

## AGENDA RESERVATION REQUEST

### CITY OF FRANKLIN BOARD OF PUBLIC WORKS AND SAFETY

Please type or print

<b>Date Submitted:</b>	05.13.2025	<b>Meeting Date:</b>	05.19.2025
<b>Contact Information:</b>			
<b>Requested by:</b>	Chief Joshua Snyder		
<b>On Behalf of Organization or Individual:</b>		Fire Department	
<b>Telephone:</b>	317.736.3650		
<b>Email address:</b>	<a href="mailto:jsnyder@franklin.in.gov">jsnyder@franklin.in.gov</a>		
<b>Mailing Address:</b>	1800 Thornburg Lane, Franklin, IN 46131		
<b>Describe Request:</b>			
Johnson County Fair Parade street closures			
<b>List Supporting Documentation Provided:</b>			
<b>Who will present the request?</b>			
<b>Name:</b>	Chief Joshua Snyder	<b>Telephone:</b>	317.736.3650

*The Franklin Board of Works meets on the 1st and 3rd Monday of each month at 5:15 p.m. in the Council Chambers of City Hall located at 70 E. Monroe Street. In order for an individual and/or agency to be considered for new business on the agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 12:00 p.m. on the Wednesday prior to the Board of Works meeting.*

# City of Franklin Event Request Form

\*Must submit Event Request Form 60 days before your event start date for form to be accepted. Forms submitted any later will not be accepted. Forms should be submitted to the Recreation Center front desk or emailed to [nmillsbaugh@franklin.in.gov](mailto:nmillsbaugh@franklin.in.gov).

\*Event request forms cannot be accepted over a year in advance.

## What to Include

- Event Information Forms (Included in file)
- Event map showing spaces being used, street closures, and race route.
- Emergency Action Plan (see example below)
- Event Organizer Certificate of Liability Insurance
- Signed Hold Harmless Agreement
- Any Outside Vendors Insurance and Food Safe Certifications

## Event Organizer Information

Organization Name Johnson Co Fair Board

Contact Name Kaleb Bradley

Contact phone 317-412-4933

Contact Email || lilbradly33@msn.com

## Event Details

- ☐ Festival
- ☐ Run/Walk
- ☐ Other

If other list here Parade

Event Name Johnson County Fair Parade Date July 12<sup>th</sup> 2025

Time 1pm Location see attached



### **Street Closings**

- Include a map showing what streets need closed off and times for closures.
- Number of Barricades needed
- Event organizer responsible for closing and opening streets with provided barricades.
- Street closings must be approved by Board of Works.



### **Park/Trail Use**

- Include map showing park and trail being used.
- If event is a race, mark the start and finish areas for the route.
- Mark if you need to rent a race clock (\$25 fee)
- Must clean off markings on the trail after event.



### **Parade**

- Mark on your submitted event map showing parade route with marked parking, start, and finish.
- If parade starts at school parking lot, must be approved by the school.
- Route for parade must be approved through Board of Works.

Please mark any of the following that apply to your event. Please note that some of the following may require more paperwork and extra costs.

☐ **Mobile Stage Rental**

-Rental Agreement Form

-Delivery Time

☐ **Alcohol**

-State Permit Required

-Name of alcohol vendor

☐ **Trash**

-Number of receptacles needed (\$10 each)

-Event organizer responsible for emptying trash during event.

-Event organizer responsible for making sure entire event area is clear of trash and debris after event.

-Trash receptacles must be returned to original spot after the event.

☐ **Picnic Tables**

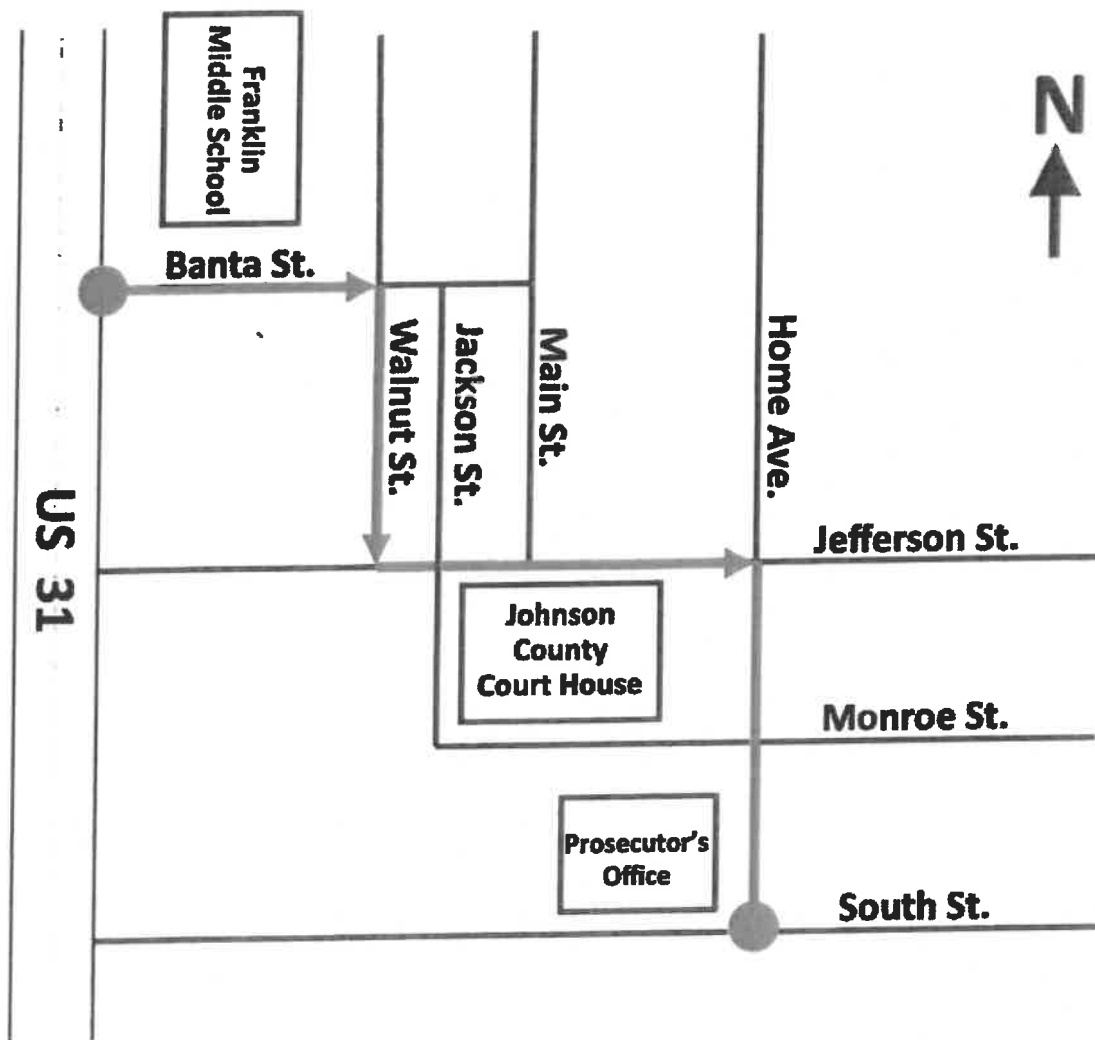
-Number needed (\$10 each)

-Franklin Parks and Recreation staff will drop off tables.

☐ **Port-o-lets**

-Number Required

-Please mark locations for Port-o-lets on an event map.



**Johnson County Fair Parade  
Emergency Action Plan**

**Event Name:** Johnson County Fair  
**Location:** Downtown Franklin, Indiana - see attached parade route map  
**Date:** July 12th  
**Time:** 1pm  
**Festival / Organization:** Johnson County 4-H & Agricultural Fair Board

In regard to any emergency event, no one should speak to any media representative except for:  
Franklin Fire Dept or Police Dept, whichever one is available.

**Contact Information:**

- Event Organizer: Kaleb Bradley - 317-412-4933
- Other Event Staff: Matt Davis - Fair Board President - 317-501-1512
  - All fair board members will be present to help.
- Several Fire Departments will be present at the parade - non emergency line:  
317-346-6336
- Police Contact: Justin Stall-513-739-1874

**Command Staff:**

Command Staff consists of a representative from the following:  
Fire Department, Franklin Police Department, Parks & Recreation Department, Street  
Department and Festival Organization.

**Command Staff Meeting Area:**

The Command staff will meet at the Festival! Organization Command Center in the event of inclement weather conditions or any safety or emergency related events; the Command Staff will be called via cell phones.

**Command Staff:**

Weather will be monitored regularly in the Johnson County Mobile Command Center via weather radar and in communication:, with the NATIONAL WEATHER SERVICE's Indianapolis center. Communication Coordinator will be the Key communicator onsite the relay of the event or implementation of the emergency/evacuation plan.

**General Conduct during Emergency or Urgent Situations:**

- Do not make any comment to the media
- Never run
- Remain calm at all times
- Assess the situation before taking action
- Remember to gather information for the Event Incident forms

If it is forecasted to or should start to thunder and/or lightning, the Command Staff will meet and determine the status of the event. information will be relayed to necessary personnel.

**Emergency Evacuation Plan:**

In the event of severe weather during the activities, the following procedures will be followed

- Command Staff will be notified via cell phone. Any Command Staff in the affected areas should immediately begin notifying the general public.
- Command Staff will notify all firefighters and police officers on duty who will begin advising all attendees to seek shelter.

**Medical Emergencies:**

- Franklin Fire and EMS personnel will be located in the venue and all medical emergencies should go through 911

**Security Non-Medical Situation:**

Any request for security needs should be directed to a uniformed FPD officer. If none are nearby, contact Festival Organization Command and they will notify Johnson County Communications.

**High Wind Plan:**

The Command Staff will have access to an internet and local news radars if any wind events arise and will notify command staff for any parade floats that need to be taken down.

**HIGH WINDS ANNOUNCEMENT SCRIPT**

"Because of the dangerous winds, the parade has been cancelled. EVERYONE must now evacuate the area, and seek shelter immediately."

-REPEAT

**Weather Watch:**

If a severe thunderstorm or tornado WATCH is in effect: A watch indicates that conditions are favorable for severe weather to develop.

- The event organizer and staff will monitor weather to make an informed decision.
- At the first opportunity- a WATCH script will be provided to fair board members to make an announcement.

**WATCH ANNOUNCEMENT SCRIPT**

"The National Weather Service has issued a \_\_\_\_\_ watch which indicates conditions are favorable for severe weather to develop. City officials are monitoring weather closely and will notify you of any changes or warnings"

**Weather Warning:**

If a severe thunderstorm or tornado WARNING is in effect: A warning means that severe weather has been detected and is imminent.

- The weather watcher in the Johnson County Mobile Command Center will communicate this information to the Command Staff who will then assemble.

- Vital information to be shared will include storm threats and the time until which the warning is in effect. If the threat is imminent, a mandatory evacuation of the parade will take place.

#### **WARNING ANNOUNCEMENT SCRIPT**

"The National Weather Service has issued a \_\_\_\_\_ warning which indicates severe weather is imminent. At this time the parade has been {delayed / cancelled}, EVERYONE must now evacuate the area and seek shelter."

\*\*\*REPEAT

#### **Missing Person:**

Staff receiving report of missing person(s) needs to obtain as much information as possible about the individual, notify FPD, and stay With the reporting person throughout the search,

##### **• Information to receive:**

- o Name
- o Age
- o Sex
- o Race
- o Hair/Eye Color
- o Distinguishing marks
- o How long has person(s) been missing
- o Health
- o Direction of travel
- o Place the person was last seen
- o Clothing description

In the event of a missing person an announcement will be broadcasted from fair board members to alert the participants. Emergency personnel should be notified with the information collected.

#### **Found Person:**

In the event that staff is made aware of a child that has lost their parent/ guardian, then the child should not be left unattended and taken to the staging area where an announcement will be made to the crowd in search of a parent/guardian.

#### **MISSING PERSON ANNOUNCEMENT SCRIPT:**

Attention at this time could insert name(s) please report to the starting line of the parade immediately. Your *insert parent/guardian name* is looking for you."

-REPEAT

#### **FOUND PERSON ANNOUNCEMENT SCRIPT**

Attention *insert parent/guardian name* please report to the starting line of the parade immediately to retrieve your child.

~REPEAT



**Street Closings - see attached map**

**Parade Participant Lists available closer to parade date.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/08/2025

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Franklin Insurance Agency Member - First Insurance Group P. O. Box 189 Franklin IN 46131		<b>CONTACT NAME:</b> Beverly Prior <b>PHONE (A/C, No, Ext):</b> (317) 736-8277 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> bprior@franklin-insurance.net	
<b>INSURED</b> Johnson County Fair Association 250 Fairgrounds Street Franklin IN 46131		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Market Insurance Company <b>INSURER B:</b> LM Insurance Corporation <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 38970	

## COVERAGES

**CERTIFICATE NUMBER:** CL254824044

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	MKP0000500650502	03/26/2025	03/28/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			MX00000500650402	03/26/2025	03/28/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC5-34S-347102-045	03/26/2025	03/28/2026	<input checked="" 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)

City of Franklin is listed as an Additional Insured as respects activities surrounding the Fair Parade

## CERTIFICATE HOLDER

## CANCELLATION

City of Franklin  
P.O. Box 280

Franklin

IN 46131

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

*Beverly J. Prior*

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**USE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

This INDEMNIFICATION AND HOLD HARMLESS AGREEMENT is made this

day of

5/5/25 by and between the City of Franklin Board of Public Works ("the City") and ("the Participant/Organizer").

Month-Day-Year

WHEREAS, the desires to use the following City-owned property ("the Property") on in connection with the ("the Event"):

Johnson County Fair Parade  
Event Name

And

Johnson County Fair Board  
Vendor Name

WHEREAS, in exchange for making the Property available to Fair Board for such purposes, the City requires and Fair Board agrees to hold harmless and indemnify the City from any claims and/or litigation arising out of the use of the Property for the above-described event.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. Hold Harmless. In consideration of the City permitting Fair Board to use the above

described property for the purposes set forth herein, Fair Board (individual) and/or

its representatives, employees, agents, invitees, and/or volunteers shall defend, indemnify, and hold harmless the City from any and all actual or alleged claims, demands, causes of action, liability, loss, damage, and/or injury (to property or persons, including without limitation wrongful death), whether brought by an individual or other entity, or imposed by a court of law or by administrative action of any federal, state, or local governmental body or agency, arising out of or incident to any acts, omissions, negligence, gross negligence or willful misconduct of, its personnel, employees, agents, contractors, or volunteers in connection with or arising out of 's use of the Property. This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, attorney fees, and related costs or expenses, and any reimbursement to the City for all legal expenses and costs incurred by it, including any acts or alleged acts of the City's own negligence.

2. Signage and Barricades. shall be responsible for setting out and removing appropriate signage and barricades to block off the Property for the event.

3. Insurance. Participant/Organizer hereby represents that it has obtained the required insurance naming the City as an additional insured for the minimum coverage amounts specified by the City and has provided the City with a certificate of insurance. Participant/Organizer further represents that the insurance certificate delivered to the City is in full force and effect and shall not be cancelled prior to the event.

4. Clean-up. Participant/Organizer shall be responsible for maintenance of the Property in connection with the event and shall remove from the Property all trash and debris accumulated during the event, and shall return the Property to the City in the same condition as received. If the Property is not returned in the same condition, Participant/Organizer agrees to pay actual costs of clean-up.

5. Authority to Enter Agreement. Each party warrants that the individual signing this Agreement has the legal power, right, and authority to make this agreement and bind each respective party.

6. Amendment or Modification. No supplement, modification, or amendment to this agreement shall be binding unless executed in writing and signed by both parties.

**CITY OF FRANKLIN, INDIANA**

By \_\_\_\_\_  
City of Franklin, Mayor

ATTEST:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**PARTICIPANT/ORGANIZER/VENDOR**

By *Adam Bradley*  
Participant/Organizer/Vendor Signature

ATTEST: *[Signature]*  
Parks & Recreation Staff Signature

Printed Name: Nick M. Sparks

Title: Recreation/Event Coordinator