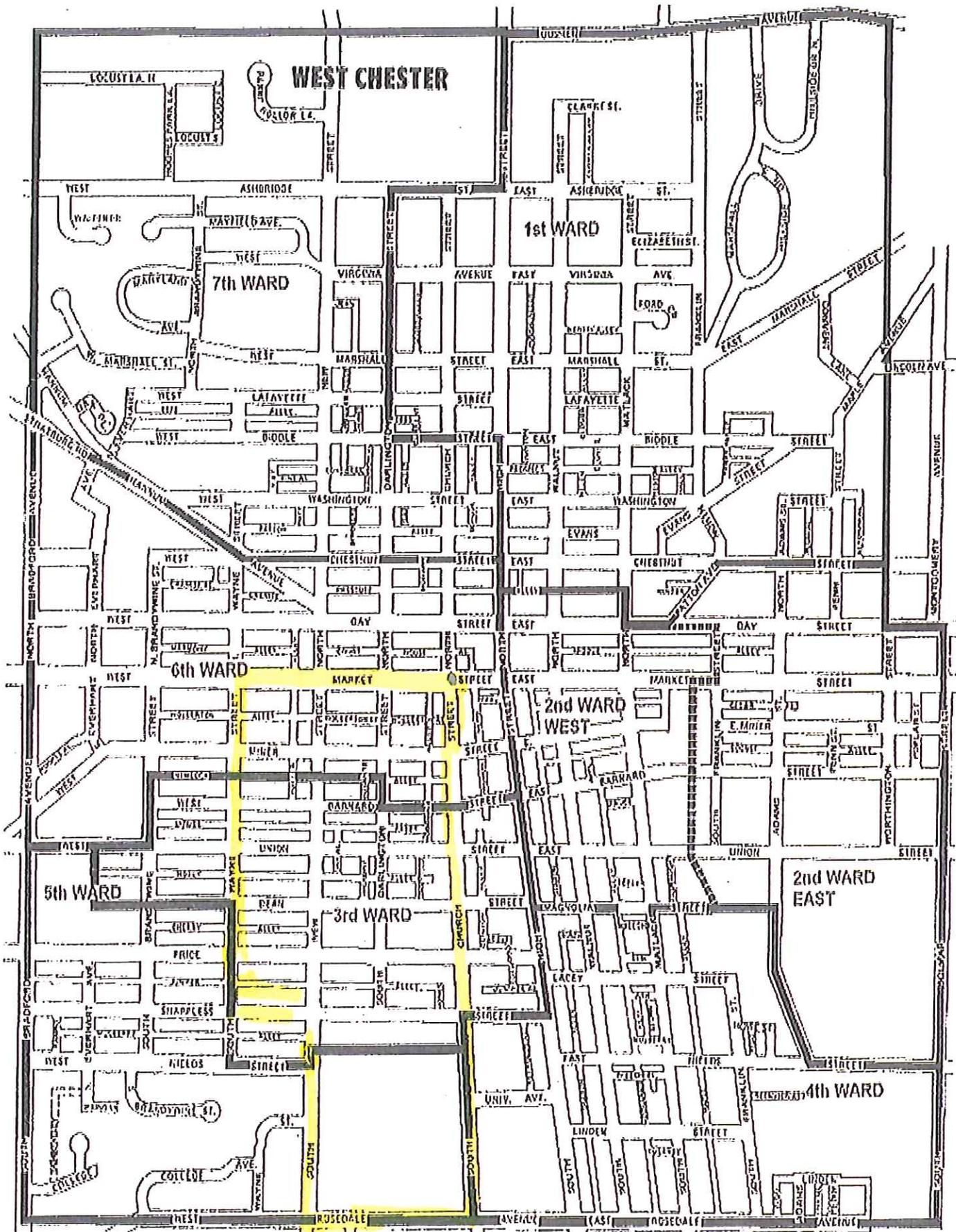
Reviewed by West Chester Police Department: YES NO N/A Date: _____

Notes: _____

Police approval signature: _____ Date: _____

Application Denied/Reason: YES NO

Borough Council Approval: _____ Date: _____



WEST CHESTER BOROUGH VOTING WARDS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/23/2015

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).

PRODUCER The Rigg Darlington Group, Inc. 14 East Welsh Pool Road Exton PA 19341		CONTACT NAME: Julie Thomas PHONE (A/C, No, Ext): (484) 876-2222 FAX (A/C, No): (484) 876-3120 E-MAIL ADDRESS: jthomas@rdgins.com	
INSURED Crime Victims' Center of Chester County, Inc. 135-137 West Market Street West Chester PA 19382		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Co INSURER B: Penn National Companies INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #	23850

COVERAGES CERTIFICATE NUMBER: 15-16 Add Ins 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 INSD	SUBR 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:	X		PRPK1183422	7/1/2015	7/1/2016	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 - COMPOP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> 19 <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			AU90094985	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired/borrowed \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB4611217	7/1/2015	7/1/2016	<input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	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	WC90094985	7/1/2015	7/1/2016	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 20th Annual Chester County Race Against Violence April 30, 2016

West Chester Borough is included as Additional Insured on the General Liability for the operations of the insured only, and only if required by written contract or written agreement and only to the extent of the policy provisions.

CERTIFICATE HOLDER West Chester Borough 401 E Gay St West Chester, PA 19380	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 Julie Thomas/JULTHO <i>Juliana F Thomas</i>
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2015

An Application Fee of \$250.00 is required at submission for all racing events and you must produce a Certificate of Insurance for liability coverage in the minimum amount of \$500,000 and naming the Borough of West Chester as an additional insured.

All other events require a \$100 fee at submission.

West Chester Borough
Special Event Permit Request

PAID
DEC 15 2015
BOROUGH OF WEST CHESTER

Applications must be submitted to the Borough Manager's Officer at least forty-five (45) days in advance of the planned event. Applications submitted less than forty-five (45) days in advance may be rejected. Sponsoring agency is responsible for payment of any and all Police and Public Works services in support of the event. All events must be approved by Borough Council.

Date of Application: 11-19-15 Name of Organization: THE CRIME VICTIMS CENTER OF CHESTER COUNTY, INC.
Point of Contact Name and Phone # (include alternate phone #): Peggy Gusz 610-692-1926
Point of Contact Address: 135-137 W. MARKET ST. WEST CHESTER PA 19382
E-Mail Address: RECEPTION@CVCCOFC.CC.ORG

Type of Event Planned: Race Parade Block Party
Festival Film Event March/Rally
Other (please fully explain):

Date of Event: 4-30-16 Start Time: 7 A.M. End Time: 12 P.M.

Type of Service (s) Requested: (check each applicable):

Police Coverage for Security Diversion of Traffic (specify where): SEE ATTACHED MAP
 Parking Services: Temporary "No Parking" Signs: Police Traffic Control (specify locations): MARKET E CHURCH STS.

All barricades needed for street or alley closures may be obtained at the Public Works Department for a one-hundred (\$100) dollar deposit. Events are responsible for their own trash and recycling collection as well as site clean-up. Any event requiring Public Works staffing (traffic control, trash collection, site clean-up) will be responsible for all costs.

Provide a detailed description of the event and any public services requested:
THE CRIME VICTIMS' CENTER OF CHESTER COUNTY, INC. IS SPONSORING THE 20TH ANNUAL CHESTER COUNTY RACE AGAINST VIOLENCE. ATTACHED IS THE COURSE MAP 5K RUN/WALK.

2015

Number of personnel participating in event: 30-50 Estimated number of persons attending event: 200

Location of the Event: (provide a narrative of the planned location (s) of the event --include start and end locations):

*Race begins at Market & Church Streets
ends at Market & New Streets*

Attach an accurate map to the event request depicting the streets and intersections to be affected by the event:

Indicate approximate number of volunteers or "marshals" your organization will be able to provide: 30-50

Signature of Requestor: Peggy Husz Executive Director Date: 11/23/2015

All applications will be reviewed by the Police Department who will forward a recommendation for approval or disapproval to Borough Council. Council shall review the application and attached recommendations and approve or deny the application. Recommendations for approval or disapproval will include but not be limited to the following:

- > whether event will substantially interrupt the safe and orderly movement of traffic.
- > whether the event will require the Police Dept to police the event and whether the number of police assigned to properly police the event will prevent the Borough from providing adequate police services to the remainder of the Borough and East Bradford Township
- > whether the event will otherwise interfere with or be a detriment to the general health, safety and welfare of the Borough
- > whether there are other events planned or scheduled for the requested date of the event

In the event a request is approved, Borough Council and/or the West Chester Police Department may attach conditions regulating time, place and manner in which the event is conducted and other conditions as well ensure the general health, safety and welfare of the Borough, Township, residents and persons participating and contiguous to the event.

Date forwarded to Police Department: _____

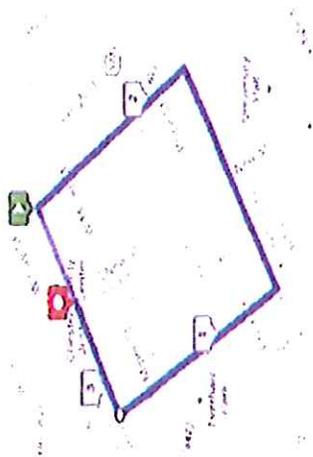
Recommended: Approval Disapproval

Police Chief Signature: _____ Date: _____

- Approved subject To Police Department Conditions
- Approved subject to Police Department condition plus conditions noted below.
- Denied for reasons noted below.

Additional Conditions/Comments: _____

Borough Council Signature: _____ Date: _____



THE CRIME VICTIMS' CENTER OF CHESTER COUNTY, INC.

25308

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
Race04302016	Race Against Violence application	11/20/15	250.00		250.00
CHECK DATE 11/23/15	CHECK NO. 25308	PAYEE Borough of West Chester		DISCOUNTS TAKEN	CHECK AMOUNT \$250.00



RESOLUTION #3 – 2016
A Resolution adopting the Multi-Jurisdictional
Hazard Mitigation Plan of the County of Chester

WHEREAS, the Disaster Mitigation Act of 2000 (DMA 2000) (P.L. 106-390) provides an opportunity for states, Tribes and local governments to take a new and revitalized approach to mitigation planning; and,

WHEREAS, DMA 2000 amended the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Act) by repealing the previous mitigation planning provisions (Section 409) and replacing them with a new set of mitigation plan requirements (Section 322). This new section emphasizes the need for state, Tribal and local entities to closely coordinate mitigation planning and implementation efforts; and,

WHEREAS, Hazard Mitigation Grant Program funding available after a Presidential Disaster Declaration shall only be made to municipalities having a Federal Emergency Management Agency approved Pre-Disaster Mitigation Plan in place prior to the disaster declaration.

NOW, THEREFORE BE IT RESOLVED by the Council of West Chester Borough, Commonwealth of Pennsylvania, the adoption of the 2015 Chester County Multi-Jurisdictional Hazard Mitigation Plan.

BE IT RESOLVED this 17th day of February, 2016.

(SEAL)

ATTEST:

Michael A. Cotter
Borough Manager

President of Council
Ellen B. Koopman

This meeting is being audio recorded for the public record.

AGENDA

Public Safety & Quality of Life Committee

December 9th, 2015 – 5:30 pm

Committee Members: Stephen Shinn (Chair), Brian Abbott, Ellen Koopman
Department Head: Chief Scott Bohn; Fire Chief Mike McDonald

1. Comments, suggestions, petitions by residents in attendance regarding items not on the agenda.
 - None
2. Monthly Fire Department Report
 - 41 Borough Calls, 98 Hours of service, No Injuries
 - Written Report Submitted
3. Discuss Special Event Permit:
Stanley's Dream –police comments attached
1-1-2016 - Approved
4. Discuss proposed updates to Special Event Permit
 - Discussion
 - Presentation by Receptions Director
 - Comments, Chief Bohn, Sgt. O'Donnell, Borough Manager Cotter
 - Draft submitted
5. Approve November Committee meeting minutes
 - Approved
5. Other Business
 - Dennis (?) endorsed Carolyn Durner for Human Relation vacancy. Durner not present. Resume submitted to committee.
3-0. forward to full council.