



AUG 30 2019

Office of the City Manager
City of Santa Clara

INTRODUCTION

Please review the City of Santa Clara Community Grant Policy and complete this application.

- Applications must be submitted at least ninety (90) days before the planned event/activity.
- Applications for attendance at a youth state, national, or international competition or performance must be submitted within a week of advancing to such competition or performance.
- All applications must be submitted by mail to the City Manager's Office at 1500 Warburton Ave. Santa Clara, CA 95050 or by email to CJung@santaclaraca.gov.
- Submission of this application in no way obligates the City of Santa Clara to award a grant.
- The City of Santa Clara reserves the right to reject any or all applications, wholly or in part, at any time, without penalty.
- If you have any questions, please contact CJung@santaclaraca.gov or call (408) 615-2218.

TO BE COMPLETED BY APPLICANT

Name of Individual/Entity/Non-Profit Organization: Santa Clara Women's League
Address: PO Box 3033, Santa Clara, CA 95055-3033

Tax ID #: 77-0148161

Contact Person Name and Title: Marti Ragone, President / Rick Mauck, Director

Contact Person E-mail: [REDACTED]

Contact Person Phone: [REDACTED]

Are you a non-profit organization? Yes ☒ No ☐

If yes, please attach proof of non-profit status to this application.

Please mark what type of event/activity you are requesting grant funding for:

Youth competition or performance ☐ Other Type of Eligible Event/Activity ☒

EVENT/ACTIVITY FOR WHICH GRANT FUNDS ARE BEING SOUGHT

Event/Activity Name: SHOWTIME 2020 / Melodrama rehearsals, Showtime 2020 Events, meeting ^{SCWL}

Event/Activity Date: Melodrama rehearsals SR. Ctr Jan & Feb; SCWL meetings Aug - May; Showtime rehearsals May; Event Mardi Gras

Event/Activity Start Time: See attached

Event/Activity End Time: See attached

Event/Activity Description: See attached description of last years 2018 events from city's website

Event/Activity Venue: SR. Center and CRC

Event/Activity Address: 1303 Fremont St., Santa Clara; 969 Kiehl Blvd

Organization/Event/Activity Website: santaclarawomensleague.org

Expected # of Attendees: rehearsals 25; meetings 15; Showtime event 300



DESCRIPTION OF EVENT/ACTIVITY FOR WHICH GRANT FUNDS ARE BEING SOUGHT

Describe in detail what the grant funds will be used for and how it will benefit Santa Clara residents, students, or schools.

(SCWL)
The Santa Clara Women's League formed in 1984 for the sole purpose of assisting the City of Santa Clara fund the Health & Wellness program at the Santa Clara Sr. Center. Annually the SCWL has raised money through the Showtime event and donated \$15,000 annually and almost \$300,000 to the City through its non-profit organization.

Describe how your event or activity will contribute positively to the recognition and image of the City of Santa Clara.

Showtime is an annual 3 day event performance of a melodrama and entertainment acts, and donation drawings put on by volunteers from the community, including present and past Council and Commission members, present and past City staff members, business people, and residents.

Describe how your event or activity aligns with established Council goals.

By involving the community in a fund raising event to maintain City services to seniors at the City's Sr. Center directly enhances Community Engagement and Transparency (Council Goal #5.) and maintains adequate staffing levels (Council Goal #4) at the Sr. Center.

Is your event or activity open to the public? Yes ☒ No ☐

Is your event or activity political or religious in nature? Yes ☐ No ☒

Have you received grant funding from the City of Santa Clara in the past?
If yes, please describe when, how much was received, and how the funds were used.

No

Is your event or activity a fundraiser? Yes ☒ No ☐

If your event is a fundraiser, please describe how the proceeds from the fundraising activity will support programs, services, or events for the residents of Santa Clara.

The event has been conducted annually since 1984, and annual donations from the SCWL has contributed almost \$300,000 to help support the cost for staffing the City's Health and Wellness Program at the City's Sr. Center.



**City of
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COMMUNITY GRANT APPLICATION

List all other sources of funding for the event or activity:

All proceeds from the annual Showtime Events fundraiser go towards the annual donation to the City. No other source of funding except SWCL activities.

Amount of Anticipated Expenses: (for use of City facilities only): \$1,998 + \$12,551.00 = \$14,549.00

Amount of Grant Request: \$14,549.00

Please note that applicants requesting grant funding for any type of event or activity that is not a youth competition or performance are required to submit a completed Special Event Application and a copy of the event/activity budget with this application.

GRANT FUNDING FOR YOUTH COMPETITIONS AND PERFORMANCES ONLY

Please complete this section only if you are applying for grant funding for attendance at a youth state, national, or international competition or performance.

Are you affiliated with a school? Yes ☐ No ☐

If yes, please complete the information requested below.

School Name: _____

Percentage of Students who are Santa Clara Residents: _____

Please provide the anticipated expense breakdown for registration, transportation, hotel, and/or food. Please note that alcohol is not an allowable expense for grant funds.

Registration: \$ _____

Transportation: \$ _____

Hotel: \$ _____

Food: \$ _____

Total Eligible Expenses: \$ _____

20% of Eligible Expenses: \$ _____

Please state the number of students, coaches and/or chaperones being funded below. Please note that the acceptable ratio is six students to one coach/chaperone.

Number of Youth: _____

Number of Coaches/Chaperones: _____



City of Santa Clara

The Center of What's Possible

COMMUNITY GRANT APPLICATION

By my signature below, I have read and understand the Community Grant Policy. I make the following representations and acknowledge agreement to the following terms and conditions:

- Upon approval of this application, as evidenced by the signature of the City Manager below, this application becomes a binding contract between the entity named above and the City of Santa Clara.
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this Agreement.
- If funds are provided by the City, the funds will be used for the purposes set forth above.
- In no event shall the City's financial responsibility exceed the approved amount, set forth below.
- I bear full responsibility for any and all tax consequences of receiving grant funds including, but not limited to, issuance of a 1099 by the City.
- This application and award of grant shall be subject to the requirements of the Community Grant Policy.
- There is no agency, employment, joint venture or other such relationship created by virtue of award of the grant. The City does not endorse the specific event or activity.
- Applicant shall defend and indemnify the City and its employees from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.
- If applicable, the applicant shall satisfy the City's insurance requirements.
- The representations made by applicant in this Application are material terms of the agreement, as is compliance with the requirements of the Community Grant Policy. The City may cancel this agreement at any time upon discovery that any of the information set forth above is inaccurate, that these terms have been violated, or any provision of the Community Grant Policy has been violated.
- If the grant is for competition or performance attendance, Applicant shall abide by the guidelines set forth in the attachment, and will submit to the City Manager's Office proof of expenses actually incurred, as well as allocation of grant funds, in a form acceptable to the City Manager's Office, within thirty (30) days after the competition.

Applicant Signature: Marti Razono Date: 8-30-19

TO BE COMPLETED BY CITY STAFF

Community Grant Application Granted? Yes ☐ No ☐
If yes, list amount of grant: _____

If no, provide reason for denial: _____

If no, has notification been sent to applicant? Yes ☐ No ☐

Is insurance required for applicant? Yes ☐ No ☐

Additional requirements for applicant: _____

City Manager Signature: _____ Date: _____

Post-event Audit Completion Date: _____

Signature of Staff Person Completing the Post-event Audit: _____



SPECIAL EVENT APPLICATION

1. This application, along with a non-refundable application fee must be mailed or submitted to the City of Santa Clara at least sixty (60) days prior to the day of the event. The fee is \$300 for individuals and organizations or \$25 for non-profit organizations. Applications will not be processed until they are fully completed with all required permit applications and the application fee is paid. Acceptance of application does not constitute approval of the event.
2. Please note that there may be other City permits, inspections, and associated fees required aside from the application and application fee that the event organizer is responsible for obtaining. Each section of this application provides the contact information for the department(s) responsible for issuing the required permits for your special event.
3. Any vendor providing a service for pay must have a current City of Santa Clara business license.
4. After your application has been received, you may be contacted for additional information about your event.
5. After a full review of your application, you will be issued conditional approval or denial for the event. The conditional approval will list the requirements for the event, such as permits, inspections, insurance, licenses and applicable fees. Your event, depending on its size and complexity, may require a pre-event meeting with City staff from affected departments as part of the approval process. Once these conditions are met, the event will be granted approval.

Name of Applicant: Marti Ragone President
 Organization: Santa Clara Women's League
 Address: P O Box 3033, Santa Clara, CA 95055
 Phone: [REDACTED] Email: [REDACTED]
 Day of Event Contact: Marti Ragone Day of Event Phone: [REDACTED]

1. GENERAL INFORMATION

Name of Event: Showtime 2020
 Type of Event (e.g. parade, fun run, festival, etc.): Melodrama & Entertainment; rehearsals, meetings
 Event Location or Address: ☐ Civic Plaza ☐ Triton Museum ☐ Santa Clara Convention Center
☐ Franklin Square ☐ Other: CAC (Event & rehearsals); SR Center rehearsals & meetings
 Date(s) of Event: see attached
 Set Up: Date: _____ Start Time: _____ End Time: _____
 Actual Event: Date: _____ Start Time: _____ End Time: _____
 Clean Up: Date: _____ Start Time: _____ End Time: _____
 Expected # of Attendees: Total _____ Maximum # of Attendees Expected at Any Given Time: _____

- SR Center - SCWL meeting (9/14) 30
- SCWL Showtime Planning meeting 12
- Showtime rehearsals 25
- Showtime rehearsals 25
- Event Showtime 2020 300
- CAC

Will this event be opened to the public? ☒ Yes ☐ No

Has this event been held before? ☒ Yes ☐ No

If yes, please describe previously held locations:

CRC and Sr Center since 1984

Please attach map or diagram with application.

2. STREET CLOSURE AND CITY-OWNED PROPERTY

N/A

Events on City-owned property, aside from public streets, require a Right of Entry License Agreement with the City Manager's Office. Please contact the City Manager's Office at manager@santaciaraca.gov or (408) 615-2210 for more information.

Street closures require an encroachment permit and approval of your traffic control plan from the Traffic Engineering Division. Please note that the City of Santa Clara has approved two 5K run/race routes and a 10K run/race routes for organizations to use. Alternative routes may be considered, but organizer will be responsible for the cost of traffic and public safety review. Please see website to view approved routes. Please contact Traffic Engineering at engineering@santaciaraca.gov or (408) 615-3000.

In the case that your event requires traffic control services, your organization will be required to enter into a General Service Agreement with the Santa Clara Police Department for reimbursement of personnel costs. Police Department staff will reach out to you directly if your event requires this service.

Is your event a fun run or a race? ☐ Yes ☐ No

Does your special event require street closure? ☐ Yes ☐ No

If yes, please name the streets that you are requesting to be closed and include a traffic control plan with your application:

Provide the exact times that you are requesting the road(s) to be closed:

Road Closed: Date: _____ Time: _____

Road Re-Opened: Date: _____ Time: _____

3. SPECIAL PERMIT

N/A

Please note that events held in a parking lot may require a Special Permit from the Planning Division and may require City Council approval. Please contact the Permit Center at permitcenter@santaciaraca.gov or (408) 615-2420 for more information.

Will any part of your event be held in a parking lot? ☐ Yes ☐ No

If yes, please provide a site plan with your application.

4.EVENT PARKING

Provide a map that shows parking sites and describe where event attendees are expected to park their vehicles. If the event requires more parking than what is available, please describe your plan for overflow vehicles. Depending on event and location, the Planning Department may be able to provide City approved locations for on-site parking. Please contact the Permit Center at (408) 615-2420 or permitcenter@santacalaraca.gov for more information.

SR Center

CRC

5.AMPLIFIED SOUND

N/A

Amplified sound at your event requires a permit from the Santa Clara Police Department. This permit is processed at the Business Tax and License Unit. Please contact the Business Tax and License Unit at businesslicense@santacalaraca.gov or (408) 615-2310 for more information.

Will you be using amplified sound during your event? ☐ Yes ☐ No

Address where amplified sound will be used: _____

Location of amplified sound at the address (e.g. Backyard, garage, street, etc.): _____

Request time period for amplified sound: Start: _____ End: _____

*Please note that amplified sound outside of 9:00am to 10:00pm requires City Council approval.

Number of Speakers to be Used: _____

Number of Amplifiers to be Used: _____

Type of speaker(s) to be used: _____

Aggregate wattage of all amplifiers: _____

Name of property owner: _____

Signature of property owner: _____

Amplified sound contractor: _____

Company: _____

Contact: _____

Address: _____

Phone: _____

City of Santa Clara Business License No. _____

6. TEMPORARY STRUCTURES

N/A

The Santa Clara Fire Department requires organizers to obtain operational fire permits for temporary events such as festivals, carnivals, fairs, farmers markets, mobile food truck gatherings, haunted houses, ghost walks, and similar outdoor public assemblages. These events may include ingress and egress controls, stage shows, tents/structures, pyrotechnics, temporary electrical equipment, food booths, fuel burning appliances, amusement devices, etc.

Please visit their website at <http://www.santaclaraca.gov/government/departments/fire/fire-permits-guidelines> or contact the Fire Prevention and Hazardous Materials Division at (408) 615-4970 to find out more information about what type of events require a permit and how to apply.

Large tents, canopies, stages and other temporary structures require building permits from the Building Division. Please note that stakes are not permitted on City grounds. Please contact the Permit Center at permitcenter@santaclaraca.gov or (408) 615-2420 for more information.

Will you be using any tents that are larger than 2,000 square feet? ☐ Yes ☐ No

If yes, please list how many, their dimensions (length, width, and height), arrangement of the tents including separation distances, and what you plan to do inside the tent(s). Arrangement of the tents must be shown on a site plan.

Will you be using any tents that are smaller than 2,000 square feet? ☐ Yes ☐ No

If yes, please list how many, their dimensions (length, width, and height), arrangement of the tents including separation distances, and what you plan to do inside the tent(s). Arrangement of the tents must be shown on a site plan.

Tent contractor:

Company: _____
Contact: _____
Address: _____
Phone: _____

City of Santa Clara Business License No. _____

The tents will be placed over: ☐ Grass ☐ Landscape ☐ Parking Lot

The tents will be secured with: ☐ Water Barrels ☐ Other: _____

Will you be using a stage? ☐ Yes ☐ No

If yes, please provide the length: _____ width: _____ height: _____

Stage contractor:

Company: _____
Contact: _____
Address: _____
Phone: _____

City of Santa Clara Business License No. _____

Will you be using a dancefloor? ☐ Yes ☐ No

If yes, please provide the length: _____ width: _____

Dancefloor contractor:

Company: _____
Contact: _____
Address: _____
Phone: _____

City of Santa Clara Business License No. _____

*Please provide scale drawing, site map of locations of all tents and/or temporary structures

7. ELECTRICAL AND LIGHTING N/A

Generators and extension cords will require electrical permits from the Building Division. Please contact the Permit Center at permitcenter@santaclearaca.gov or (408) 615-2420 for more information.

Will you be using one or more portable generators? ☐ Yes ☐ No

If yes, please state the NO: _____ HP: _____ KVA: _____

Generator contractor:

Company: _____
Contact: _____
Address: _____
Phone: _____

City of Santa Clara Business License No. _____

Will you be using any lighting? ☐ Yes ☐ No

If yes, please describe:

Will you be using any extension cords? ☐ Yes ☐ No If yes, please detail in site map.

Please describe the method of protection from trip hazard:

8. FOOD

The Santa Clara County Department of Environmental Health requires organizers of temporary events where food will be given away or sold to the general public to obtain a permit. Please visit <https://www.sccgov.org/sites/cpd/programs/TE/Pages/home.aspx> to find out more information about how to submit and obtain the required permit.

If you plan to sell alcoholic beverages at your event, you are required to obtain licenses from the State's Department of Alcoholic Beverage Control (ABC) and the Santa Clara Police Department. Your licenses will have to be displayed on site at the event. If alcohol is being provided by a caterer, caterer must have an ABC permit. Please contact the Santa Clara Police Department's Permit Unit at rtomas@santacalaraca.gov.

Please note there is a list of food trucks that are approved to operate in the City of Santa Clara. Food trucks that are not on the list cannot operate in the City of Santa Clara. Visit the City's website to view list of approved food trucks.

Will you provide food at your event? ☒ Yes ☐ No

If yes, please describe:

Catered and purchased food sales. Cook and prepare hot dogs.
ordered pizza and delivered.

Will food be prepared or cooked at the event? ☒ Yes ☐ No

Will food be sold at the event? ☒ Yes ☐ No

Specify cooking method: ☐ Gas ☐ Electric ☐ Charcoal ☐ Other: _____

Will food trucks be at your event? ☐ Yes ☒ No

Will alcohol be served at your event? ☒ Yes ☐ No

Will alcohol be sold at your event? ☒ Yes ☐ No

9. SANITATION

Please note that you may be required to provide portable restrooms and hand washing stations by the Department of Public Works and/or County of Santa Clara Department of Environmental Health. If required, Department of Public Work staff will reach out to you directly to provide the exact number of portable restrooms and hand washing stations to order based on the information you provide in this application. Please refer to Special Events webpage to see chart for restroom/wash station requirements.

Describe the number of restrooms available at the event site and whether you plan on providing portable restrooms and hand washing stations, and if so, how many:

Event @ CRC
FSR Center

Waste Management Plan (events with attendance over 200)

As part of your event management duties, you are responsible for keeping the event site tidy at all times and for the clean-up and disposal of all trash and recycling generated at your event. All events are required to submit a special event waste management plan or a signed contract with an approved zero waste special event service provider.

Do you plan to manage the event waste on your own? ☐ Yes ☒ No

Please describe how you plan to manage and dispose of all recycling and event waste during and after your event. Please also include what trash and recycling containers will be used and where you will dispose of the waste during (should the containers become full) and after the event.

City staff @ facilities manager (CRC ESR center)

Do you plan to hire an approved zero waste special event service provider to manage the event waste?
☐ Yes ☒ No

Below are the City approved zero waste service providers. Please contact them directly for more information on the services available to best meet your event waste reduction and recycling needs.

1. Green Mary

www.greenmary.com

Mary Munat: mary@green-mary.com, 707-548-7582

2. Nothing Wasted Consulting

Melissa Baxter: Melissa@nothingwastedconsulting.com, 858-837-2178

3. San Jose Conservation Corp

www.sjcccs.org (click on Programs, then Recycling)

Alan Ha: alanh@sjcccharter.org, 408-459-6404

Melissa Avalos: mavalos@sjcccharterschool.org, (office) 408-459-6483, cell 408-595-3388

Mission Trail Waste Systems is the only authorized provider of debris bins within the Exclusive Franchise Areas of the City. Debris bins can be ordered from Mission Trail Waste Systems through the City of Santa Clara Utility Customer Service by calling (408) 615-2300 (additional fees will apply).

10. SECURITY PLAN

Certain components of a special event or number of attendees may require a security plan. If your special event requires one, Police Department staff will contact you directly.

Are you planning to hire a licensed professional security company to develop a security plan? ☐ Yes ☒ No

Security contractor:

Company: _____

Contact: _____

Address: _____

Phone: _____

City of Santa Clara Business License No. _____

STAFF USE ONLY

APPLICATION REVIEW BY CITY OF SANTA CLARA STAFF

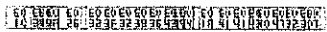
Date Application Was Received: _____

By (Name): _____ Department: _____

Application Review Required By:

<input type="checkbox"/> Planning	<input type="checkbox"/> Building Inspection	<input type="checkbox"/> Traffic Engineering
<input type="checkbox"/> City Manager	<input type="checkbox"/> Public Works	<input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Police	<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Other, Please specify: _____
<input type="checkbox"/> Fire	<input type="checkbox"/> Finance/Business License	

☐ Conditional Approval: ☐ Deny:



Name: _____ Signature: _____ Date: _____