

**BOARD OF PUBLIC WORKS AND SAFETY
Agenda Request Form**

(Form B-01-2012)

Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.

Date Submitted:	8/19/2025	Meeting Date:	9/2/2025
Contact Information:			
Requested by:	Josh Snyder		
On Behalf of Organization or Individual:		Interchurch Food Pantry of Johnson County	
Telephone:	317-736-3650		
Email address:	jsnyder@franklin.in.gov		
Mailing Address:	1800 Thornburg Ln Franklin, IN 46131		
Describe Request:			
Request for BOW to have help at some of the street crossings for the harvest walk.			
List Supporting Documentation Provided:			
Event Information Form			
Harvest walk route			
Certificate of Liability Insurance			
Indemnification and Hold Harmless Agreement			
Who will present the request?			
Name:	Josh Snyder	Telephone:	317-736-1220

In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.

**CITY OF FRANKLIN
EVENT INFORMATION FORM**

*Please contact Franklin Parks & Recreation at least 60 days before your event. Contact Holly at (317)346-1198 or hjohnston@franklin.in.gov.
Date Submitted: August 7th 2025*

EVENT ORGANIZER

Organization: Interchurch Food Pantry of Johnson County

Contact Name: Liz Cooper Contact Phone: 317-250-8933

Contact E-mail: harvestwalkfp@gmail.com

EVENT DETAILS

- Festival
- Run/Walk

Name: Harvest Walk

Date: Sunday, October 5, 2025

Time: Walk begins at 3:30 p.m.

Location: Grace United Methodist Church (GUMC); both walk routes start and finish at GUMC

Event Website: jcpantry.org/walk

- Mobile Stage Rental Not applicable
- Rental Agreement
 - Rental Cost: \$835.00
 - Delivery time
- Alcohol Not applicable
 - State Permit required
 - Name of alcohol vendor: _____
 - Event Organizer responsible for securing area
- Food Vendors Not applicable
 - Food vendors must have permit from the Johnson County Health Department and a list of food vendors must be submitted to the health department one week prior to the event.
- Trash Not applicable
 - Franklin Parks & Recreation staff will coordinate getting trash receptacles.

- Event Organizer responsible for emptying trash during event.
 - Event Organizer responsible for making sure entire event area is clean of trash and debris after event.
- Picnic Tables Not applicable
 - Number needed: _____ (\$10/each)
 - Franklin Parks & Recreation staff will deliver and pick up tables.
- Port-o-Lets/Restrooms Not applicable
 - Event Organizer responsible for getting facilities for event
 - Location of port-o-lets should be included on event map
- Map for Event Map for 1 mile and 3 mile routes attached
 - Event organizer responsible for map
 - See attached for map, if needed
- Street Closings and times:
 - No street closures or barricades needed. Would like police assistance at busy cross points along the route; see special details below
 - _____
 - _____
 - Barricades Needed: NA _____
 - Event Organizer responsible for closing streets with barricades. Streets must be closed and opened at times approved.
 - Barricades and closing signs provided by Franklin Street Department
 - Street closings must be approved by the Board of Works (BOW)
 - BOW meeting date: _____ BOW approval: _____
- Park Use
 - Trail Route uses part of trail system, no need to close trail for exclusive use
 - Start: _____ Finish: _____
 - Park closures must be approved by the Park Board
 - Park Board meeting date: _____ Park Board approval: _____ ○
 - Race Clock (\$25 rental fee)
 - Race Route - maps attached
 - Shelter Rental: NA _____
- Parade
 - Route
 - Contact Police and Fire
 - If start at Middle School, contact them for approval to use
- Use, Indemnification & Hold Harmless Agreement
 - See attached document
- Proof of Insurance
 - See attached for insurance requirements Will forward to Holly upon receipt.
- A & E Permit with State of Indiana (if required)
- Emergency Action Plan (EAP)
 - Plan must be approved by Franklin Police and Fire Departments.
 - Sample EAP attached

- Johnson County Health Department approval

SPECIAL DETAILS:

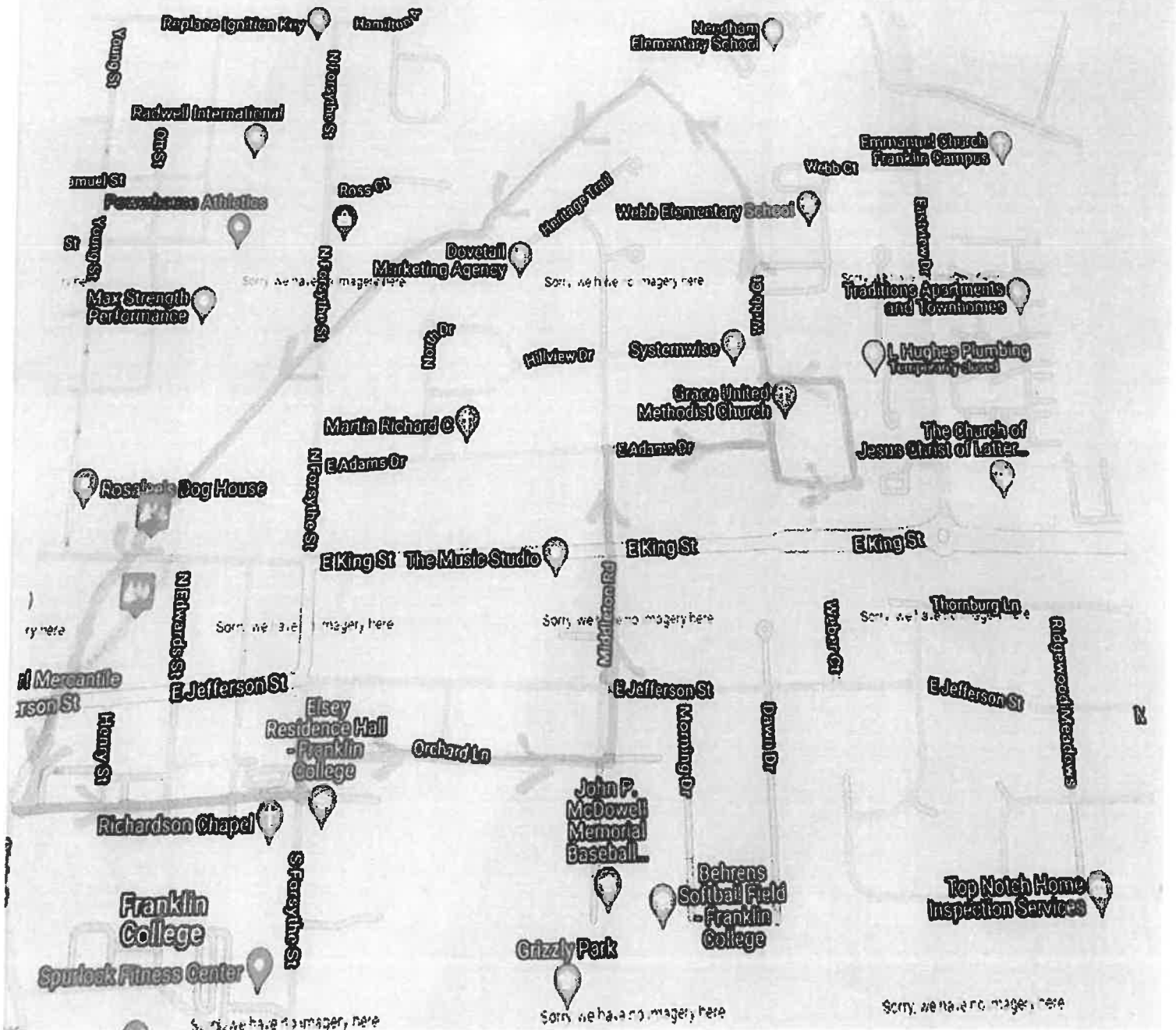
Our request is for police presence on the 3-mile route to assure safe crossing of streets 1) where the walk will transition from the trail to Branigin Road at the entrance of Franklin College (crossing Jefferson Street), 2) again at the east side of the campus exit from Forsythe to Orchard Lane, and 3) then when crossing King Street at Middleton Road.

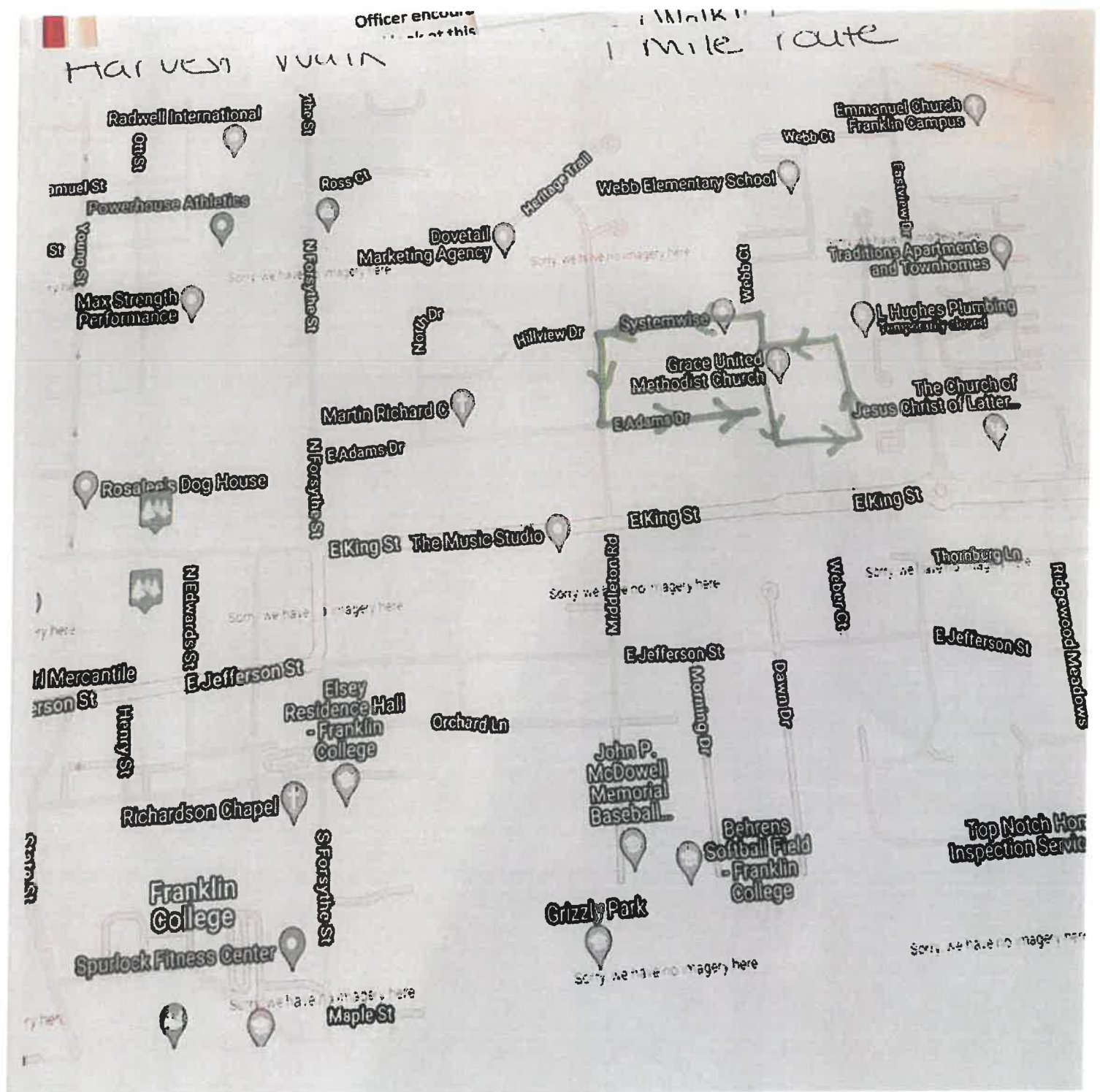
Walkers will be informed to call 911 if there is an emergency. Would ask City to inform 911 response team is aware of the walk occurring on October 6, 2024.

The walk begins at 3:30 and will be completed by 4:30 at the latest.

Harvest Walk

3 mile route







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/01/2021

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).

PRODUCER Franklin Insurance Agency Member - First Insurance Group P. O. Box 189 Franklin IN 46131		CONTACT NAME: Beverly Prior PHONE (A/C, No. Ext.): (317) 736-8277 E-MAIL ADDRESS: bprior@franklin-insurance.net FAX (A/C, No.):	
INSURED Interchurch Food Pantry PO Box 147 Whiteland IN 46184		INSURER(S) AFFORDING COVERAGE INSURER A: Property Owners Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 32905	

COVERAGES

CERTIFICATE NUMBER: CL2011307136

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:	Y		09457607	11/23/2020	11/23/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			4745760700	11/23/2020	11/23/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						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	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

City of Franklin is named as an Additional Insured when required by written contract.

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

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USE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
This INDEMNIFICATION AND HOLD HARMLESS AGREEMENT is made this

8-1-2025 day of
Month-Day-Year by and between the City of Franklin Board of Public Works ("the City") and ("the Participant/Organizer")

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

Harvest Walk
Event Name

And

Intercherry Food Poetry of Johnson County
Vendor Name (IFPJC)

WHEREAS, in exchange for making the Property available to IFPJC for such purposes, the City requires and IFPJC 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 IFPJC to use the above described property for the purposes set forth herein, IFPJC (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.

By

City of Franklin, Mayor

ATTEST:

Printed Name: Steve Barnett

Title: Mayor

PARTICIPANT/ORGANIZER/VENDOR

By

Participant/Organizer/Vendor Signature

ATTEST:

Parks & Recreation Staff Signature

Printed Name: Liz Cooper

Title: VP Board of Directors

Interchurch Food Pantry