



City Council

Staff Report

TO: Honorable Mayor and City Council

FROM: John Jansons, City Manager

DATE: May 09, 2016

SUBJECT: Sports League Funding Request – Farmersville ASA Pee-Wee and Girls Softball

RECOMMENDED ACTION:

It is respectfully recommended that the City Council consider the request from Farmersville Girls Softball and ASA Pee-Wee for 2015-2016 sponsorship in the amount of \$1,000 from the City Recreation Fund.

BACKGROUND

The Recreation Fund was established to provide financial support to community sport leagues in support of healthful youth activities in Farmersville.

In the 2015-2016 fiscal year budget, \$6,000 was allocated for sports sponsorships.

During the 2015-2016 program year, the City Council has granted to:

Farmersville Youth Football -	\$1,000.00
Farmersville Warriors Wrestling -	\$ 500.00
KO Kids Wrestling -	\$ 500.00
Spanish Bethel Church Fall Festival-	\$1,000.00

DISCUSSION:

In April of this year, the City received a funding request from Farmersville ASA Pee-Wee and Girls Softball (**Attachment 1**) in the amount of \$1,000.

In the past, when the Recreation Sponsorship Program has been funded, Farmersville Girls Softball and ASA Pee-Wee has received financial support from the City and has performed satisfactorily.

COORDINATION & REVIEW:

The recommended action has been coordinated with the Office of the City Manager and the Finance Department.

ALTERNATIVES:

Award a sponsorship in an amount other than requested.

FISCAL IMPACT:

If approved, Recreation Fund would have a fund balance of \$2,000 after the proposed award.

CONCLUSION:

It is respectfully recommended that the City Council consider the request from Farmersville Girls Softball and ASA Pee-Wee for 2015-2016 sponsorship in the amount of \$1,000 from the City Recreation Fund.

Attachment(s): 1 - Farmersville ASA Pee-Wee and Girls Softball Sponsorship Request

Prepared By:

A handwritten signature in blue ink, appearing to read "John Jansons", is written over a horizontal line.

John Jansons
City Manager

APR 25 16PM 12

FARMERSVILLE ASA PEE WEE'S AND GIRLS SOFTBALL

691 E. FRONT STREET FARMERSVILLE, CA 93223
559-827-2720
TAX ID# 91-2165187

*Rec'd from
Public Works
Dept.
S&P*

2016 SEASON

To whom it may concern at the city of Farmersville:

Farmersville ASA Pee Wee's and Girls Softball association greatly appreciates your pas support and hopefully future involvement in our recreational sports program. Without your contribution to the program our program would not be as successful as they have been in the previous years.

Our league has experienced a significant increase in costs to operate our program. Cost of uniforms, insurance and coach background checks is a huge expense and necessary in order for us to continue this league for the kids in our Farmersville community.

Thank you for approving the grant that allows us to continue to operate the league as we do and plan to continue to do in the future. Our league works with children teaching them the fundamentals of the sport and motivates the kids to do good things. It has been proven that kids that are involved in sports program are more likely than kids who don't to attend college and become productive citizens when they are adults. It is our goal to teach the kids the importance of trying their best to achieve the overall goal.

IF OU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO ASK. YOU CAN CONTACT DEBORAH VAZQUEZ AT 559-827-2720 AT ANY TIME.

Requested amount: \$1000.00

PRESIDENT

DEBORAH VAZQUEZ
559-827-2720

SECRETARY/TREASURER

MARI RAMIREZ

VICE PRESIDENT/PLAYER AGENT

RENEE GRIFFIE
559-804-2714

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION FOR AMATEUR SOFTBALL ASSOCIATION OF AMERICA ACTIVITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Name of Insured Amateur Softball Association and Members of CCMSA ASA Indiv. Reg Program Farmersville Unified Schools		
Policy Number 3602AH230069-14	Policy Period 1-1-2015 - 1-1-2016	Endorsement Effective Date As shown on the attached Certificate of Insurance
Issued By MARKEL INSURANCE COMPANY		Authorized Representative 

The above information is required only when this endorsement is prepared after the policy is issued.

SCHEDULE

Name of Person or Organization:

As Shown on the Attached Certificate of Insurance

A. The following is added to Section II-WHO IS AN INSURED:

The person or organization shown in the above SCHEDULE but only with respect to liability arising out of the organization, promotion, administration and conduct of amateur softball activities, including games, practices, tournaments, and fund-raising activities, under the rules of the Amateur Softball Association of America, provided:

- a. That if the person or organization is designated as a Team, the person or organization so designated shall be deemed to include team members, managers, coaches, assistants, bathboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the team, and if so indicated, a Field Owner, but only for liability arising out of the designated Team's amateur softball activities covered under this policy;
- b. That if the person or organization is designated as a League, the interest of the League shall not be included unless all teams in the League purchase this insurance. When the interest of the League is so included, the person or organization designated as a League shall be deemed to include all teams in the league and team members, managers, coaches, assistants, bathboys, registered scorekeepers, sponsors, any other individual participating in the official functions of the League or of any such teams, and if so indicated, a Field Owner, but only for liability arising out of the designated League's amateur softball activities covered under this policy;

All other terms and conditions of this policy remain unchanged.

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 BOLLINGER, Inc. 101 JFK PARKWAY SHORT HILLS, NJ 07079 PHONE: 1-908-448-5311 FAX: 973-921-2876	CONTACT NAME: PHONE: (A/C. No., Ext): 800-446-5311		FAX: (A/C. No.): 973-921-2876
	E-MAIL ADDRESS:		
INSURED Amateur Softball Association and Members of CCMSA ASA Indiv Reg Program Tom Dowd P.O. Box 625 Clovis, CA 93613-0625		INSURER(S) AFFORDING COVERAGE INSURER A: Market Insurance Company	NAIC # 38470
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		3602AH230069-14	1-1-2015	1-1-2016	EACH OCCURRENCE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Excluded)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$10,000*
	<input checked="" type="checkbox"/> Participants Liab						PERSONAL & ADV INJURY	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC				*Non-participants only General Aggregate applies per Team		GENERAL AGGREGATE \$5,000,000 PRODUCTS COMPRGSS \$2,000,000 \$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	
	EXCESS LIAB						AGGREGATE	
	DED							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU TORY LIMITS	OTI ER \$
	ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)						EL EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						EL DISCISE EA EMPLOYEE	\$
							EL DISCISE POLICY LIMIT	\$
A	OTHER Accident Medical Full Access			4102AH220317-15	1-1-2015	1-1-2016	Med Max. \$250,000 52-week Benefit Period. Deductible applies.	

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

COVERAGE UNDER THIS POLICY SHALL APPLY TO LIABILITY OF THE INSURED ARISING OUT OF THE ADMINISTRATION, PLAY OR PRACTICE OF AMATEUR SOFTBALL/BASEBALL, BUT ONLY FOR INCIDENTS INVOLVING BODILY INJURY, PERSONAL INJURY OR PROPERTY DAMAGE. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED. THIS CERTIFICATE IS ISSUED ON BEHALF OF: Farmersville ASA Softball

CERTIFICATE HOLDER Farmersville Unified Schools Raymond Navarro 571 East Citrus Drive Farmersville, CA 93223	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
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