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**County of El Paso
Agenda Item Details**

Item Title: Commissioner Pct. 2 - Parking Fee Waiver - EPCSO Oct 26 Fun Run

Submitted By: David Stout, Commissioner

Department: Precinct 2

Department Phone Number: 915-546-2111

Subject: Discuss and take appropriate action to authorize the waiver of parking fees at Ascarate Park on October 26, 2024, for the El Paso County Sheriff's Office Zombie Run.

Background:

Fiscal Impact: Fiscal Impact Historical

Fiscal Impact Projected

Long Account Number: Amount:

Long Account Number: Amount:

Budget or Unbudgeted Match:

Recommendation:

Prior Action:

Strategic Plan: Goal:

5. Promote Collaboration and Engagement

Objective:

Strategic Plan Information:

Estimated Time Needed For This Item:

El Paso County Parks & Special Events

Event Application

(Application fee is due upon submission)

Application Fee: Commercial \$60 / Non-Profit \$30

Processing takes a minimum of four weeks. To ensure your event is permitted on time, we encourage application submittal at least 45 days in advance of the event day. Application must be turned in 30 days before the event date. Late applications will not be accepted.

Event Information		
Event Name: Sheriff's Office Zombie Run		
Location(s) of Event: Ascarate Park		
Event Type: Run Fundraiser		
Estimated Attendance: 500	Number of Staff/Volunteers: 10	
Date(s) of Event: October 26, 2024		
Start: 9am	End: 1pm	
Load-In Date/Time: 7am	Load-Out Date/Time: 1:30pm	
Applicant Information		
Primary Contact: Sgt. Eric Vela	Party authorized to execute contract?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, name of party authorized to execute contract: Vanessa Tena		
Cell: 915-497-0797	Business Phone:	
E-Mail: evela@epcounty.com	Fax:	
On-Site Contact: Sgt. Eric Vela		
Cell: 915-253-0927	E-Mail: evela@epcounty.com	
I would like to receive updates via email: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Organization		
Name of Organization: El Paso County Sheriff's Office: Community Foundation		
Organization/Business Type: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Business <input checked="" type="checkbox"/> Non-Profit Organization		
Organization Tax ID: 741839536	Address: 333 N. Oregon, 2nd Floor	
City/State: El Paso, TX	Zip Code: 79901	Website:
Event Information		
Is this an Annual Event? <input type="checkbox"/> Yes If so, number of years [] <input checked="" type="checkbox"/> First Time		I
Where else have you had this event?		

Event Scope (Briefly describe the scope of your event)

The Sheriff's Office will host a fun run where runners will wear a belt with tear-away flags. There will individuals who will be attempting to pull the flags off as the runners run by. The goal is for the runner to finish the run with at least one flag still attached. Participants will also be encouraged to spend time with booths in the parking lot immediately following the run. The event is aimed to encourage health and wellness with physical activity and a safe space for Halloween family fun.

Event Promotion (Please check all advertising methods you plan to utilize) Print TV Radio Internet Billboards Posters Other [_____]

Fire and Safety

All temporary fencing, barriers and temporary structures must be detailed on the site plan. A public safety plan, crowd managers and/or fire guard may be required and must be approved by EPFD.

Will temporary fences or barriers be erected? Yes No

Will temporary membrane structures be erected? (tents, canopies)? Yes No

Will stages or structures be erected? Yes No

Quantity and size of structures: one stage

Description/purpose of structures:

How will you supply electrical power to your event?

Will compressed gasses be used? Yes No (if yes) Flame Type: Cooking Display/Ceremonial

Will the event feature of utilize fireworks/pyrotechnics? Yes No

Contractor Company: License:

Contact Person: Address:

City/State/Zip: Work Phone:

Cell: Email:

Amplification Use

Will your event used amplified devices, microphones, speakers, instruments, etc? Yes No

of Microphones 1 # of Speakers 2 # of Amplifiers 1 Other: _____

Purpose of Amplification: Announcements Ambience Concert Advertising

Location Description of Amplification Devices: near Blue Gill Restaurants

Event Clean Up

Trash Management will be provided by: Vendor Name: _____ Phone #: _____

On Site Responsible Party for Cleanup: Sgt. Eric Vela Cell: 915-253-0927

Utilities and Additional Equipment (Licensee will pay all expenses related to additional equipment)

Electricity: Water:

Power Generator: Portable Restrooms: yes

Music: Lighting:

Tables/Chairs	[Oil/Grey Water Removal:]
Dumpster:	Other:
Entertainment (Describe all that apply)	
Children Activities	Performers
Bands	Inflatables
Fireworks	Animals
Amplified Sound/ PA System	Other
Who will be providing sound monitoring?	
Alcohol and Food Sales	
Sale of Food/Beverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vendor Name
Distribution of Food/Beverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vendor Name
Sale of Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vendor Name
(FOR ALCOHOL SALES ONLY) Trade Name of TABC License Applicant	
Acknowledgments	
I understand that any estimate I am provided is only an approximation of the actual cost. I will be responsible for paying the full cost of the fees/services provided to me, which may be higher than the estimates provided. <u>VT</u> initials	
If requesting housekeeping services: I hereby request that El Paso County provide the cleaning as indicated above and as the County and its employees deem appropriate. I am obligated under the County of El Paso Special Event Policies to keep event areas clean of all litter and debris, whether caused by myself, participants, or spectators to the events. I agree to pay the County for the costs of such cleaning services when I am billed for such services. <u>VT</u> initials	
Applicant will coordinate with applicable County departments, City departments, state or federal agencies to obtain any necessary permits and approvals required for the proposed event and use of premises, including but not limited to sound amplification, sale of alcoholic beverages, security services, etc.	
RELEASE: In consideration of the permit for use of County property, it is understood that the applicant contained herein do hereby release and discharge the County, its respective officers, directors, agents, and employees, jointly and severally, from any and all liability for illness, injuries, and damages that may be suffered which arise out of or result from participation in this event.	
I attest that this application is complete and accurate to the best of my knowledge. I understand that any inaccurate or incomplete information provided on this application may delay obtaining special event approval.	

Name of Authorized Party: [**Vanessa Tena**]

Signature of Authorized Party: [] Date: [**09/06/2024**]

FOR OFFICE USE ONLY			
Date Received:	[_____]	Application Fee Paid	<input type="checkbox"/>
Processed by:	[_____]	Deposit Fee Paid	<input type="checkbox"/>

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. El Paso Community Foundation		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. 333 N. Oregon, 2nd Floor		Requester's name and address (optional)
	6 City, state, and ZIP code El Paso, TX 79901-1317		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
7	4	-	1	8	3	9	5	3	6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ January 10, 2023
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Sheriff's Office Zombie Run

Date: Saturday, October 26, 2024

Event Start Time: 9:00 am to 1:00 pm

Load-in Time: Saturday, October 26, 2024 at 7:00 am

Load-out Time: Saturday, October 26, 2024 at 1:30 pm

Estimated Attendance: 500+

ESTIMATE

FACILITY RENTAL

	FEE	HOURS	BLOCK	TOTALS
<i>Non-Profit/Government/Military rate</i>				
Ascarate Park -(1st 4 hour block) 7:00 am-11:00 am	\$ 200.00	4	1	\$ 200.00
Extra Hours-11:00 am - 2:00 pm	\$ 65.00	3	3	\$ 195.00
Security Deposit (<i>refundable at discretion of licensor</i>)	\$ 500.00	1	1	\$ 500.00
Multi-Year Discount	0		0%	\$ -
<i>5% each returning year max 20%</i>				

Facility Rental: \$ 895.00

STAFFING EXPENSES

	FEE	STAFF	DAY/HOURS	
Event Manager	\$ 250.00	1	1	\$ 250.00
<i>required fee, oversees facility rental</i>				
Housekeeping	\$ 16.00	2	4	\$ 128.00
<i>required fee min of 4 hours, Onsite duration of event</i>				

Staffing Expenses: \$ 378.00

APPLICATIONS AND PERMITS

	FEE	ITEM	
Application Fee	\$ 30.00	1	\$ 30.00
Alcohol Permit	\$ 50.00		\$ 50.00
<i>Non Profit rate</i>			

Permit Expenses: \$ 80.00

ADDITIONAL EXPENSES

	FEE	ITEM	
Parking Passes	\$ -		\$ -
<i>10 complimentary day passes with contracted event</i>			
<i>\$2.00 per vehicle thereafter</i>			

Additional Expenses: \$ -

Total Event Expenses: \$ 1,353.00

PAYMENTS

	DATE	CHECK	AMOUNT
Application Fee Permit			
Final payment			

Make check payable to:

County of El Paso

Mailing address:

6900 Delta Dr

El Paso TX 79905

Attn: Lupe Leyva



EL PASO COUNTY
Parks & Recreation

Paid:

Balance: \$ 1,353.00

9/12/2024 16:45